

**COMMITTEE ON NATURAL RESOURCES**  
**Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

For Individuals:

1. Name: Matthew D. Rush
  
2. Address: PO Box 1103, Portales, NM 88130
  
3. Email Address: [Information redacted for privacy]
  
4. Phone Number: [Information redacted for privacy]

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: Matt Rush
  
2. Name of Organization(s) You are Representing at the Hearing: New Mexico Farm & Livestock Bureau
  
3. Business Address: 2220 N. Telshor Blvd Las Cruces, NM 88011
  
4. Business Email Address: [Information redacted for privacy]
  
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: Matt Rush, New Mexico Farm & Livestock Bureau

Title/Date of Hearing: Executive Vice President, June 28, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

n/a

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

n/a

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Life time farmer & rancher and advocate for agriculture. Currently serve as the Executive Vice President of New Mexico Farm & Livestock Bureau

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

n/a

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

n/a

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Not only am I a farmer and rancher myself but I am also passionate about promoting and protecting agriculture and the food supply of every American.

Name/Organization: Matt Rush, New Mexico Farm & Livestock Bureau  
Title/Date of Hearing: Executive Vice President, June 28, 2012

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

n/a

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

n/a

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

n/a

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

n/a

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached

Form **990**

Department of the Treasury  
Internal Revenue Service

**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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

**A** For the 2010 calendar year, or tax year beginning 11/01/10, and ending 10/31/11

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Terminated
  - Amended return
  - Application pending

**C** Name of organization  
New Mexico Farm & Livestock Bureau

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 20004

City or town, state or country, and ZIP + 4  
Las Cruces NM 88004

**D** Employer identification number  
85-0108577

**E** Telephone number  
575-532-4700

**G** Gross receipts \$ 1,715,885

**F** Name and address of principal officer:  
Matthew D Rush  
PO Box 20004  
Las Cruces NM 88004

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( 5 ) (insert no.)  4947(a)(1) or  527

**J** Website: www.nmfarmbureau.org

**H(c)** Group exemption number u

**K** Form of organization:  Corporation  Trust  Association  Other u

**L** Year of formation: 1949 **M** State of legal domicile: NM

**Part I Summary**

|   |  |                           |                  |
|---|--|---------------------------|------------------|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><u>New Mexico Farm and Livestock's primary exempt purpose is to provide insurance services, legislative services, marketing services, public information and education to its members.</u> |                           |                  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                           |                  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | <u>25</u>        |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | <u>23</u>        |
|   | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | <b>5</b>                  | <u>15</u>        |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  |                  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | <u>12,110</u>    |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | <u>-41,934</u>            |                  |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year     |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <u>996</u>                | <u>146</u>       |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <u>1,539,016</u>          | <u>1,503,903</u> |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <u>10,677</u>             | <u>45,154</u>    |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <u>20,923</u>             | <u>7,387</u>     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <u>1,571,612</u>          | <u>1,556,590</u> |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <u>11,491</u>             | <u>64,106</u>    |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <u>759,391</u>            | <u>799,092</u>   |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                           |                  |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>u</u>  |                           |                  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | <u>613,195</u>            | <u>692,674</u>   |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <u>1,384,077</u>          | <u>1,555,872</u> |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <u>187,535</u>   | <u>718</u>                |                  |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year      |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <u>2,377,707</u>          | <u>2,385,756</u> |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <u>150,873</u>            | <u>158,204</u>   |
|   |  | <u>2,226,834</u>          | <u>2,227,552</u> |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Matthew D Rush Date: \_\_\_\_\_  
 Type or print name and title: Executive Vice President

**Paid Preparer Use Only**

Print/Type preparer's name: Loretta Sharp, CPA Preparer's signature: \_\_\_\_\_ Date: 03/12/12 Check  if self-employed PTIN: P00045909

Firm's name: Beasley Mitchell & Co., LLP Firm's EIN: 85-0366848  
 PO Drawer 550  
 Firm's address: Las Cruces, NM 88004-0550 Phone no.: 575-528-6700

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

New Mexico Farm and Livestock's primary exempt purpose is to provide insurance services, legislative services, marketing services, public information and education to its members.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 775,838 including grants of \$ 64,106 ) (Revenue \$ 1,537,535 )

Provide members with information, guidance and answer questions regarding insurance services, programs and providers.

4b (Code: ) (Expenses \$ 95,172 including grants of \$ ) (Revenue \$ 10,409 )

Provide members with public information and legislative services regarding agricultural issues and interests.

4c (Code: ) (Expenses \$ 8,083 including grants of \$ ) (Revenue \$ )

Provide members with marketing information, guidance and answer questions regarding merchandising programs, services and providers.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 75,756 including grants of \$ ) (Revenue \$ 18,247 )

4e Total program service expenses u 954,849

**Part IV Checklist of Required Schedules**

|     |   | Yes | No |
|-----|---|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   |     | X  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)   |     | X  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   |     |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                         |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or 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  |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                      |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  |     | X  |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | X   |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | X   |    |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  |     | X  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X      |     | X  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional              |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV                     |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                               |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                   |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                       |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  |     | X  |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                 |     |    |

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes                          | No                                     |
|-----|---|------------------------------|--|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | X                            |  |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   |                              | X                                      |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                          |                              | X                                      |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 |                              | X                                      |
| 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 any tax-exempt bonds?  |                              |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |                              |  |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  |                              |  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I           |                              |  |
| 26  | 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  |                              | X                                      |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                |                              | X                                      |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |                              |  |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |                              | X                                      |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |                              | X                                      |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |                              | X                                      |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |                              | X                                      |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |                              | X                                      |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |                              | X                                      |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |                              | X                                      |
| 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  |                              | X                                      |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | X                            |  |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   |                              | X                                      |
| a   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |                              |  |
| 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   |                              | X                                      |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | X                            |  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| <b>2a</b>  | 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  |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | X   |    |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | X   |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| <b>4b</b>  | If "Yes," enter the name of the foreign country: <b>u</b><br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>5c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |     | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>7a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     |    |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     |    |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     |    |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     |    |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11a</b> | Gross income from members or shareholders  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>13b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |    |
| <b>13c</b> | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |



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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

| (A)<br>Name and Title                   | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Mike White<br>President             | 8.00   | X                                      |                       | X       |              |                              | 15,600 | 0  | 0   |   |
| (2) Dennis Harris<br>1st Vice President | 4.00   | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| (3) Craig Ogden<br>2nd Vice President   | 2.00   | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| (4) Pat Woods<br>Director               | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) Chad Davis<br>Director              | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (6) Burl Brown<br>Director              | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (7) Greg Daviet<br>Director             | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (8) Duane Frost<br>Director             | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (9) Leon Hemann<br>Director             | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (10) Brad Houston<br>Director           | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (11) Janet Jarratt<br>Director          | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (12) Dustin Johnson<br>Director         | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (13) Donald Martinez Jr<br>Director     | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (14) Steve Myrick<br>Director           | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (15) Jon Swapp<br>Director              | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| (16) Jim Ellett<br>Director             | 2.00   | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (17) Boe Lopez<br>Director   | 2.00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (18) Anna Sanchez-Glenn<br>Director                                  | 2.00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (19) Larry Reagan<br>Director  | 2.00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (20) John Sweetser<br>Director                                       | 2.00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (21) Jim Taylor<br>Director  | 2.00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (22) Troy Sauble<br>Director   | 2.00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (23) Paula Sichler<br>Director                                       | 2.00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (24) John York<br>Director   | 2.00   | X                                      |                       |         |              |                              | 0       | 0  | 0   |   |
| (25) Matthew Rush<br>Executive V-P                                   | 50.00  |  |                       | X       |              |                              | 95,380  | 0  | 0   |   |
| (26) .....   |  |  |                       |         |              |                              |         |  |   |   |
| (27) .....   |  |  |                       |         |              |                              |         |  |   |   |
| (28) .....   |  |  |                       |         |              |                              |         |  |   |   |
| <b>1b Sub-total</b> .....  |  |  |                       |         |              |                              | 110,980 |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |  |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |  |                       |         |              |                              | 110,980 |  |   |   |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **u** 0

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....  |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual ..... |     | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **u** 0

**Part VIII Statement of Revenue**

|   |  |                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|---|--|-------------------|----------------------|--|---|---|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>   | <b>1a</b> Federated campaigns  | <b>1a</b>         |                      |  |   |   |
|   | <b>b</b> Membership dues   | <b>1b</b>         |                      |  |   |   |
|   | <b>c</b> Fundraising events  | <b>1c</b>         |                      |  |   |   |
|   | <b>d</b> Related organizations   | <b>1d</b>         |                      |  |   |   |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>         |                      |  |   |   |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above                                   | <b>1f</b>         | 146                  |  |   |   |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |                   |                      |  |   |   |
|   | <b>h Total.</b> Add lines 1a-1f  | <b>u</b>          | 146                  |  |   |   |
| <b>Program Service Revenue</b>                                      |  | <b>Busn. Code</b> |                      |  |   |   |
|   | <b>2a</b> Membership Income  |                   | 662,314              | 662,314  |   |   |
|   | <b>b</b> Royalties Income  |                   | 543,807              | 543,807  |   |   |
|   | <b>c</b> Membership Stabilization  |                   | 129,950              | 129,950  |   |   |
|   | <b>d</b> Commission- Income  |                   | 51,281               | 51,281   |   |   |
|   | <b>e</b> Women in Ag Conference  |                   | 28,756               | 28,756   |   |   |
|   | <b>f</b> All other program service revenue   |                   | 87,795               | 77,458   | 10,337                                  |   |
|   | <b>g Total.</b> Add lines 2a-2f  | <b>u</b>          | 1,503,903            |  |   |   |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest,<br>and other similar amounts)                                     | <b>u</b>          | 38,632               | 38,632   |   |   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds  | <b>u</b>          |                      |  |   |   |
|   | <b>5</b> Royalties   | <b>u</b>          |                      |  |   |   |
|   |  | (i) Real          | (ii) Personal        |  |   |   |
|   | <b>6a</b> Gross Rents  |                   |                      |  |   |   |
|   | <b>b</b> Less: rental exps.  |                   |                      |  |   |   |
|   | <b>c</b> Rental inc. or (loss)   |                   |                      |  |   |   |
|   | <b>d</b> Net rental income or (loss)   | <b>u</b>          |                      |  |   |   |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities    | (ii) Other           |  |   |   |
|   |  | 145,892           | 19,925               |  |   |   |
|   | <b>b</b> Less: cost or other basis & sales exps.   | 145,156           | 14,139               |  |   |   |
|   | <b>c</b> Gain or (loss)  | 736               | 5,786                |  |   |   |
|   | <b>d</b> Net gain or (loss)  | <b>u</b>          | 6,522                | 6,522  |   |   |
|   | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>          |                      |  |   |   |
|   | <b>b</b> Less: direct expenses   | <b>b</b>          |                      |  |   |   |
| <b>c</b> Net income or (loss) from fundraising events               | <b>u</b>   |                   |                      |  |   |   |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 | <b>a</b>   |                   |                      |  |   |   |
| <b>b</b> Less: direct expenses                                      | <b>b</b>   |                   |                      |  |   |   |
| <b>c</b> Net income or (loss) from gaming activities                | <b>u</b>   |                   |                      |  |   |   |
| <b>10a</b> Gross sales of inventory, less returns and allowances    | <b>a</b>   |                   |                      |  |   |   |
| <b>b</b> Less: cost of goods sold                                   | <b>b</b>   |                   |                      |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory               | <b>u</b>   |                   |                      |  |   |   |
|   | Miscellaneous Revenue  | <b>Busn. Code</b> |                      |  |   |   |
| <b>11a</b> Miscellaneous Income                                     |  |                   | 5,614                | 5,614  |   |   |
| <b>b</b> Management Fee Income                                      |  | 532000            | 1,773                |  | 1,773                                   |   |
| <b>c</b>  |  |                   |                      |  |   |   |
| <b>d</b> All other revenue  |  |                   |                      |  |   |   |
| <b>e Total.</b> Add lines 11a-11d                                   | <b>u</b>   |                   | 7,387                |  |   |   |
| <b>12 Total revenue.</b> See instructions.                          | <b>u</b>   |                   | 1,556,590            | 1,544,334  | 12,110                                  | 0   |

**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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 60,186                | 60,186                          |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 3,920                 | 3,920                           |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 110,980               | 58,351                          | 52,629                                 |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 509,896               | 239,651                         | 270,245                                |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits   | 138,806               | 65,239                          | 73,567                                 |                             |
| 10 Payroll taxes  | 39,410                | 18,523                          | 20,887                                 |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 59,355                | 35,813                          | 23,542                                 |                             |
| c Accounting  |                       |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 55,275                | 25,980                          | 29,295                                 |                             |
| 17 Travel   | 101,486               | 53,787                          | 47,699                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 104,225               | 91,134                          | 13,091                                 |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 26,290                | 17,413                          | 8,877                                  |                             |
| 23 Insurance  | 31,920                | 15,002                          | 16,918                                 |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)                                      |                       |                                 |  |                             |
| a Officers & Directors  | 72,624                | 72,624                          |  |                             |
| b Committee expenses  | 45,269                | 45,269                          |  |                             |
| c Printing Cost   | 34,424                | 34,424                          |  |                             |
| d Membership Expenses   | 25,815                | 25,815                          |  |                             |
| e Marketing expense   | 12,648                | 12,648                          |  |                             |
| f All other expenses  | 123,343               | 79,070                          | 44,273                                 |                             |
| 25 Total functional expenses. Add lines 1 through 24f   | 1,555,872             | 954,849                         | 601,023                                | 0                           |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|                                    |  | (A)<br>Beginning of year  |           | (B)<br>End of year |           |
|------------------------------------|--|---|-----------|--------------------|-----------|
| <b>Assets</b>                      | 1  | Cash—non-interest bearing   | 387,872   | 1                  | 423,553   |
|                                    | 2  | Savings and temporary cash investments  | 268,468   | 2                  | 268,931   |
|                                    | 3  | Pledges and grants receivable, net  |           | 3                  |           |
|                                    | 4  | Accounts receivable, net  | 2,673     | 4                  | 1,477     |
|                                    | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |           | 5                  |           |
|                                    | 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) |           | 6                  |           |
|                                    | 7  | Notes and loans receivable, net   |           | 7                  |           |
|                                    | 8  | Inventories for sale or use   |           | 8                  |           |
|                                    | 9  | Prepaid expenses and deferred charges   | 24,223    | 9                  | 26,116    |
|                                    | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 194,130   |                    |           |
|                                    |  | <b>10a</b>  |           |                    |           |
|                                    | b  | Less: accumulated depreciation  | 124,769   | 10c                | 69,361    |
|                                    |  | <b>10b</b>  |           |                    |           |
|                                    | 11   | Investments—publicly traded securities  | 1,049,130 | 11                 | 1,044,766 |
|                                    | 12   | Investments—other securities. See Part IV, line 11  | 551,552   | 12                 | 551,552   |
|                                    | 13   | Investments—program-related. See Part IV, line 11   |           | 13                 |           |
| 14                                 | Intangible assets  |   | 14        |                    |           |
| 15                                 | Other assets. See Part IV, line 11   | 18,325  | 15        |                    |           |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 2,377,707   | 16        | 2,385,756          |           |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 150,873   | 17                 | 136,221   |
|                                    | 18   | Grants payable  |           | 18                 |           |
|                                    | 19   | Deferred revenue  |           | 19                 | 150       |
|                                    | 20   | Tax-exempt bond liabilities   |           | 20                 |           |
|                                    | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D   |           | 21                 |           |
|                                    | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |           | 22                 |           |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  |           | 23                 |           |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  |           | 24                 |           |
|                                    | 25   | Other liabilities. Complete Part X of Schedule D  |           | 25                 | 21,833    |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 150,873   | 26                 | 158,204   |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |   |           |                    |           |
|                                    | 27   | Unrestricted net assets   | 2,171,304 | 27                 | 2,199,522 |
|                                    | 28   | Temporarily restricted net assets   | 55,530    | 28                 | 28,030    |
|                                    | 29   | Permanently restricted net assets   |           | 29                 |           |
|                                    | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |   |           |                    |           |
|                                    | 30   | Capital stock or trust principal, or current funds  |           | 30                 |           |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |           | 31                 |           |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  |           | 32                 |           |
| 33                                 | <b>Total net assets or fund balances</b>   | 2,226,834   | 33        | 2,227,552          |           |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 2,377,707   | 34        | 2,385,756          |           |

**Part XI Reconciliation of Net Assets**

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

|   |  |   |           |
|---|--|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 1,556,590 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 1,555,872 |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 718       |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 2,226,834 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 |           |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 2,227,552 |

**Part XII Financial Statements and Reporting**

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

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | X   |    |
| 2b | Were the organization's financial statements audited by an independent accountant?  |     | X  |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

New Mexico Farm & Livestock Bureau

Employer identification number

85-0108577

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: u \$, u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, 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** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment **u** .....
- b** Permanent endowment **u** .....
- c** Term endowment **u** .....

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....   |                                      |                                 |                              |                |
| <b>b</b> Buildings .....   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements .....  |                                      |                                 |                              |                |
| <b>d</b> Equipment .....   |                                      | 7,493                           | 2,589                        | 4,904          |
| <b>e</b> Other .....   |                                      | 186,637                         | 122,180                      | 64,457         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ..... |                                      |                                 | <b>u</b>                     | 69,361         |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)            | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1) Financial derivatives .....  |                |  |
| (2) Closely-held equity interests .....  | 551,552        | Cost   |
| (3) Other .....  |                |  |
| (A) .....  |                |  |
| (B) .....  |                |  |
| (C) .....  |                |  |
| (D) .....  |                |  |
| (E) .....  |                |  |
| (F) .....  |                |  |
| (G) .....  |                |  |
| (H) .....  |                |  |
| (I) .....  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b> | 551,552        |  |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| (10)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b> |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| (10)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b> |                |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Amount |  |
|--|------------|--|
| (1) Federal income taxes   |            |  |
| (2) Accrued Compensated Absences   | 21,833     |  |
| (3)  |            |  |
| (4)  |            |  |
| (5)  |            |  |
| (6)  |            |  |
| (7)  |            |  |
| (8)  |            |  |
| (9)  |            |  |
| (10)   |            |  |
| (11)   |            |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b> | 21,833     |  |

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





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

**u** Attach to Form 990.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

New Mexico Farm & Livestock Bureau

Employer identification number

85-0108577

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

| 1   | (a) Name and address of organization or government                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | NM Farm & Livestock Bureau Found<br>PO Box 20004<br>Las Cruces NM 88004 | 85-0399251 | 3                             | 50,000                   |                                   |   |  | Operating costs                    |
| (2) |   |            |                               |                          |                                   |   |  |                                    |
| (3) |   |            |                               |                          |                                   |   |  |                                    |
| (4) |   |            |                               |                          |                                   |   |  |                                    |
| (5) |   |            |                               |                          |                                   |   |  |                                    |
| (6) |   |            |                               |                          |                                   |   |  |                                    |
| (7) |   |            |                               |                          |                                   |   |  |                                    |
| (8) |   |            |                               |                          |                                   |   |  |                                    |
| (9) |   |            |                               |                          |                                   |   |  |                                    |

2 Enter total number of section 501(c)(3) and government organizations **u** 19

3 Enter total number of other organizations **u** 8



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

**u** Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

New Mexico Farm & Livestock Bureau

Employer identification number

85-0108577

Form 990, Part III, Line 4d - All Other Achievements

Provide benefits to members through committees for  
education and other diverse areas of agriculture.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Members of governing body are elected at the annual meeting by the  
membership.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Board reviews and approves Form 990 at board meetings.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Committee of the Board of Directors meets to set compensation  
levels for the President and the Executive Vice-President in charge of  
operations.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Available upon request.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

New Mexico Farm & Livestock Bureau

Employer identification number  
85-0108577

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1)<br>.....  |                         |  |                     |                           |                                  |
| (2)<br>.....  |                         |  |                     |                           |                                  |
| (3)<br>.....  |                         |  |                     |                           |                                  |
| (4)<br>.....  |                         |  |                     |                           |                                  |
| (5)<br>.....  |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) NM Farm & Livestock Bureau Foundati<br>PO Box 20004 85-0399251<br>Las Cruces NM 88004 | Ag Educ                 | NM   | 3                          | 9   | N/A                              |  | X  |
| (2)<br>.....  |                         |  |                            |   |                                  |  |    |
| (3)<br>.....  |                         |  |                            |   |                                  |  |    |
| (4)<br>.....  |                         |  |                            |   |                                  |  |    |
| (5)<br>.....  |                         |  |                            |   |                                  |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate alloc.? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|---------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                             | No |  | Yes                                 | No |                             |
| (1)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (2)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (3)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |
| (4)<br>.....  |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| (1) Western Farm Bureau Loan Company<br>PO Box 20004<br>Las Cruces NM 88004<br>85-0194273 | Financing               | NM   |                                  | C  | -99,236                      | 463,818                            | 100.000000                  |
| (2)<br>.....  |                         |  |                                  |  |                              |                                    |                             |
| (3)<br>.....  |                         |  |                                  |  |                              |                                    |                             |
| (4)<br>.....  |                         |  |                                  |  |                              |                                    |                             |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|   | Yes | No |
|---|-----|----|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s)                                |     | X  |
| <b>c</b> Gift, grant, or capital contribution from other organization(s)                              |     | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s)                                     |     | X  |
| <b>e</b> Loans or loan guarantees by other organization(s)  |     | X  |
| <b>f</b> Sale of assets to other organization(s)  |     | X  |
| <b>g</b> Purchase of assets from other organization(s)  |     | X  |
| <b>h</b> Exchange of assets   |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s)                     |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s)                   |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)  |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets                             |     | X  |
| <b>n</b> Sharing of paid employees  | X   |    |
| <b>o</b> Reimbursement paid to other organization for expenses  |     | X  |
| <b>p</b> Reimbursement paid by other organization for expenses  |     | X  |
| <b>q</b> Other transfer of cash or property to other organization(s)                                  | X   |    |
| <b>r</b> Other transfer of cash or property from other organization(s)                                |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of other organization | (b)<br>Transaction type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-----------------------------------|-------------------------------|------------------------|--|
| (1) | NM Farm & Livestock Bureau Found  | n                             | 44,167                 |  |
| (2) | NM Farm & Livestock Bureau Found  | q                             | 50,000                 |  |
| (3) |                                   |                               |                        |  |
| (4) |                                   |                               |                        |  |
| (5) |                                   |                               |                        |  |
| (6) |                                   |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Are all partners section 501(c)(3) organizations? |    | (e)<br>Share of end-of-year assets | (f)<br>Disproportionate allocations? |    | (g)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h)<br>General or managing partner? |    |
|---|-------------------------|--|--|----|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|
|   |                         |  | Yes  | No |                                    | Yes                                  | No |  | Yes                                 | No |
| (1)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (2)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (3)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (4)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (5)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (6)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (7)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (8)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (9)<br>.....                            |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (10)<br>.....                           |                         |  |  |    |                                    |                                      |    |  |                                     |    |
| (11)<br>.....                           |                         |  |  |    |                                    |                                      |    |  |                                     |    |



85-0108577

**Federal Asset Report**

FYE: 10/31/2011

**Form 990, Page 1**

| Asset                      | Description                              | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | Per Conv Meth | Prior          | Current       |
|----------------------------|--|--------------------|----------------|----------|------------------|-------------------|---------------|----------------|---------------|
| <b>Other Depreciation:</b> |  |                    |                |          |                  |                   |               |                |               |
| 77                         | 2003 Tahoe (John's)                      | 8/15/03            | 29,661         |          |                  | 29,661            | 5 MO S/L      | 29,661         | 0             |
| 79                         | Lamp and Scale                           | 12/01/04           | 587            |          |                  | 587               | 7 MO S/L      | 496            | 84            |
| 81                         | Chair (John)                             | 12/30/04           | 583            |          |                  | 583               | 7 MO S/L      | 485            | 84            |
| 83                         | File Cabinet (John)                      | 2/24/05            | 534            |          |                  | 534               | 7 MO S/L      | 432            | 77            |
| 86                         | Folding Machine                          | 5/13/05            | 551            |          |                  | 551               | 7 MO S/L      | 433            | 78            |
| 87                         | Printer                                  | 5/20/05            | 339            |          |                  | 339               | 5 MO S/L      | 339            | 0             |
| 88                         | Bookcase (John)                          | 6/01/05            | 403            |          |                  | 403               | 7 MO S/L      | 312            | 57            |
| 89                         | Fax Machine                              | 6/02/05            | 1,385          |          |                  | 1,385             | 7 MO S/L      | 1,072          | 198           |
| 90                         | LCD Projector and Sound System           | 8/17/05            | 2,002          |          |                  | 2,002             | 7 MO S/L      | 1,478          | 286           |
| 91                         | LCD Projector, Printer, and Camera       | 9/20/05            | 1,902          |          |                  | 1,902             | 7 MO S/L      | 1,382          | 271           |
| 93                         | 2 Carts and Printer                      | 10/31/05           | 666            |          |                  | 666               | 5 MO S/L      | 666            | 0             |
| 97                         | Desk and Chair                           | 4/15/04            | 316            |          |                  | 316               | 7 MO S/L      | 297            | 19            |
| 100                        | Cabinets/Lateral Files                   | 6/28/04            | 1,063          |          |                  | 1,063             | 7 MO S/L      | 962            | 101           |
| 104                        | 2007 Dodge Ram (Joel's)                  | 10/12/06           | 25,482         |          |                  | 25,482            | 7 MO S/L      | 20,810         | 4,672         |
| 106                        | Printer and Display                      | 3/01/06            | 2,940          |          |                  | 2,940             | 5 MO S/L      | 2,744          | 196           |
| 107                        | Printer                                  | 3/01/06            | 495            |          |                  | 495               | 5 MO S/L      | 462            | 33            |
| 109                        | 2005 Ford F150 (Clay's)                  | 12/05/05           | 23,000         |          |                  | 23,000            | 5 MO S/L      | 22,617         | 383           |
| 110                        | 2006 Ford Fusion (Cecilia's)             | 5/16/06            | 20,153         |          |                  | 20,153            | 5 MO S/L      | 17,802         | 2,351         |
|                            | Sold/Scrapped: 7/11/11                   |                    |                |          |                  |                   |               |                |               |
| 113                        | Office equipment                         | 2/29/08            | 540            |          |                  | 540               | 5 MO S/L      | 288            | 108           |
| 114                        | Projector                                | 5/14/08            | 788            |          |                  | 788               | 5 MO S/L      | 394            | 158           |
| 115                        | Computer (Aron)                          | 5/30/08            | 1,137          |          |                  | 1,137             | 5 MO S/L      | 550            | 227           |
| 116                        | Office chairs                            | 12/17/08           | 2,204          |          |                  | 2,204             | 7 MO S/L      | 577            | 315           |
| 117                        | TV (Chad)                                | 9/30/09            | 947            |          |                  | 947               | 5 MO S/L      | 205            | 189           |
| 118                        | Computer - Abeyta                        | 7/31/09            | 630            |          |                  | 630               | 5 MO S/L      | 158            | 126           |
| 121                        | Office chair (Joel's)                    | 4/16/08            | 332            |          |                  | 332               | 7 MO S/L      | 119            | 47            |
| 123                        | Tape Deck, Mic & Screen                  | 12/06/96           | 400            |          |                  | 400               | 7 MO S/L      | 400            | 0             |
| 124                        | Office Equipment                         | 5/01/98            | 336            |          |                  | 336               | 7 MO S/L      | 336            | 0             |
| 125                        | Broadcast Equipment                      | 4/27/98            | 4,175          |          |                  | 4,175             | 7 MO S/L      | 4,175          | 0             |
| 126                        | Broadcast Equipment                      | 4/08/98            | 4,174          |          |                  | 4,174             | 7 MO S/L      | 4,174          | 0             |
| 127                        | Broadcast Equipment                      | 9/30/98            | 518            |          |                  | 518               | 7 MO S/L      | 518            | 0             |
| 130                        | 2009 Chevy Silverado (Balok)             | 1/21/09            | 22,928         |          |                  | 22,928            | 5 MO S/L      | 8,025          | 764           |
|                            | Sold/Scrapped: 1/01/11                   |                    |                |          |                  |                   |               |                |               |
| 133                        | Computers/printers - Missy & Theresa     | 11/30/09           | 3,535          |          |                  | 3,535             | 5 MO S/L      | 648            | 707           |
| 137                        | Computer - Hodnett                       | 8/22/10            | 1,084          |          |                  | 1,084             | 5 MO S/L      | 36             | 217           |
| 138                        | Computer - Chad                          | 8/31/10            | 1,297          |          |                  | 1,297             | 5 MO S/L      | 43             | 260           |
| 140                        | 2011 GMC Sierra (Segovia)                | 11/12/10           | 24,704         |          |                  | 24,704            | 5 MO S/L      | 0              | 4,941         |
| 141                        | Computer (Segovia)                       | 11/30/10           | 1,183          |          |                  | 1,183             | 5 MO S/L      | 0              | 217           |
| 142                        | Computer (Joel)                          | 1/24/11            | 766            |          |                  | 766               | 5 MO S/L      | 0              | 115           |
| 143                        | TV (Exec VP)                             | 1/24/11            | 758            |          |                  | 758               | 5 MO S/L      | 0              | 114           |
| 144                        | Computer (Macias)                        | 4/30/11            | 2,162          |          |                  | 2,162             | 5 MO S/L      | 0              | 216           |
| 145                        | Computer (Smith)                         | 7/07/11            | 1,283          |          |                  | 1,283             | 5 MO S/L      | 0              | 86            |
| 146                        | Computer (Rush)                          | 10/31/11           | 1,836          |          |                  | 1,836             | 5 MO S/L      | 0              | 0             |
| 147                        | Office furniture (Rush)                  | 10/31/11           | 807            |          |                  | 807               | 7 MO S/L      | 0              | 0             |
| 148                        | I-Pad (Rush)                             | 10/31/11           | 828            |          |                  | 828               | 5 MO S/L      | 0              | 0             |
|                            | <b>Total Other Depreciation</b>          |                    | <u>191,414</u> |          |                  | <u>191,414</u>    |               | <u>123,096</u> | <u>17,697</u> |
|                            | <b>Total ACRS and Other Depreciation</b> |                    | <u>191,414</u> |          |                  | <u>191,414</u>    |               | <u>123,096</u> | <u>17,697</u> |
| <b>Listed Property:</b>    |  |                    |                |          |                  |                   |               |                |               |
| 132                        | 2010 Chevy Silverado - C. Smith          | 1/15/10            | 28,328         |          |                  | 28,328            | 5 MO S/L      | 3,160          | 5,100         |
| 139                        | 2008 Chevy Trailblazer                   | 7/01/10            | 17,469         |          |                  | 17,469            | 5 MO S/L      | 1,165          | 3,493         |
|                            |  |                    | <u>45,797</u>  |          |                  | <u>45,797</u>     |               | <u>4,325</u>   | <u>8,593</u>  |
|                            | <b>Grand Totals</b>                      |                    | 237,211        |          |                  | 237,211           |               | 127,421        | 26,290        |
|                            | <b>Less: Dispositions and Transfers</b>  |                    | 43,081         |          |                  | 43,081            |               | 25,827         | 3,115         |
|                            | <b>Less: Start-up/Org Expense</b>        |                    | 0              |          |                  | 0                 |               | 0              | 0             |
|                            | <b>Net Grand Totals</b>                  |                    | <u>194,130</u> |          |                  | <u>194,130</u>    |               | <u>101,594</u> | <u>23,175</u> |

# Federal Statements

## Accounts receivable

| <u>Description</u>  | <u>Amount</u>          |
|---------------------|------------------------|
| Accounts Receivable | \$ <u>1,477</u>        |
| Total               | \$ <u><u>1,477</u></u> |

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2010**

Department of the Treasury  
Internal Revenue Service

For calendar year 2010 or other tax year beginning 11/01/10, and  
ending 10/31/11. **u See separate instructions.**

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |   |   |  |
|---|---|---|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(C)(5)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a)<br><br><b>C</b> Book value of all assets at end of year<br><u>2,385,756</u> | <b>Print or Type</b><br>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><u>New Mexico Farm &amp; Livestock Bureau</u><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><u>PO Box 20004</u><br>City or town, state, and ZIP code<br><u>Las Cruces NM 88004</u> | <b>D Employer identification number</b><br>(Employees' trust, see instructions.)<br><br><u>85-0108577</u><br><br><b>E Unrelated business activity codes</b><br>(See instructions.)<br><u>511120 532000</u>        |  |
| <b>F</b> Group exemption number (See instructions.) <b>u</b>  |   | <b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |  |

**H** Describe the organization's primary unrelated business activity.  
**u See Statement 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.  
**u**

**J** The books are in care of **u Carmen Macias** Telephone number **u 575-532-4700**

| <b>Part I Unrelated Trade or Business Income</b>  |                           | (A) Income       | (B) Expenses | (C) Net |
|---|---------------------------|------------------|--------------|---------|
| <b>1a</b> Gross receipts or sales   |                           |                  |              |         |
| <b>b</b> Less returns and allowances  | <b>c</b> Balance <b>u</b> | <b>1c</b>        |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  |                           | <b>2</b>         |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   |                           | <b>3</b>         |              |         |
| <b>4a</b> Capital gain net income (attach Schedule D)   |                           | <b>4a</b>        |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     |                           | <b>4b</b>        |              |         |
| <b>c</b> Capital loss deduction for trusts  |                           | <b>4c</b>        |              |         |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)                |                           | <b>5</b>         |              |         |
| <b>6</b> Rent income (Schedule C)   |                           | <b>6</b>         |              |         |
| <b>7</b> Unrelated debt-financed income (Schedule E)  |                           | <b>7</b>         |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) |                           | <b>8</b>         |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     |                           | <b>9</b>         |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I)                                       |                           | <b>10</b>        |              |         |
| <b>11</b> Advertising income (Schedule J)   |                           | <b>11</b> 10,337 | 49,903       | -39,566 |
| <b>12</b> Other income (See instructions; attach schedule.) <u>See Stmt 2</u>                 |                           | <b>12</b> 1,773  |              | 1,773   |
| <b>13 Total.</b> Combine lines 3 through 12   |                           | <b>13</b> 12,110 | 49,903       | -37,793 |

| <b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) Except for contributions, deductions must be directly connected with the unrelated business income.) |            |            |         |
|--|------------|------------|---------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |            | <b>14</b>  |         |
| <b>15</b> Salaries and wages   |            | <b>15</b>  | 420     |
| <b>16</b> Repairs and maintenance  |            | <b>16</b>  |         |
| <b>17</b> Bad debts  |            | <b>17</b>  |         |
| <b>18</b> Interest (attach schedule)   |            | <b>18</b>  |         |
| <b>19</b> Taxes and licenses   |            | <b>19</b>  | 2,806   |
| <b>20</b> Charitable contributions (See instructions for limitation rules.)  |            | <b>20</b>  |         |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |            |         |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> | <b>22b</b> | 0       |
| <b>23</b> Depletion  |            | <b>23</b>  |         |
| <b>24</b> Contributions to deferred compensation plans   |            | <b>24</b>  |         |
| <b>25</b> Employee benefit programs  |            | <b>25</b>  | 139     |
| <b>26</b> Excess exempt expenses (Schedule I)  |            | <b>26</b>  |         |
| <b>27</b> Excess readership costs (Schedule J)   |            | <b>27</b>  |         |
| <b>28</b> Other deductions (attach schedule) <u>See Statement 3</u>  |            | <b>28</b>  | 776     |
| <b>29 Total deductions.</b> Add lines 14 through 28  |            | <b>29</b>  | 4,141   |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13   |            | <b>30</b>  | -41,934 |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)  |            | <b>31</b>  |         |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   |            | <b>32</b>  | -41,934 |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)   |            | <b>33</b>  | 1,000   |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32   |            | <b>34</b>  | -41,934 |

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here u [ ] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ [ ] (2) \$ [ ] (3) \$ [ ]
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ [ ]
(2) Additional 3% tax (not more than \$100,000) \$ [ ]
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41
42 Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other 42
43 Total tax. Add lines 41 and 42 43 0
44a Payments: A 2009 overpayment credited to 2010 44a
b 2010 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: [ ] Form 2439 [ ] Form 4136 [ ] Other Total u 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached u [ ] 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed u 47
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid u 48
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax u Refunded u 49

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year u \$

Schedule A - Cost of Goods Sold. Enter method of inventory valuation u

1 Inventory at beginning of year 1
2 Purchases 2
3 Cost of labor 3
4a Additional sec. 263A costs (attach sch.) 4a
b Other costs (attach schedule) 4b
5 Total. Add lines 1 through 4b 5
6 Inventory at end of year 6
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here u [ ] Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only
Print/Type preparer's name Loretta Sharp, CPA Date 03/12/12 Check [ ] if self-employed PTIN P00045909
Preparer's signature
Firm's name u Beasley Mitchell & Co., LLP Firm's EIN u 85-0366848
Firm's address u PO Drawer 550 Las Cruces, NM 88004-0550 Phone no. 575-528-6700

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

|                |
|----------------|
| (1) <u>N/A</u> |
| (2)            |
| (3)            |
| (4)            |

**2. Rent received or accrued**

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| <b>Total</b>  | <b>Total</b>  | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>           |

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

**Schedule E – Unrelated Debt-Financed Income (see instructions)**

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |   |   |
|---|---|--|---|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                |   |
| (1) <u>N/A</u>  |   |  |   |   |
| (2)   |   |  |   |   |
| (3)   |   |  |   |   |
| (4)   |   |  |   |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)      | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |   |   |
| (2)   |   | %  |   |   |
| (3)   |   | %  |   |   |
| (4)   |   | %  |   |   |
| <b>Totals</b> <b>u</b>  |   |  | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B).               |

**Total dividends-received deductions** included in column 8 **u**

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross inc. | 6. Deductions directly connected with income in column 5 |
| (1) <u>N/A</u>                     |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable Income      | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                  |
|------------------------|---|-------------------------------------|--|---|
| (1)                    |   |                                     |  |   |
| (2)                    |   |                                     |  |   |
| (3)                    |   |                                     |  |   |
| (4)                    |   |                                     |  |   |
| <b>Totals</b> <b>u</b> |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).          | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col.4) |
|--------------------------|---------------------|--|---------------------------------|--|
| (1) N/A                  |                     |  |                                 |  |
| (2)                      |                     |  |                                 |  |
| (3)                      |                     |  |                                 |  |
| (4)                      |                     |  |                                 |  |
| <b>Totals</b> .....      | <b>u</b>            |  |                                 |  |

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) N/A                              |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      | Enter here and on page 1, Part I, line 10, col. (A).      | Enter here and on page 1, Part I, line 10, col. (B).                        |  |   |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b> .....                  | <b>u</b>  |   |  |   |                                      |  |

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                         | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) New Mexico Farm                           | 10,337                      | 49,903                      |  |                       |                     |   |
| (2)   |                             |                             |  |                       |                     |   |
| (3)   |                             |                             |  |                       |                     |   |
| (4)   |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> .. | <b>u</b> 10,337             | 49,903                      | -39,566  |                       |                     |   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

|  |  |  |  |  |  |   |
|--|--|--|--|--|--|---|
| (1) N/A                                  |  |  |  |  |  |   |
| (2)                                      |  |  |  |  |  |   |
| (3)                                      |  |  |  |  |  |   |
| (4)                                      |  |  |  |  |  |   |
| (5) <b>Totals from Part I</b>            | 10,337   | 49,903   |  |  |  |   |
|  | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). |  |  |  | Enter here and on page 1, Part II, line 27. |
| <b>Totals, Part II (lines 1-5)</b> ..... | <b>u</b> 10,337                                      | 49,903   |  |  |  |   |

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) N/A  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |          | <b>u</b>                               |  |

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No. 1545-0172

**2010**

Attachment  
 Sequence No. **67**

(99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return

New Mexico Farm & Livestock Bureau

Identifying number  
 85-0108577

Business or activity to which this form relates

Indirect Depreciation

**Part I Election To Expense Certain Property Under Section 179**

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

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount (see instructions)   | 1                            | 500,000          |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 2,000,000        |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12   | 13                           |                  |

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

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

|    |   |    |        |
|----|---|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |        |
| 15 | Property subject to section 168(f)(1) election  | 15 |        |
| 16 | Other depreciation (including ACRS)   | 16 | 17,697 |

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

**Section A**

|    |  |    |   |
|----|--|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2010   | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |   |

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

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

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

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

**Part IV Summary (See instructions.)**

|    |   |    |        |
|----|---|----|--------|
| 21 | Listed property. Enter amount from line 28  | 21 | 8,593  |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 26,290 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |        |

**For Paperwork Reduction Act Notice, see separate instructions.**

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

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

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

| <b>24a</b> Do you have evidence to support the business/investment use claimed?  |                                  | <b>Yes</b>                                       | <b>No</b>                  | <b>24b</b> If "Yes," is the evidence written?                      |                           | <b>Yes</b>                   | <b>No</b>                        |                                    |
|--|----------------------------------|--|----------------------------|--|---------------------------|------------------------------|----------------------------------|------------------------------------|
| (a)<br>Type of property<br>(list vehicles first)   | (b)<br>Date placed<br>in service | (c)<br>Business/<br>investment use<br>percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected section 179<br>cost |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) ..... |                                  |  |                            |  |                           |                              | <b>25</b>                        |                                    |
| <b>26</b> Property used more than 50% in a qualified business use:   |                                  |  |                            |  |                           |                              |                                  |                                    |
| 2010 Chevy Silverado -   | C. Smith                         |  |                            |  |                           |                              |                                  |                                    |
|  | 01/15/10                         | 100.00%  | 28,328                     | 28,328   | 5.0                       | S/L-                         | 5,100                            |                                    |
| 2008 Chevy Trailblazer   |                                  |  |                            |  |                           |                              |                                  |                                    |
|  | 07/01/10                         | 100.00%  | 17,469                     | 17,469   | 5.0                       | S/L-                         | 3,493                            |                                    |
| <b>27</b> Property used 50% or less in a qualified business use:   |                                  |  |                            |  |                           |                              |                                  |                                    |
|  |                                  | %  |                            |  |                           | S/L-                         |                                  |                                    |
|  |                                  | %  |                            |  |                           | S/L-                         |                                  |                                    |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....  |                                  |  |                            |  |                           |                              | <b>28</b>                        | 8,593                              |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....   |                                  |  |                            |  |                           |                              |                                  | <b>29</b>                          |

**Section B—Information on Use of Vehicles**

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

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

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

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

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

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

**Part VI Amortization**

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

**Federal Statements****Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

Advertising revenues from magazine published for membership

**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**DescriptionAmount

Management Fee Income

\$ 1,773

Total

\$ 1,773

**Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions**DescriptionAmount

Rent

\$ 489

Office Expense

87

Telephone

124

Equipment lease

76

Total

\$ 776

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**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)  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047  
**2009**  
 Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning **11/01/09**, and ending **10/31/10**

|  |  |  |  |
|--|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions.  | <b>C</b> Name of organization<br><b>New Mexico Farm &amp; Livestock Bureau</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>PO Box 20004</b><br>City or town, state or country, and ZIP + 4<br><b>Las Cruces NM 88004</b> | <b>D</b> Employer identification number<br><b>85-0108577</b> |
|  | <b>F</b> Name and address of principal officer:<br><b>Matthew D Rush</b><br><b>PO Box 20004</b><br><b>Las Cruces NM 88004</b>  | <b>E</b> Telephone number<br><b>575-532-4700</b>   |  |
|  | <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>5</b> ) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | <b>G</b> Gross receipts \$ <b>2,381,738</b>  |  |
|  | <b>J</b> Website: <b>www.nmfarmbureau.org</b>  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)                        |  |

**K** Type of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1949** **M** State of legal domicile: **NM**

**H(c)** Group exemption number **u**

**Part I Summary**

|  |  |                           |                  |
|--|--|---------------------------|------------------|
| <b>Activities &amp; Governance</b>                                       | <b>1</b> Briefly describe the organization's mission or most significant activities:<br><b>New Mexico Farm and Livestock's primary exempt purpose is to provide insurance services, legislative services, marketing services, public information and education to its members.</b> |                           |                  |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                           |                  |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | <b>25</b>        |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | <b>23</b>        |
|  | <b>5</b> Total number of employees (Part V, line 2a)   | <b>5</b>                  | <b>15</b>        |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  |                  |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | <b>33,469</b>    |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | <b>-22,909</b>            |                  |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year     |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>1,527</b>              | <b>996</b>       |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>1,368,430</b>          | <b>1,539,016</b> |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>-396,727</b>           | <b>10,677</b>    |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>19,092</b>             | <b>20,923</b>    |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>992,322</b>            | <b>1,571,612</b> |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>11,200</b>             | <b>11,491</b>    |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>756,275</b>            | <b>759,391</b>   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                           |                  |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>  |                           |                  |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   | <b>599,437</b>            | <b>613,195</b>   |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>1,366,912</b>          | <b>1,384,077</b> |
| <b>Net Assets or Fund Balances</b>                                       | <b>19</b> Revenue less expenses. Subtract line 18 from line 12   | <b>-374,590</b>           | <b>187,535</b>   |
|  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year      |
|  | <b>21</b> Total liabilities (Part X, line 26)  | <b>2,220,946</b>          | <b>2,377,707</b> |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>181,647</b>            | <b>150,873</b>   |
|  |  | <b>2,039,299</b>          | <b>2,226,834</b> |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **Matthew D Rush** Date: **Executive Vice President**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: **Beasley Mitchell & Co., LLP** Date: **08/12/11** Check if self-employed  Preparer's identifying number (see instructions): **P00045909**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **PO Drawer 550 Las Cruces, NM 88004-0550** EIN **u 85-0366848** Phone no. **u 575-528-6700**

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**New Mexico Farm and Livestock's primary exempt purpose is to provide insurance services, legislative services, marketing services, public information and education to its members.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **693,128** including grants of \$ **11,491** ) (Revenue \$ **1,541,423** )

**Provide members with information, guidance and answer questions regarding insurance services, programs and providers.**

4b (Code: ) (Expenses \$ **55,444** including grants of \$ ) (Revenue \$ **12,618** )

**Provide members with public information and legislative services regarding agricultural issues and interests.**

4c (Code: ) (Expenses \$ **6,208** including grants of \$ ) (Revenue \$ )

**Provide members with marketing information, guidance and answer questions regarding merchandising programs, services and providers.**

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ **85,332** including grants of \$ ) (Revenue \$ **17,571** )

4e Total program service expenses u **840,112**

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  |     | X  |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   |     | X  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     |    |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or 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   |     | X  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | X  |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | X   |    |
|     | <ul style="list-style-type: none"> <li>● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>● Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul> |     |    |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.   |     | X  |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.  |     | X  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  |     | X  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | X  |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|  | Yes      | No       |
|--|----------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | <b>X</b> |          |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |          | <b>X</b> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                           |          | <b>X</b> |
| <b>24a</b> 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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 |          | <b>X</b> |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |          |          |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |          |          |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |          |          |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |          |          |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I           |          |          |
| <b>26</b> 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   |          | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III                 |          | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |          |          |
| <b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |          | <b>X</b> |
| <b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |          | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   |          | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |          | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |          | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |          | <b>X</b> |
| <b>33</b> 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   |          | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  | <b>X</b> |          |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  |          | <b>X</b> |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |          |          |
| <b>37</b> 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  |          | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.  | <b>X</b> |          |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>1a</b>  | 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>1a</b> 17   |            |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |    |
|            | <b>1b</b> 0  |            |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |            | X  |
| <b>2a</b>  | 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  |            |    |
|            | <b>2a</b> 15   |            |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                              |            | X  |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | X          |    |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | X          |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |            | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>u</b><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | X  |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | X  |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   |            |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |            | X  |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |            |    |
| <b>7a</b>  |  |            |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |            |    |
| <b>7b</b>  |  |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            |    |
| <b>7c</b>  |  |            |    |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |    |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  | <b>7h</b>  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?  | <b>9a</b>  |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?   | <b>9b</b>  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <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.)   | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

|           |   | Yes      | No       |
|-----------|---|----------|----------|
| <b>1a</b> | Enter the number of voting members of the governing body .....  |          |          |
| <b>1b</b> | Enter the number of voting members that are independent .....   |          |          |
| <b>2</b>  | 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? .....   |          | <b>X</b> |
| <b>3</b>  | 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? ..... |          | <b>X</b> |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....   |          | <b>X</b> |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? .....   |          | <b>X</b> |
| <b>6</b>  | Does the organization have members or stockholders? .....   | <b>X</b> |          |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....   | <b>X</b> |          |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....   |          | <b>X</b> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |          |          |
| <b>8a</b> | a The governing body? .....   | <b>X</b> |          |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body? .....   | <b>X</b> |          |
| <b>9</b>  | Is there any officer, director, 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 .....        |          | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes      | No       |
|------------|--|----------|----------|
| <b>10a</b> | Does the organization have local chapters, branches, or affiliates? .....  |          | <b>X</b> |
| <b>10b</b> | b If "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? .....   |          |          |
| <b>11</b>  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....   | <b>X</b> |          |
| <b>11a</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          |          |
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13 .....   | <b>X</b> |          |
| <b>12b</b> | b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | <b>X</b> |          |
| <b>12c</b> | c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....   |          | <b>X</b> |
| <b>13</b>  | Does the organization have a written whistleblower policy? .....   | <b>X</b> |          |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? .....  | <b>X</b> |          |
| <b>15</b>  | 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?   |          |          |
| <b>15a</b> | a The organization's CEO, Executive Director, or top management official .....   | <b>X</b> |          |
| <b>15b</b> | b Other officers or key employees of the organization .....  |          | <b>X</b> |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |          |          |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  |          | <b>X</b> |
| <b>16b</b> | b If "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? ..... |          |          |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u Carmen Macias** **2220 N Telshor Blvd**

**Las Cruces NM 88011 575-532-4700**

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

Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)<br>Name and Title          | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| John Wortman<br>Exec Vice Pres | 50.00                         | X                                      |                       | X       |              |                              | 90,000 | 0  | 0   |   |
| Mike White<br>President        | 8.00                          | X                                      |                       | X       |              |                              | 15,600 | 0  | 0   |   |
| Dennis Harris<br>Vice Preside  | 4.00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Pat Woods<br>2nd Vice Pres     | 2.00                          | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| John Wortman<br>Director       | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Chad Davis<br>Director         | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Burl Brown<br>Director         | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Ric Choate<br>Director         | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Duane Frost<br>Director        | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Leon Hemann<br>Director        | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Brad Houston<br>Director       | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Janet Jarratt<br>Director      | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Dustin Johnson<br>Director     | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Donald Martinez Jr<br>Director | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Steve Myrick<br>Director       | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| John Swapp<br>Director         | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Craig Ogden<br>Director        | 2.00                          | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and Title          | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|                                |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| Frank Rice<br>Director         | 2.00                          | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Anna Sanchez-Glenn<br>Director | 2.00                          | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Casey Spradley<br>Director     | 2.00                          | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| John Sweetser<br>Director      | 2.00                          | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Jim Taylor<br>Director         | 2.00                          | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| David Walker<br>Director       | 2.00                          | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Richard Vaughan<br>Director    | 2.00                          | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| John York<br>Director          | 2.00                          | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| <b>1b Total</b>                |                               |  |                       |         |              |                              | <b>u</b> | <b>105,600</b>   |   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

|   | Yes | No       |
|---|-----|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | <b>X</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | <b>X</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                                     |     | <b>X</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **u**

0

**Part VIII Statement of Revenue**

|  |   |                                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|--|---|--------------------------------|----------------------|--|---|---|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>      | <b>1a</b> Federated campaigns   | <b>1a</b>                      |                      |  |   |   |  |
|  | <b>b</b> Membership dues  | <b>1b</b>                      |                      |  |   |   |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>                      |                      |  |   |   |  |
|  | <b>d</b> Related organizations  | <b>1d</b>                      |                      |  |   |   |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>                      |                      |  |   |   |  |
|  | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above  | <b>1f</b>                      | <b>996</b>           |  |   |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$  |                                |                      |  |   |   |  |
| <b>h Total.</b> Add lines 1a-1f  | <b>u</b>  |                                | <b>996</b>           |  |   |   |  |
| <b>Program Service Revenue</b>   | <b>2a</b> Membership Income   | Busn. Code                     | 629,432              | 629,432  |   |   |  |
|  | <b>b</b> Royalties Income   |                                | 511,676              | 511,676  |   |   |  |
|  | <b>c</b> Membership Stabilization   |                                | 233,013              | 233,013  |   |   |  |
|  | <b>d</b> Commission- Income   |                                | 68,607               | 68,607   |   |   |  |
|  | <b>e</b> BCBS Royalties Income  |                                | 23,277               | 23,277   |   |   |  |
|  | <b>f</b> All other program service revenue  |                                | 73,011               | 60,465   | 12,546                                  |   |  |
|  | <b>g Total.</b> Add lines 2a-2f   | <b>u</b>                       |                      | <b>1,539,016</b>                                   |   |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)  | <b>u</b>                       | 145,384              | 145,384  |   |   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   | <b>u</b>                       |                      |  |   |   |  |
|  | <b>5</b> Royalties  | <b>u</b>                       |                      |  |   |   |  |
|  | <b>6a</b> Gross Rents   | (i) Real                       | (ii) Personal        |  |   |   |  |
|  |   |                                |                      |  |   |   |  |
|  | <b>b</b> Less: rental exps.   |                                |                      |  |   |   |  |
|  | <b>c</b> Rental inc. or (loss)  |                                |                      |  |   |   |  |
|  | <b>d</b> Net rental income or (loss)  | <b>u</b>                       |                      |  |   |   |  |
|  | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities                 | (ii) Other           | 675,019  | 400                                     |   |  |
|  |   |                                |                      |  |   |   |  |
|  | <b>b</b> Less: cost or other<br>basis & sales exps.   |                                |                      | 803,392  | 6,734                                   |   |  |
|  | <b>c</b> Gain or (loss)   |                                |                      | -128,373   | -6,334                                  |   |  |
|  | <b>d</b> Net gain or (loss)   | <b>u</b>                       |                      | -134,707   | -134,707                                |   |  |
|  | <b>8a</b> Gross income from fundraising events<br>(not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 | <b>a</b>                       |                      |  |   |   |  |
|  |   | <b>b</b> Less: direct expenses | <b>b</b>             |  |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events                  |   | <b>u</b>                       |                      |  |   |   |  |
| <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 | <b>a</b>  |                                |                      |  |   |   |  |
|  | <b>b</b> Less: direct expenses  | <b>b</b>                       |                      |  |   |   |  |
|  | <b>c</b> Net income or (loss) from gaming activities  | <b>u</b>                       |                      |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances    | <b>a</b>  |                                |                      |  |   |   |  |
|  | <b>b</b> Less: cost of goods sold   | <b>b</b>                       |                      |  |   |   |  |
|  | <b>c</b> Net income or (loss) from sales of inventory   | <b>u</b>                       |                      |  |   |   |  |
| Miscellaneous Revenue  |   | Busn. Code                     |                      |  |   |   |  |
| <b>11a</b> Management Fee Income                                       |   | 531310                         | 20,923               |  | 20,923                                  |   |  |
| <b>b</b>   |   |                                |                      |  |   |   |  |
| <b>c</b>   |   |                                |                      |  |   |   |  |
| <b>d</b> All other revenue   |   |                                |                      |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d                                      | <b>u</b>  |                                | 20,923               |  |   |   |  |
| <b>12 Total Revenue.</b> See instructions.                             | <b>u</b>  |                                | <b>1,571,612</b>     | <b>1,537,147</b>                                   | <b>33,469</b>                           | <b>0</b>  |  |

**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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 6,491                 | 6,491                           |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 5,000                 | 5,000                           |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 105,600               | 52,800                          | 52,800                                 |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 446,835               | 210,432                         | 236,403                                |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits   | 165,044               | 77,571                          | 87,473                                 |                             |
| 10 Payroll taxes  | 41,912                | 19,943                          | 21,969                                 |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 22,311                | 7,149                           | 15,162                                 |                             |
| c Accounting  |                       |                                 |  |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 7  |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 53,893                | 25,329                          | 28,564                                 |                             |
| 17 Travel   | 78,355                | 41,528                          | 36,827                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 116,686               | 99,794                          | 16,892                                 |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 30,481                | 9,848                           | 20,633                                 |                             |
| 23 Insurance  | 29,193                | 13,721                          | 15,472                                 |                             |
| 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.)  |                       |                                 |  |                             |
| a <b>Officers &amp; Directors</b>   | 76,992                | 76,992                          |  |                             |
| b <b>Printing Cost</b>  | 33,093                | 33,093                          |  |                             |
| c <b>Membership Expenses</b>  | 25,428                | 25,428                          |  |                             |
| d <b>Committees</b>   | 22,693                | 22,693                          |  |                             |
| e <b>Telephone/Pager expense</b>  | 16,175                | 7,602                           | 8,573                                  |                             |
| f All other expenses  | 107,895               | 104,698                         | 3,197                                  |                             |
| 25 Total functional expenses. Add lines 1 through 24f   | 1,384,077             | 840,112                         | 543,965                                |                             |
| 26 Joint costs. Check here <input type="checkbox"/> 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 |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | 1 Cash—non-interest bearing .....   | 105,077                  | 1          | 387,872            |
|   | 2 Savings and temporary cash investments .....  | 126,584                  | 2          | 268,468            |
|   | 3 Pledges and grants receivable, net .....  |                          | 3          |                    |
|   | 4 Accounts receivable, net .....  | 2,777                    | 4          | 2,673              |
|   | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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          |                    |
|   | 7 Notes and loans receivable, net .....   |                          | 7          |                    |
|   | 8 Inventories for sale or use .....   |                          | 8          |                    |
|   | 9 Prepaid expenses and deferred charges .....   | 21,939                   | 9          | 24,223             |
|   | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 202,882              |            |                    |
|   | b Less: accumulated depreciation .....  | 10b 127,418              | 10c 58,764 | 75,464             |
|   | 11 Investments—publicly traded securities .....   | 1,317,310                | 11         | 1,049,130          |
|   | 12 Investments—other securities. See Part IV, line 11 .....   | 551,552                  | 12         | 551,552            |
|   | 13 Investments—program-related. See Part IV, line 11 .....  |                          | 13         |                    |
|   | 14 Intangible assets .....  |                          | 14         |                    |
|   | 15 Other assets. See Part IV, line 11 .....   | 36,943                   | 15         | 18,325             |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 2,220,946   | 16                       | 2,377,707  |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....  | 181,647                  | 17         | 150,873            |
|   | 18 Grants payable .....   |                          | 18         |                    |
|   | 19 Deferred revenue .....   |                          | 19         |                    |
|   | 20 Tax-exempt bond liabilities .....  |                          | 20         |                    |
|   | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21         |                    |
|   | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... |                          | 22         |                    |
|   | 23 Secured mortgages and notes payable to unrelated third parties .....   |                          | 23         |                    |
|   | 24 Unsecured notes and loans payable to unrelated third parties .....   |                          | 24         |                    |
|   | 25 Other liabilities. Complete Part X of Schedule D .....   |                          | 25         |                    |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 181,647                  | 26         | 150,873            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                              |                          |            |                    |
|   | 27 Unrestricted net assets .....  | 1,968,313                | 27         | 2,171,304          |
|   | 28 Temporarily restricted net assets .....  | 70,986                   | 28         | 55,530             |
|   | 29 Permanently restricted net assets .....  |                          | 29         |                    |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |            |                    |
|   | 30 Capital stock or trust principal, or current funds .....   |                          | 30         |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 31         |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds .....   |                          | 32         |                    |
|   | 33 Total net assets or fund balances .....  | 2,039,299                | 33         | 2,226,834          |
| 34 <b>Total liabilities and net assets/fund balances</b> .....            | 2,220,946   | 34                       | 2,377,707  |                    |

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

|           | Yes      | No       |
|-----------|----------|----------|
|           |          |          |
| <b>2a</b> | <b>X</b> |          |
| <b>2b</b> |          | <b>X</b> |
| <b>2c</b> | <b>X</b> |          |
|           |          |          |
| <b>3a</b> |          | <b>X</b> |
| <b>3b</b> |          |          |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

New Mexico Farm & Livestock Bureau

85-0108577

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, 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**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment **u** \_\_\_\_\_ %
  - b** Permanent endowment **u** \_\_\_\_\_ %
  - c** Term endowment **u** \_\_\_\_\_ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                  |                                      |                                 |                              |                |
| <b>b</b> Buildings              |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements |                                      |                                 |                              |                |
| <b>d</b> Equipment              |                                      | <b>202,882</b>                  | <b>127,418</b>               | <b>75,464</b>  |
| <b>e</b> Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **u** **75,464**









**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Scholarships are sent directly to the college or university of choice of the recipients.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

**New Mexico Farm & Livestock Bureau**

Employer identification number  
**85-0108577**

**Form 990, Part III, Line 4d - All Other Achievements**

Provide benefits to members through committees for  
education and other diverse areas of agriculture.

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

The organization is comprised of members.

**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

Members of governing body are elected at the annual meeting by the  
membership.

**Form 990, Part VI, Line 11a - Organization's Process to Review Form 990**

The Board reviews and approves Form 990 at board meetings.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The Executive Committee of the Board of Directors meets to set compensation  
levels for the President and the Executive Vice-President in charge of  
operations.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Available upon request.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990.

▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization **New Mexico Farm & Livestock Bureau** Employer identification number **85-0108577**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| <b>NM Farm &amp; Livestock Bureau Foundati</b><br><b>PO Box 20004</b> <b>85-0399251</b><br><b>Las Cruces NM 88004</b> | <b>Ag Educ</b>          | <b>NM</b>  | <b>3</b>                   | <b>9</b>  | <b>N/A</b>                       |
|   |                         |  |                            |   |                                  |
|   |                         |  |                            |   |                                  |
|   |                         |  |                            |   |                                  |
|   |                         |  |                            |   |                                  |
|   |                         |  |                            |   |                                  |
|   |                         |  |                            |   |                                  |
|   |                         |  |                            |   |                                  |

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate alloc.? |    | (i)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|---------------------------------|----|--|-------------------------------------|----|
|   |                         |  |                                  |  |                              |                                    | Yes                             | No |  | Yes                                 | No |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| <b>Western Farm Bureau Loan Company</b><br>PO Box 20004<br>Las Cruces NM 88004<br>85-0194273 | <b>Financing</b>        | <b>NM</b>  |                                  | <b>C</b>   | <b>30,968</b>                | <b>671,976</b>                     | <b>100.000000</b>           |
| .....  |                         |  |                                  |  |                              |                                    |                             |
| .....  |                         |  |                                  |  |                              |                                    |                             |
| .....  |                         |  |                                  |  |                              |                                    |                             |

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity .....                         |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s) .....   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from other organization(s) .....   |     | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s) .....  | X   |    |
| <b>e</b> Loans or loan guarantees by other organization(s) .....   |     | X  |
| <b>f</b> Sale of assets to other organization(s) .....   |     | X  |
| <b>g</b> Purchase of assets from other organization(s) .....   |     | X  |
| <b>h</b> Exchange of assets .....  |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....  |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....   |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....  |     | X  |
| <b>n</b> Sharing of paid employees .....   | X   |    |
| <b>o</b> Reimbursement paid to other organization for expenses .....   |     | X  |
| <b>p</b> Reimbursement paid by other organization for expenses .....   | X   |    |
| <b>q</b> Other transfer of cash or property to other organization(s) .....   |     | X  |
| <b>r</b> Other transfer of cash or property from other organization(s) .....   |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of other organization | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved |
|-----|-----------------------------------|----------------------------------|------------------------|
| (1) | NM Farm & Livestock Bureau Found  | d                                | 17,468                 |
| (2) | NM Farm & Livestock Bureau Found  | n                                | 44,167                 |
| (3) | NM Farm & Livestock Bureau Found  | p                                | 1,964                  |
| (4) |                                   |                                  |                        |
| (5) |                                   |                                  |                        |
| (6) |                                   |                                  |                        |





**Federal Asset Report****Form 990, Page 1**

| Asset                   | Description                              | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | Per Conv Meth | Prior          | Current       |
|-------------------------|--|--------------------|----------------|----------|------------------|-------------------|---------------|----------------|---------------|
| 129                     | Digital Camera                           | 3/01/06            | 1,232          |          |                  | 1,232             | 7 MO S/L      | 869            | 177           |
|                         | Mass Sale: 10/31/10                      |                    |                |          |                  |                   |               |                |               |
| 130                     | 2009 Chevy Silverado (Balok)             | 1/21/09            | 22,928         |          |                  | 22,928            | 5 MO S/L      | 3,439          | 4,586         |
| 131                     | Digital Camera                           | 6/25/04            | 339            |          |                  | 339               | 5 MO S/L      | 339            | 0             |
|                         | Mass Sale: 10/31/10                      |                    |                |          |                  |                   |               |                |               |
| 133                     | Computers/printers - Missy & Theresa     | 11/30/09           | 3,535          |          |                  | 3,535             | 5 MO S/L      | 0              | 648           |
| 134                     | Computer - Chanz                         | 12/31/09           | 1,386          |          |                  | 1,386             | 5 MO S/L      | 0              | 208           |
|                         | Sold/Scrapped: 10/13/10                  |                    |                |          |                  |                   |               |                |               |
| 135                     | Copy machine - Alderete                  | 5/31/10            | 547            |          |                  | 547               | 5 MO S/L      | 0              | 46            |
|                         | Mass Sale: 10/31/10                      |                    |                |          |                  |                   |               |                |               |
| 136                     | TV - Chanz                               | 7/30/10            | 269            |          |                  | 269               | 5 MO S/L      | 0              | 13            |
|                         | Mass Sale: 10/31/10                      |                    |                |          |                  |                   |               |                |               |
| 137                     | Computer - Hodnett                       | 8/22/10            | 1,084          |          |                  | 1,084             | 5 MO S/L      | 0              | 36            |
| 138                     | Computer - Chad                          | 8/31/10            | 1,297          |          |                  | 1,297             | 5 MO S/L      | 0              | 43            |
|                         | <b>Total Other Depreciation</b>          |                    | <u>203,229</u> |          |                  | <u>203,229</u>    |               | <u>136,347</u> | <u>26,156</u> |
|                         | <b>Total ACRS and Other Depreciation</b> |                    | <u>203,229</u> |          |                  | <u>203,229</u>    |               | <u>136,347</u> | <u>26,156</u> |
| <b>Listed Property:</b> |  |                    |                |          |                  |                   |               |                |               |
| 132                     | 2010 Chevy Silverado - C. Smith          | 1/15/10            | 28,328         |          |                  | 28,328            | 5 MO S/L      | 0              | 3,160         |
| 139                     | 2008 Chevy Trailblazer                   | 7/01/10            | 17,469         |          |                  | 17,469            | 5 MO S/L      | 0              | 1,165         |
|                         |  |                    | <u>45,797</u>  |          |                  | <u>45,797</u>     |               | <u>0</u>       | <u>4,325</u>  |
|                         | <b>Grand Totals</b>                      |                    | 249,026        |          |                  | 249,026           |               | 136,347        | 30,481        |
|                         | <b>Less: Dispositions and Transfers</b>  |                    | 46,142         |          |                  | 46,142            |               | 35,654         | 3,753         |
|                         | <b>Less: Start-up/Org Expense</b>        |                    | 0              |          |                  | 0                 |               | 0              | 0             |
|                         | <b>Net Grand Totals</b>                  |                    | <u>202,884</u> |          |                  | <u>202,884</u>    |               | <u>100,693</u> | <u>26,728</u> |

### Federal Statements

#### Accounts receivable

| <u>Description</u>  | <u>Amount</u>   |
|---------------------|-----------------|
| Accounts Receivable | \$ 2,673        |
| Total               | <u>\$ 2,673</u> |

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2009**

Department of the Treasury  
Internal Revenue Service

For calendar year 2009 or other tax year beginning 1/01/09, and  
ending 10/31/10. See separate instructions.

Open to Public Inspection  
for 501(c)(3) Organizations Only

|   |   |   |
|---|---|---|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501(C) ( <u>5</u> )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year<br/><u>2,377,707</u></p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>New Mexico Farm &amp; Livestock Bureau</b></p> <p>Number, street, and room or suite no. If a P.O. box, see page 8 of instructions.</p> <p><b>PO Box 20004</b></p> <p>City or town, state, and ZIP code</p> <p><b>Las Cruces NM 88004</b></p> <p><b>F</b> Group exemption number (See instructions for Block F on page 9.) <u>u</u></p> <p><b>G</b> Check organization type <u>u</u> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> | <p><b>D Employer identification number</b><br/>(Employees' trust, see instructions for Block D on page 9.)<br/><b>85-0108577</b></p> <p><b>E Unrelated business activity codes</b><br/>(See instructions for Block E on page 9.)<br/><b>531310 511120</b></p> |
|---|---|---|

**H** Describe the organization's primary unrelated business activity.  
u Management of real property.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? u  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.  
u

**J** The books are in care of u Carmen Macias Telephone number u 575-532-4700

| Part I Unrelated Trade or Business Income |  | (A) Income | (B) Expenses | (C) Net |
|---|--|------------|--------------|---------|
| <b>1a</b>                                 | Gross receipts or sales  |            |              |         |
| <b>b</b>                                  | Less returns and allowances  |            |              |         |
|   | <b>c</b> Balance <u>u</u>  | <b>1c</b>  |              |         |
| <b>2</b>                                  | Cost of goods sold (Schedule A, line 7)  | <b>2</b>   |              |         |
| <b>3</b>                                  | Gross profit. Subtract line 2 from line 1c   | <b>3</b>   |              |         |
| <b>4a</b>                                 | Capital gain net income (attach Schedule D)  | <b>4a</b>  |              |         |
| <b>b</b>                                  | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     | <b>4b</b>  |              |         |
| <b>c</b>                                  | Capital loss deduction for trusts  | <b>4c</b>  |              |         |
| <b>5</b>                                  | Income (loss) from partnerships and S corporations (attach statement)                | <b>5</b>   |              |         |
| <b>6</b>                                  | Rent income (Schedule C)   | <b>6</b>   |              |         |
| <b>7</b>                                  | Unrelated debt-financed income (Schedule E)  | <b>7</b>   |              |         |
| <b>8</b>                                  | Interest, annuities, royalties, and rents from controlled organizations (Schedule F) | <b>8</b>   |              |         |
| <b>9</b>                                  | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     | <b>9</b>   |              |         |
| <b>10</b>                                 | Exploited exempt activity income (Schedule I)  | <b>10</b>  |              |         |
| <b>11</b>                                 | Advertising income (Schedule J)  | <b>11</b>  | 12,546       | 53,507  |
| <b>12</b>                                 | Other income (See page 10 of the instructions; attach schedule.) <u>See Stmt 1</u>   | <b>12</b>  | 20,923       | 20,923  |
| <b>13</b>                                 | <b>Total.</b> Combine lines 3 through 12   | <b>13</b>  | 33,469       | 53,507  |
|   |  |            |              | -40,961 |
|   |  |            |              | -20,038 |

| Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.) |   |            |         |
|--|---|------------|---------|
| <b>14</b>  | Compensation of officers, directors, and trustees (Schedule K)  | <b>14</b>  |         |
| <b>15</b>  | Salaries and wages  | <b>15</b>  | 624     |
| <b>16</b>  | Repairs and maintenance   | <b>16</b>  |         |
| <b>17</b>  | Bad debts   | <b>17</b>  |         |
| <b>18</b>  | Interest (attach schedule)  | <b>18</b>  |         |
| <b>19</b>  | Taxes and licenses  | <b>19</b>  | 1,424   |
| <b>20</b>  | Charitable contributions (See page 13 of the instructions for limitation rules.)  | <b>20</b>  |         |
| <b>21</b>  | Depreciation (attach Form 4562)   | <b>21</b>  |         |
| <b>22</b>  | Less depreciation claimed on Schedule A and elsewhere on return   | <b>22a</b> |         |
|  |   | <b>22b</b> | 0       |
| <b>23</b>  | Depletion   | <b>23</b>  |         |
| <b>24</b>  | Contributions to deferred compensation plans  | <b>24</b>  |         |
| <b>25</b>  | Employee benefit programs   | <b>25</b>  | 165     |
| <b>26</b>  | Excess exempt expenses (Schedule I)   | <b>26</b>  |         |
| <b>27</b>  | Excess readership costs (Schedule J)  | <b>27</b>  |         |
| <b>28</b>  | Other deductions (attach schedule) <u>See Statement 2</u>   | <b>28</b>  | 658     |
| <b>29</b>  | <b>Total deductions.</b> Add lines 14 through 28  | <b>29</b>  | 2,871   |
| <b>30</b>  | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  | <b>30</b>  | -22,909 |
| <b>31</b>  | Net operating loss deduction (limited to the amount on line 30)   | <b>31</b>  |         |
| <b>32</b>  | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  | <b>32</b>  | -22,909 |
| <b>33</b>  | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)  | <b>33</b>  | 1,000   |
| <b>34</b>  | <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | <b>34</b>  | -22,909 |

|  |  |
|--|--|
| <b>Part III Tax Computation</b>  |  |
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation on page 15.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> <b>See instructions</b> and:<br><b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____<br><b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____<br>(2) Additional 3% tax (not more than \$100,000) ..... \$ _____<br><b>c</b> Income tax on the amount on line 34 ..... ▶ <b>35c</b> |  |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶ <b>36</b>  |  |
| <b>37 Proxy tax.</b> See page 16 of the instructions ..... ▶ <b>37</b>   |  |
| <b>38 Alternative minimum tax</b> ..... <b>38</b>  |  |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies ..... <b>39</b>  |  |

|  |  |
|--|--|
| <b>Part IV Tax and Payments</b>  |  |
| <b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... <b>40a</b>  |  |
| <b>b</b> Other credits (see page 16 of the instructions) ..... <b>40b</b>  |  |
| <b>c</b> General business credit. Attach Form 3800 ..... <b>40c</b>  |  |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>40d</b>   |  |
| <b>e Total credits.</b> Add lines 40a through 40d ..... <b>40e</b>   |  |
| <b>41</b> Subtract line 40e from line 39 ..... <b>41</b>   |  |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other ..... <b>42</b> |  |
| <b>43 Total tax.</b> Add lines 41 and 42 ..... <b>43</b> <span style="float:right">0</span>  |  |
| <b>44a</b> Payments: A 2008 overpayment credited to 2009 ..... <b>44a</b>  |  |
| <b>b</b> 2009 estimated tax payments ..... <b>44b</b>  |  |
| <b>c</b> Tax deposited with Form 8868 ..... <b>44c</b>   |  |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) ..... <b>44d</b>   |  |
| <b>e</b> Backup withholding (see instructions) ..... <b>44e</b>  |  |
| <b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 ..... <b>44f</b>   |  |
| <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other ..... Total <b>u</b> <b>44f</b>  |  |
| <b>45 Total payments.</b> Add lines 44a through 44f ..... <b>45</b>  |  |
| <b>46</b> Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached ..... <b>u</b> <input type="checkbox"/> <b>46</b>   |  |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed ..... <b>u</b> <b>47</b>  |  |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... <b>u</b> <b>48</b>  |  |
| <b>49</b> Enter the amount of line 48 you want: Credited to 2010 estimated tax <b>u</b> <b>Refunded u</b> <b>49</b>  |  |

|  |  |            |           |
|--|--|------------|-----------|
| <b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions on page 17)  |  |            |           |
| <b>1</b> At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>u</b> ..... |  | <b>Yes</b> | <b>No</b> |
|  |  |            | <b>X</b>  |
| <b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. ....  |  |            | <b>X</b>  |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$ .....   |  |            |           |

|  |   |            |           |
|--|---|------------|-----------|
| <b>Schedule A - Cost of Goods Sold.</b> Enter method of inventory valuation <b>u</b> |   |            |           |
| <b>1</b> Inventory at beginning of year ..... <b>1</b>                               | <b>6</b> Inventory at end of year ..... <b>6</b>  |            |           |
| <b>2</b> Purchases ..... <b>2</b>  | <b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 ..... <b>7</b>                         |            |           |
| <b>3</b> Cost of labor ..... <b>3</b>  |   |            |           |
| <b>4a</b> Additional sec. 263A costs (attach sch.) ..... <b>4a</b>                   | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... | <b>Yes</b> | <b>No</b> |
| <b>b</b> Other costs (attach schedule) ..... <b>4b</b>                               |   |            |           |
| <b>5 Total.</b> Add lines 1 through 4b ..... <b>5</b>                                |   |            |           |

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

|                                 |   |                       |   |   |
|---------------------------------|---|-----------------------|---|---|
| <b>Sign Here</b>                | Signature of officer _____  | Date _____            | Title _____                                     | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>Paid Preparer's Use Only</b> | Preparer's signature _____  | Date <b>08/12/11</b>  | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN <b>P00045909</b>   |
|                                 | Firm's name (or yours if self-employed), address, and ZIP code <b>Beasley Mitchell &amp; Co., LLP<br/>PO Drawer 550<br/>Las Cruces, NM 88004-0550</b> | EIN <b>85-0366848</b> | Phone no <b>575-528-6700</b>                    |   |

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 18)

**1. Description of property**

|                |
|----------------|
| (1) <b>N/A</b> |
| (2)            |
| (3)            |
| (4)            |

| 2. Rent received or accrued   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   |   | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <b>u</b>           |

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

**Schedule E – Unrelated Debt-Financed Income** (see instructions on page 19)

| 1. Description of debt-financed property  |   | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |   |
|---|---|---|--|---|
|   |   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                              |
| (1) <b>N/A</b>  |   |   |  |   |
| (2)   |   |   |  |   |
| (3)   |   |   |  |   |
| (4)   |   |   |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                             | 7. Gross income reportable (column 2 x column 6)                             | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %   |  |   |
| (2)   |   | %   |  |   |
| (3)   |   | %   |  |   |
| (4)   |   | %   |  |   |
| Totals  |   |   | Enter here and on page 1, Part I, line 7, column (A). <b>u</b>               | Enter here and on page 1, Part I, line 7, column (B). <b>u</b>      |

**Total dividends-received deductions** included in column 8 **u**

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross inc. | 6. Deductions directly connected with income in column 5 |
| (1) <b>N/A</b>                     |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                           |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |
| Totals            |   |                                     | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>u</b> | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>u</b> |

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions on page 20)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col.4) |
|--------------------------|---------------------|--|---------------------------------|--|
| (1) <b>N/A</b>           |                     |  |                                 |  |
| (2)                      |                     |  |                                 |  |
| (3)                      |                     |  |                                 |  |
| (4)                      |                     |  |                                 |  |
| <b>Totals</b> .....      | <b>u</b>            |  |                                 |  |

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) <b>N/A</b>                       |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
| <b>Totals</b> .....                  | <b>u</b>  |   |  |   |                                      |  |

**Schedule J – Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                                     | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) <b>New Mexico Farm</b>                                | <b>12,546</b>               | <b>53,507</b>               |  |                       |                     |   |
| (2)   |                             |                             |  |                       |                     |   |
| (3)   |                             |                             |  |                       |                     |   |
| (4)   |                             |                             |  |                       |                     |   |
| <b>Totals (carry to Part II, line (5))</b> . . . <b>u</b> | <b>12,546</b>               | <b>53,507</b>               | <b>-40,961</b>   |                       |                     |   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

|   |               |               |  |  |  |  |
|---|---------------|---------------|--|--|--|--|
| (1) <b>N/A</b>                                    |               |               |  |  |  |  |
| (2)   |               |               |  |  |  |  |
| (3)   |               |               |  |  |  |  |
| (4)   |               |               |  |  |  |  |
| (5) <b>Totals from Part I</b>                     | <b>12,546</b> | <b>53,507</b> |  |  |  |  |
| <b>Totals, Part II (lines 1-5)</b> . . . <b>u</b> | <b>12,546</b> | <b>53,507</b> |  |  |  |  |

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

| 1. Name   | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|--|--|
| (1) <b>N/A</b>  |          |  |  |
| (2)   |          |  |  |
| (3)   |          |  |  |
| (4)   |          |  |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . <b>u</b> |          |  |  |

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

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

OMB No. 1545-0172  
**2009**  
 Attachment Sequence No. **67**

**u See separate instructions. u Attach to your tax return.**

Name(s) shown on return **New Mexico Farm & Livestock Bureau** Identifying number **85-0108577**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

|    |   |                              |                  |
|----|---|------------------------------|------------------|
| 1  | Maximum amount. See the instructions for a higher limit for certain businesses  | 1                            | 250,000          |
| 2  | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                            | 800,000          |
| 4  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                            |                  |
| 6  | (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
| 7  | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | 9                            |                  |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562   | 10                           |                  |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                           |                  |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12   | 13                           |                  |

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

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

|    |   |    |        |
|----|---|----|--------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |        |
| 15 | Property subject to section 168(f)(1) election  | 15 |        |
| 16 | Other depreciation (including ACRS)   | 16 | 26,156 |

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

**Section A**

|    |  |    |   |
|----|--|----|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009   | 17 | 0 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |   |

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

|    |   |    |        |
|----|---|----|--------|
| 21 | Listed property. Enter amount from line 28  | 21 | 4,325  |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 30,481 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |        |

**For Paperwork Reduction Act Notice, see separate instructions.**

**New Mexico Farm & Livestock Bureau 85-0108577**

Form 4562 (2009)

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

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

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

| 24a   |                               | Yes  |                               | No   |                           | 24b                          |                                  | Yes                                |    | No |  |
|---|-------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|------------------------------------|----|----|--|
| (a)<br>Type of property<br>(list vehicles first)  | (b)<br>Date placed in service | (c)<br>Business/<br>investment use<br>percentage | (d)<br>Cost or other<br>basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected section<br>179 cost |    |    |  |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) ..... |                               |  |                               |  |                           |                              |                                  |                                    | 25 |    |  |
| 26 Property used more than 50% in a qualified business use:   |                               |  |                               |  |                           |                              |                                  |                                    |    |    |  |
| 2010  | Chevy Silverado               | C. Smith   | 28,328                        | 28,328   | 5.0                       | S/L-                         | 3,160                            |                                    |    |    |  |
|   | 01/15/10                      | 100.00 %   |                               |  |                           |                              |                                  |                                    |    |    |  |
| 2008  | Chevy Trailblazer             |  | 17,469                        | 17,469   | 5.0                       | S/L-                         | 1,165                            |                                    |    |    |  |
|   | 07/01/10                      | 100.00 %   |                               |  |                           |                              |                                  |                                    |    |    |  |
| 27 Property used 50% or less in a qualified business use:   |                               |  |                               |  |                           |                              |                                  |                                    |    |    |  |
|   |                               | %  |                               |  |                           | S/L-                         |                                  |                                    |    |    |  |
|   |                               | %  |                               |  |                           | S/L-                         |                                  |                                    |    |    |  |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....  |                               |  |                               |  |                           |                              | 28                               | 4,325                              |    |    |  |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....   |                               |  |                               |  |                           |                              | 29                               |                                    |    |    |  |

**Section B—Information on Use of Vehicles**

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

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

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

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

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

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

**Part VI Amortization**

| (a)  | (b)                      | (c)                | (d)          | (e)                               | (f)                        |
|--|--------------------------|--------------------|--------------|-----------------------------------|----------------------------|
| Description of costs   | Date amortization begins | Amortizable amount | Code section | Amortization period or percentage | Amortization for this year |
| 42 Amortization of costs that begins during your 2009 tax year (see instructions):         |                          |                    |              |                                   |                            |
|  |                          |                    |              |                                   |                            |
| 43 Amortization of costs that began before your 2009 tax year .....                        |                          |                    |              | 43                                |                            |
| 44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report ..... |                          |                    |              | 44                                |                            |

## Federal Statements

### Statement 1 - Form 990-T, Part I, Line 12 - Other Income

| <u>Description</u>    | <u>Amount</u>    |
|-----------------------|------------------|
| Management Fee Income | \$ 20,923        |
| Total                 | <u>\$ 20,923</u> |

### Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| Rent               | \$ 479        |
| Office Expense     | 86            |
| Telephone          | 93            |
| Total              | <u>\$ 658</u> |

Form **990**  
Department of the Treasury  
Internal Revenue Service

**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)  
**u** The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047  
**2008**  
**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning **11/01/08**, and ending **10/31/09**

|  |  |  |  |
|--|--|--|--|
| <p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <p>Please use IRS label or print or type. See Specific Instructions.</p> | <p><b>C</b> Name of organization<br/><b>New Mexico Farm &amp; Livestock Bureau</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/Suite<br/><b>PO Box 20004</b></p> <p>City or town, state or country, and ZIP + 4<br/><b>Las Cruces NM 88004</b></p> | <p><b>D</b> Employer identification number<br/><b>85-0108577</b></p> <p><b>E</b> Telephone number<br/><b>575-532-4702</b></p> <p><b>G</b> Gross receipts \$ <b>1,513,418</b></p> |
| <p><b>F</b> Name and address of principal officer:<br/><b>John Wortman</b><br/><b>PO Box 20004</b><br/><b>Las Cruces NM 88004</b></p>  |  | <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If "No," attach a list. (see instructions)</p>                   |  |
| <p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>5</b> ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>   |  | <p><b>J</b> Website: <b>u www.nmfarmbureau.org</b></p>   |  |
| <p><b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b></p>  |  | <p><b>L</b> Year of formation: <b>1949</b> <b>M</b> State of legal domicile: <b>NM</b></p>   |  |

**Part I Summary**

|                                    |  |                   |                  |
|------------------------------------|--|-------------------|------------------|
| <b>Activities &amp; Governance</b> | <p><b>1</b> Briefly describe the organization's mission or most significant activities:<br/><b>New Mexico Farm and Livestock's primary exempt purpose is to provide insurance services, legislative services, marketing services, public information and education to its members.</b></p> <p><b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3 25</b></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4 23</b></p> <p><b>5</b> Total number of employees (Part V, line 2a) <b>5 12</b></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <b>6</b></p> <p><b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) <b>7a 30,618</b></p> <p><b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b -45,791</b></p> |                   |                  |
| <b>Revenue</b>                     | <p><b>8</b> Contributions and grants (Part VIII, line 1h) <b>1,244</b></p> <p><b>9</b> Program service revenue (Part VIII, line 2g) <b>1,315,379</b></p> <p><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>70,452</b></p> <p><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>18,762</b></p> <p><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>1,405,837</b></p>   | Prior Year        | Current Year     |
| <b>Expenses</b>                    | <p><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>41,256</b></p> <p><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</p> <p><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>687,297</b></p> <p><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</p> <p><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b></p> <p><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>657,359</b></p> <p><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>1,385,912</b></p> <p><b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>19,925</b></p>   | Beginning of Year | End of Year      |
| <b>Net Assets or Fund Balances</b> | <p><b>20</b> Total assets (Part X, line 16) <b>2,603,737</b></p> <p><b>21</b> Total liabilities (Part X, line 26) <b>189,848</b></p> <p><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>2,413,889</b></p>  | <b>2,603,737</b>  | <b>2,220,946</b> |
|                                    |  | <b>189,848</b>    | <b>181,647</b>   |
|                                    |  | <b>2,413,889</b>  | <b>2,039,299</b> |

**Part II Signature Block**

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

|                                 |   |                        |   |
|---------------------------------|---|------------------------|---|
| <b>Sign Here</b>                | <p>Signature of officer<br/><b>John Wortman</b></p> <p>Type or print name and title<br/><b>Exec Vice-President</b></p>  | Date                   |   |
| <b>Paid Preparer's Use Only</b> | <p>Preparer's signature <b>Beasley Mitchell &amp; Co., LLP</b></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4<br/><b>PO Drawer 550</b><br/><b>Las Cruces, NM 88004-0550</b></p> | Date<br><b>9/14/10</b> | <p>Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>Preparer's identifying number (see instructions)<br/><b>P00045909</b></p> <p>EIN <b>u 85-0366848</b></p> <p>Phone no. <b>u 575-528-6700</b></p> |

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

**New Mexico Farm and Livestock's primary exempt purpose is to provide insurance services, legislative services, marketing services, public information and education to its members.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **661,102** including grants of \$ **11,200** ) (Revenue \$ **956,002** )  
**Provide members with information, guidance and answer questions regarding insurance services, programs and providers.**

4b (Code: ) (Expenses \$ **77,077** including grants of \$ ) (Revenue \$ **11,646** )  
**Provide members with public information and legislative services regarding agricultural issues and interests.**

4c (Code: ) (Expenses \$ **7,474** including grants of \$ ) (Revenue \$ )  
**Provide members with marketing information, guidance and answer questions regarding merchandising programs, services and providers.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **89,045** including grants of \$ ) (Revenue \$ **24,674** )

4e Total program service expenses **u** \$ **834,698** (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  |     | X  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?   |     | X  |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   |     |    |
| 5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   |     | X  |
| 6 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  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  |     | X  |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                              |     | X  |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   |     | X  |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  | X   |    |
| 12 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   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.?   |     | X  |
| 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   |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III   |     | X  |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  |     | X  |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | X  |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   |     | X  |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H   |     | X  |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | X   |    |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J   |     | X  |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25. |     | X  |
| 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 any tax-exempt bonds?   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  |     |    |
| 25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a 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 a prior year? If "Yes," complete Schedule L, Part I   |     |    |
| 26 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  |     | X  |
| 27 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  |     | X  |

**Part IV Checklist of Required Schedules (continued)**

|           |   | Yes      | No       |
|-----------|---|----------|----------|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:   |          |          |
| <b>a</b>  | 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 |          | <b>X</b> |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV   |          | <b>X</b> |
| <b>c</b>  | 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   |          | <b>X</b> |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |          | <b>X</b> |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  |          | <b>X</b> |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |          | <b>X</b> |
| <b>33</b> | 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  |          | <b>X</b> |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | <b>X</b> |          |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |          | <b>X</b> |
| <b>36</b> | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |          |          |
| <b>37</b> | 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   |          | <b>X</b> |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes      | No       |
|------------|--|----------|----------|
| <b>1a</b>  | 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>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |          |          |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |          | <b>X</b> |
| <b>2a</b>  | 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  |          |          |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  |          | <b>X</b> |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | <b>X</b> |          |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | <b>X</b> |          |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |          | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>u</b><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |          |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |          | <b>X</b> |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |          | <b>X</b> |
| <b>5c</b>  | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   |          |          |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible?   |          | <b>X</b> |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |          |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |          |          |
| <b>a</b>   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  |          | <b>X</b> |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |          |          |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |          | <b>X</b> |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  |          |          |
| <b>7e</b>  | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |          | <b>X</b> |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |          | <b>X</b> |
| <b>7g</b>  | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |          | <b>X</b> |
| <b>7h</b>  | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  |          | <b>X</b> |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |          |          |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>   |          |          |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |          |          |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |          |          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |          |          |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12   |          |          |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |          |          |
| <b>11a</b> | Gross income from members or shareholders  |          |          |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |          |          |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |          |          |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          |          |

**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**

|   |   | Yes       | No        |
|---|---|-----------|-----------|
| 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. |   |           |           |
| <b>1a</b>   | Enter the number of voting members of the governing body  | <b>1a</b> | <b>25</b> |
| <b>1b</b>   | Enter the number of voting members that are independent   | <b>1b</b> | <b>23</b> |
| <b>2</b>  | 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?   |           | <b>X</b>  |
| <b>3</b>  | 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? |           | <b>X</b>  |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   |           | <b>X</b>  |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets?   |           | <b>X</b>  |
| <b>6</b>  | Does the organization have members or stockholders?   | <b>X</b>  |           |
| <b>7a</b>   | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | <b>X</b>  |           |
| <b>7b</b>   | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |           | <b>X</b>  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |           |           |
| <b>8a</b>   | The governing body?   | <b>X</b>  |           |
| <b>8b</b>   | Each committee with authority to act on behalf of the governing body?   | <b>X</b>  |           |
| <b>9a</b>   | Does the organization have local chapters, branches, or affiliates?   |           | <b>X</b>  |
| <b>9b</b>   | If "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?  |           |           |
| <b>10</b>   | 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       |           | <b>X</b>  |
| <b>11</b>   | 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      |           | <b>X</b>  |

**Section B. Policies**

|            |  | Yes      | No       |
|------------|--|----------|----------|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | <b>X</b> |          |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>X</b> |          |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   |          | <b>X</b> |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | <b>X</b> |          |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | <b>X</b> |          |
| <b>15</b>  | 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:   |          |          |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official?  | <b>X</b> |          |
| <b>15b</b> | Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)  |          | <b>X</b> |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |          | <b>X</b> |
| <b>16b</b> | If "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? |          |          |

**Section C. Disclosure**

|           |   |
|-----------|---|
| <b>17</b> | List the states with which a copy of this Form 990 is required to be filed <b>u None</b>  |
| <b>18</b> | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| <b>19</b> | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.   |
| <b>20</b> | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: <b>u Missy Aguayo 2220 N Telshor Blvd Las Cruces NM 88011 575-532-4702</b>  |

**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.

I 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.

I List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

I 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.

I List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A)<br>Name and Title          | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                                |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| John Wortman<br>Exec Dir       | 50                            | X                                      |                       | X       |              |                              | 90,000 | 0  | 0   |   |
| Mike White<br>President        | 8                             | X                                      |                       | X       |              |                              | 15,600 | 0  | 0   |   |
| Dennis Harris<br>Vice Preside  | 4                             | X                                      |                       | X       |              |                              | 0      | 0  | 0   |   |
| Brad Houston<br>Director       | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Burl Brown<br>Director         | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Casey Spradley<br>Director     | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Chad Davis<br>Director         | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Craig Ogden<br>Director        | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Crestina Armstrong<br>Director | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| David Walker<br>Director       | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Donald Martinez Jr<br>Director | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Duane Frost<br>Director        | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Frank Rice<br>Director         | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Janet Jarratt<br>Director      | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| Jim Taylor<br>Director         | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| John Sweetser<br>Director      | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |
| John Van Sweden<br>Director    | 2                             | X                                      |                       |         |              |                              | 0      | 0  | 0   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title      | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|                            |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| John Swapp<br>Director     | 2                             | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Leon Hemann<br>Director    | 2                             | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Ric Choate<br>Director     | 2                             | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Oscar Brooks<br>Director   | 2                             | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Richard Vaughn<br>Director | 2                             | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Steve Jensen<br>Director   | 2                             | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| John York<br>Director      | 2                             | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| Pat Woods<br>Director      | 2                             | X                                      |                       |         |              |                              |          | 0  | 0   | 0   |
| <b>1b Total</b>            |                               |  |                       |         |              |                              | <b>u</b> | <b>105,600</b>   |   |   |

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **u 0**

|   | Yes | No       |
|---|-----|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | <b>X</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual |     | <b>X</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person                                     |     | <b>X</b> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **u 0**

**Part VIII Statement of Revenue**

|  |  |                   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |  |
|--|--|-------------------|----------------------|--|---|---|--|
| <b>Contributions, gifts, grants and other similar amounts</b>                    | <b>1a</b> Federated campaigns  | <b>1a</b>         |                      |  |   |   |  |
|  | <b>b</b> Membership dues   | <b>1b</b>         |                      |  |   |   |  |
|  | <b>c</b> Fundraising events  | <b>1c</b>         |                      |  |   |   |  |
|  | <b>d</b> Related organizations   | <b>1d</b>         |                      |  |   |   |  |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b>         |                      |  |   |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                      | <b>1f</b>         | 1,527                |  |   |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   |                   |                      |  |   |   |  |
|  | <b>h Total.</b> Add lines 1a-1f  | <b>u</b>          |                      | 1,527  |   |   |  |
| <b>Program Service Revenue</b>   |  |                   | <b>Busn. Code</b>    |  |   |   |  |
|  | <b>2a</b> Membership   |                   | 594,131              | 594,131  |   |   |  |
|  | <b>b</b> Royalties   |                   | 477,206              | 477,206  |   |   |  |
|  | <b>c</b> Membership Stabilization  |                   | 140,636              | 140,636  |   |   |  |
|  | <b>d</b> Commission Income   |                   | 55,159               | 55,159   |   |   |  |
|  | <b>e</b> BCBS Royalties Income   |                   | 22,011               | 22,011   |   |   |  |
|  | <b>f</b> All other program service revenue   |                   | 79,287               | 67,761   | 11,526                                  |   |  |
|  | <b>g Total.</b> Add lines 2a-2f  | <b>u</b>          |                      | 1,368,430  |   |   |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)  | <b>u</b>          | 67,309               | 67,309   |   |   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds  | <b>u</b>          |                      |  |   |   |  |
|  | <b>5</b> Royalties   | <b>u</b>          |                      |  |   |   |  |
|  | <b>6a</b> Gross Rents  | (i) Real          | (ii) Personal        |  |   |   |  |
|  |  |                   |                      |  |   |   |  |
|  | <b>b</b> Less: rental exps.  |                   |                      |  |   |   |  |
|  | <b>c</b> Rental inc. or (loss)   |                   |                      |  |   |   |  |
|  | <b>d</b> Net rental income or (loss)   | <b>u</b>          |                      |  |   |   |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities    | (ii) Other           |  |   |   |  |
|  |  | 35,060            | 22,000               |  |   |   |  |
|  | <b>b</b> Less: cost or other basis & sales exps.   | 494,210           | 26,886               |  |   |   |  |
|  | <b>c</b> Gain or (loss)  | -459,150          | -4,886               |  |   |   |  |
|  | <b>d</b> Net gain or (loss)  | <b>u</b>          | -464,036             | -464,036   |   |   |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | <b>a</b>          |                      |  |   |   |  |
|  | <b>b</b> Less: direct expenses   | <b>b</b>          |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from fundraising events                            | <b>u</b>   |                   |                      |  |   |   |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19              | <b>a</b>   |                   |                      |  |   |   |  |
| <b>b</b> Less: direct expenses   | <b>b</b>   |                   |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities                             | <b>u</b>   |                   |                      |  |   |   |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances                 | <b>a</b>   |                   |                      |  |   |   |  |
| <b>b</b> Less: cost of goods sold  | <b>b</b>   |                   |                      |  |   |   |  |
| <b>c</b> Net income or (loss) from sales of inventory                            | <b>u</b>   |                   |                      |  |   |   |  |
| Miscellaneous Revenue  |  | <b>Busn. Code</b> |                      |  |   |   |  |
| <b>11a</b> Mgt Fee   |  | 531310            | 19,092               |  | 19,092                                  |   |  |
| <b>b</b>   |  |                   |                      |  |   |   |  |
| <b>c</b>   |  |                   |                      |  |   |   |  |
| <b>d</b> All other revenue   |  |                   |                      |  |   |   |  |
| <b>e Total.</b> Add lines 11a-11d  | <b>u</b>   |                   | 19,092               |  |   |   |  |
| <b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | <b>u</b>   |                   | 992,322              | 960,177  | 30,618                                  | 0   |  |

**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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21   | 6,700                 | 6,700                           |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22   | 4,500                 | 4,500                           |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 105,600               | 50,100                          | 55,500                                 |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  | 440,067               | 206,827                         | 233,240                                |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits   | 168,224               | 79,065                          | 89,159                                 |                             |
| 10 Payroll taxes  | 42,384                | 19,925                          | 22,459                                 |                             |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   | 16,795                | 12,302                          | 4,493                                  |                             |
| c Accounting  | 12,675                |                                 | 12,675                                 |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  |                       |                                 |  |                             |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 53,909                | 25,338                          | 28,571                                 |                             |
| 17 Travel   | 73,231                | 44,077                          | 29,154                                 |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 121,734               | 102,854                         | 18,880                                 |                             |
| 20 Interest   | 7,243                 | 7,243                           |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 28,159                | 5,066                           | 23,093                                 |                             |
| 23 Insurance  | 24,979                | 11,740                          | 13,239                                 |                             |
| 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.)  |                       |                                 |  |                             |
| a <b>Officers &amp; Directors</b>   | 64,806                | 64,806                          |  |                             |
| b <b>Printing Cost</b>  | 35,420                | 35,420                          |  |                             |
| c <b>Committees</b>   | 33,887                | 33,887                          |  |                             |
| d <b>Mailing Cost</b>   | 18,794                | 18,794                          |  |                             |
| e <b>Membership Expenses</b>  | 17,635                | 17,635                          |  |                             |
| f All other expenses  | 90,170                | 88,419                          | 1,751                                  |                             |
| 25 Total functional expenses. Add lines 1 through 24f   | 1,366,912             | 834,698                         | 532,214                                |                             |
| 26 Joint Costs. Check here <input type="checkbox"/> 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 |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | 1 Cash—non-interest bearing   | 65,266                   | 1          | 105,077            |
|   | 2 Savings and temporary cash investments  | 252,201                  | 2          | 126,584            |
|   | 3 Pledges and grants receivable, net  |                          | 3          |                    |
|   | 4 Accounts receivable, net  | 503                      | 4          | 2,777              |
|   | 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          |                    |
|   | 7 Notes and loans receivable, net   |                          | 7          |                    |
|   | 8 Inventories for sale or use   |                          | 8          |                    |
|   | 9 Prepaid expenses and deferred charges   | 15,135                   | 9          | 21,939             |
|   | 10a Land, buildings, and equipment: cost basis  | 10a 195,111              |            |                    |
|   | b Less: accumulated depreciation. Complete Part VI of Schedule D  | 10b 136,347              | 10c 72,088 | 58,764             |
|   | 11 Investments—publicly traded securities   | 1,107,924                | 11         | 1,317,310          |
|   | 12 Investments—other securities. See Part IV, line 11   | 930,252                  | 12         | 551,552            |
|   | 13 Investments—program-related. See Part IV, line 11  |                          | 13         |                    |
|   | 14 Intangible assets  |                          | 14         |                    |
|   | 15 Other assets. See Part IV, line 11   | 160,368                  | 15         | 36,943             |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 2,603,737   | 16                       | 2,220,946  |                    |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses  | 189,848                  | 17         | 181,647            |
|   | 18 Grants payable   |                          | 18         |                    |
|   | 19 Deferred revenue   |                          | 19         |                    |
|   | 20 Tax-exempt bond liabilities  |                          | 20         |                    |
|   | 21 Escrow account liability. Complete Part IV of Schedule D   |                          | 21         |                    |
|   | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L |                          | 22         |                    |
|   | 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 <b>Total liabilities.</b> Add lines 17 through 25  | 189,848                  | 26         | 181,647            |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                        |                          |            |                    |
|   | 27 Unrestricted net assets  | 2,306,849                | 27         | 1,968,313          |
|   | 28 Temporarily restricted net assets  | 107,040                  | 28         | 70,986             |
|   | 29 Permanently restricted net assets  |                          | 29         |                    |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |            |                    |
|   | 30 Capital stock or trust principal, or current funds   |                          | 30         |                    |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund   |                          | 31         |                    |
|   | 32 Retained earnings, endowment, accumulated income, or other funds   |                          | 32         |                    |
| 33 Total net assets or fund balances                                | 2,413,889   | 33                       | 2,039,299  |                    |
| 34 Total liabilities and net assets/fund balances                   | 2,603,737   | 34                       | 2,220,946  |                    |

**Part XI Financial Statements and Reporting**

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other  |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   | X   |    |
| 2b | Were the organization's financial statements audited by an independent accountant?  |     | X  |
| 2c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits?  |     |    |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: New Mexico Farm & Livestock Bureau; Employer identification number: 85-0108577

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including checkboxes for purposes of easements and a table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a and 1b regarding reporting requirements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (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  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Investment earnings or losses                  |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment    %
- b Permanent endowment    %
- c Term endowment    %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---------------------------|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land                   |                                      |                                 |                  |                |
| b Buildings               |                                      |                                 |                  |                |
| c Leasehold improvements  |                                      |                                 |                  |                |
| d Equipment               |                                      | 195,111                         | 136,347          | 58,764         |
| e Other                   |                                      |                                 |                  |                |

**Total.** Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)    **58,764**











**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

**u** 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.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**New Mexico Farm & Livestock Bureau**

Employer identification number

**85-0108577**

**Form 990, Part III, Line 4d - All Other Achievements**

Provide benefits to members through committees for education and other diverse areas of agriculture.

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

The Organization is comprised of members.

**Form 990, Part VI, Line 7a - Election of Members and Their Rights**

Members of governing body are elected at the annual meeting by the membership.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The Executive Committee of the Board of Directors meets to set compensation levels for the President and the Executive Vice-President in charge of operations.



**Part III Identification of Related Organizations Taxable as a Partnership**

| (A)<br>Name, address, and EIN of related organization | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Direct controlling entity | (E)<br>Predominant income (related, investment, unrelated) | (F)<br>Share of total income | (G)<br>Share of end-of-year assets | (H)<br>Disproportionate alloc.? |    | (I)<br>Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (J)<br>General or managing partner? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|---------------------------------|----|--|-------------------------------------|----|
|   |                         |  |                                  |  |                              |                                    | Yes                             | No |  | Yes                                 | No |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |
| .....   |                         |  |                                  |  |                              |                                    |                                 |    |  |                                     |    |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

| (A)<br>Name, address, and EIN of related organization  | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Direct controlling entity | (E)<br>Type of entity (C corp, S corp, or trust) | (F)<br>Share of total income | (G)<br>Share of end-of-year assets | (H)<br>Percentage ownership |
|--|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| <b>New Mexico Farm and Ranch Inc</b><br>PO Box 20004<br>Las Cruces NM 88004<br>85-0171641    | <b>Publishing</b>       | <b>NM</b>  |                                  | <b>C</b>   | <b>352</b>                   |                                    | <b>100.000000</b>           |
| <b>Western Farm Bureau Loan Company</b><br>PO Box 20004<br>Las Cruces NM 88004<br>85-0194273 | <b>Financing</b>        | <b>NM</b>  |                                  | <b>C</b>   | <b>47,193</b>                | <b>654,247</b>                     | <b>100.000000</b>           |
| .....  |                         |  |                                  |  |                              |                                    |                             |
| .....  |                         |  |                                  |  |                              |                                    |                             |

**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity .....

**b** Gift, grant, or capital contribution to other organization(s) .....

**c** Gift, grant, or capital contribution from other organization(s) .....

**d** Loans or loan guarantees to or for other organization(s) .....

**e** Loans or loan guarantees by other organization(s) .....

**f** Sale of assets to other organization(s) .....

**g** Purchase of assets from other organization(s) .....

**h** Exchange of assets .....

**i** Lease of facilities, equipment, or other assets to other organization(s) .....

**j** Lease of facilities, equipment, or other assets from other organization(s) .....

**k** Performance of services or membership or fundraising solicitations for other organization(s) .....

**l** Performance of services or membership or fundraising solicitations by other organization(s) .....

**m** Sharing of facilities, equipment, mailing lists, or other assets .....

**n** Sharing of paid employees .....

**o** Reimbursement paid to other organization for expenses .....

**p** Reimbursement paid by other organization for expenses .....

**q** Other transfer of cash or property to other organization(s) .....

**r** Other transfer of cash or property from other organization(s) .....

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     | X  |
| <b>1b</b> | X   |    |
| <b>1c</b> |     | X  |
| <b>1d</b> | X   |    |
| <b>1e</b> |     | X  |
| <b>1f</b> |     | X  |
| <b>1g</b> |     | X  |
| <b>1h</b> |     | X  |
| <b>1i</b> |     | X  |
| <b>1j</b> |     | X  |
| <b>1k</b> |     | X  |
| <b>1l</b> |     | X  |
| <b>1m</b> |     | X  |
| <b>1n</b> | X   |    |
| <b>1o</b> |     | X  |
| <b>1p</b> | X   |    |
| <b>1q</b> |     | X  |
| <b>1r</b> |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (A)<br>Name of other organization(s) | (B)<br>Transaction type (a-r) | (C)<br>Amount involved |
|--------------------------------------|-------------------------------|------------------------|
| (1)                                  |                               |                        |
| (2)                                  |                               |                        |
| (3)                                  |                               |                        |
| (4)                                  |                               |                        |
| (5)                                  |                               |                        |
| (6)                                  |                               |                        |



85-0108577

## Federal Asset Report

FYE: 10/31/2009

## Form 990, Page 1

| Asset                      | Description                              | Date<br>In Service | Cost           | Bus Sec<br>% 179 Bonus | Basis<br>for Depr | PerConv Meth | Prior          | Current       |
|----------------------------|--|--------------------|----------------|------------------------|-------------------|--------------|----------------|---------------|
| <b>Other Depreciation:</b> |  |                    |                |                        |                   |              |                |               |
| 59                         | Copier                                   | 5/24/01            | 13,888         |                        | 13,888            | 5 MO S/L     | 13,888         | 0             |
| 64                         | Printer                                  | 1/12/01            | 319            |                        | 319               | 5 MO S/L     | 319            | 0             |
| 68                         | Office equipment                         | 12/12/01           | 476            |                        | 476               | 5 MO S/L     | 476            | 0             |
| 69                         | Office equipment                         | 4/30/02            | 310            |                        | 310               | 5 MO S/L     | 310            | 0             |
| 76                         | Laptop Computer                          | 10/21/03           | 2,157          |                        | 2,157             | 5 MO S/L     | 2,157          | 0             |
| 77                         | 2003 Tahoe (John's)                      | 8/15/03            | 29,661         |                        | 29,661            | 5 MO S/L     | 29,661         | 0             |
| 78                         | 2003 Dodge Truck (Aron's)                | 10/06/03           | 23,665         |                        | 23,665            | 5 MO S/L     | 23,665         | 0             |
|                            | Traded: 1/21/09                          |                    |                |                        |                   |              |                |               |
| 79                         | Lamp and Scale                           | 12/01/04           | 587            |                        | 587               | 7 MO S/L     | 329            | 83            |
| 80                         | Binding Machine and Cameras              | 12/30/04           | 923            |                        | 923               | 7 MO S/L     | 505            | 132           |
| 81                         | Chair (John)                             | 12/30/04           | 583            |                        | 583               | 7 MO S/L     | 319            | 83            |
| 82                         | Laptop and Printer                       | 1/27/05            | 2,079          |                        | 2,079             | 5 MO S/L     | 1,559          | 416           |
| 83                         | File Cabinet (John)                      | 2/24/05            | 534            |                        | 534               | 7 MO S/L     | 280            | 76            |
| 84                         | Flat Panel Monitor                       | 3/28/05            | 440            |                        | 440               | 5 MO S/L     | 315            | 88            |
| 85                         | Digital Cameras                          | 4/27/05            | 607            |                        | 607               | 7 MO S/L     | 303            | 87            |
| 86                         | Folding Machine                          | 5/13/05            | 551            |                        | 551               | 7 MO S/L     | 275            | 79            |
| 87                         | Printer (Cecilia)                        | 5/20/05            | 339            |                        | 339               | 5 MO S/L     | 232            | 68            |
| 88                         | Bookcase (John)                          | 6/01/05            | 403            |                        | 403               | 7 MO S/L     | 197            | 57            |
| 89                         | Fax Machine                              | 6/02/05            | 1,385          |                        | 1,385             | 7 MO S/L     | 676            | 198           |
| 90                         | LCD Projector and Sound System           | 8/17/05            | 2,002          |                        | 2,002             | 7 MO S/L     | 906            | 286           |
| 91                         | LCD Projector, Printer, and Camera       | 9/20/05            | 1,902          |                        | 1,902             | 7 MO S/L     | 838            | 272           |
| 92                         | 2 Binding Machines                       | 10/31/05           | 1,331          |                        | 1,331             | 7 MO S/L     | 571            | 190           |
| 93                         | 2 Carts and Printer                      | 10/31/05           | 666            |                        | 666               | 5 MO S/L     | 400            | 133           |
| 94                         | Laptop and Laser Printer                 | 2/24/05            | 2,812          |                        | 2,812             | 7 MO S/L     | 1,473          | 401           |
| 95                         | Computer                                 | 12/18/03           | 586            |                        | 586               | 5 MO S/L     | 566            | 20            |
| 96                         | 2 Monitors                               | 3/05/04            | 1,222          |                        | 1,222             | 5 MO S/L     | 1,141          | 81            |
|                            | Sold/Scrapped: 10/31/09                  |                    |                |                        |                   |              |                |               |
| 97                         | Desk and Chair                           | 4/15/04            | 316            |                        | 316               | 7 MO S/L     | 207            | 45            |
| 98                         | Computer                                 | 5/21/04            | 992            |                        | 992               | 5 MO S/L     | 876            | 116           |
| 99                         | 2 Digital Cameras                        | 6/25/04            | 678            |                        | 678               | 5 MO S/L     | 588            | 90            |
|                            | Sold/Scrapped: 10/31/09                  |                    |                |                        |                   |              |                |               |
| 100                        | Cabinets/Lateral Files                   | 6/28/04            | 1,063          |                        | 1,063             | 7 MO S/L     | 658            | 152           |
| 101                        | Digital Camera                           | 9/29/04            | 1,077          |                        | 1,077             | 5 MO S/L     | 880            | 197           |
| 102                        | Printer                                  | 10/29/04           | 2,288          |                        | 2,288             | 5 MO S/L     | 1,830          | 458           |
| 104                        | 2007 Dodge Ram (Joel's)                  | 10/12/06           | 25,482         |                        | 25,482            | 5 MO S/L     | 10,618         | 5,096         |
| 105                        | Laptop                                   | 1/12/06            | 1,089          |                        | 1,089             | 5 MO S/L     | 617            | 218           |
| 106                        | Printer and Display                      | 3/01/06            | 2,940          |                        | 2,940             | 5 MO S/L     | 1,568          | 588           |
| 107                        | Printer                                  | 3/01/06            | 495            |                        | 495               | 5 MO S/L     | 264            | 99            |
| 108                        | Laptop                                   | 5/24/06            | 1,453          |                        | 1,453             | 5 MO S/L     | 702            | 291           |
|                            | Sold/Scrapped: 10/31/09                  |                    |                |                        |                   |              |                |               |
| 109                        | 2005 Ford F150 (Clay's)                  | 12/05/05           | 23,000         |                        | 23,000            | 5 MO S/L     | 13,417         | 4,600         |
| 110                        | 2006 Ford Fusion (Cecilia's)             | 5/16/06            | 20,153         |                        | 20,153            | 5 MO S/L     | 9,741          | 4,030         |
| 111                        | 3 Laptops and Router                     | 2/27/07            | 9,647          |                        | 9,647             | 5 MO S/L     | 3,216          | 1,929         |
| 112                        | 2004 Toyota Tacoma                       | 10/31/07           | 20,000         |                        | 20,000            | 5 MO S/L     | 4,000          | 3,000         |
|                            | Sold/Scrapped: 7/27/09                   |                    |                |                        |                   |              |                |               |
| 113                        | Office equipment                         | 2/29/08            | 540            |                        | 540               | 5 MO S/L     | 72             | 108           |
| 114                        | Projector                                | 5/14/08            | 788            |                        | 788               | 5 MO S/L     | 79             | 158           |
| 115                        | Computer                                 | 5/30/08            | 1,137          |                        | 1,137             | 5 MO S/L     | 95             | 227           |
| 116                        | Office chairs                            | 12/17/08           | 2,204          |                        | 2,204             | 7 MO S/L     | 0              | 262           |
| 117                        | TV                                       | 9/30/09            | 947            |                        | 947               | 5 MO S/L     | 0              | 16            |
| 118                        | Computer - Abeyta                        | 7/31/09            | 630            |                        | 630               | 5 MO S/L     | 0              | 32            |
| 119                        | Computer - Robbin                        | 8/28/09            | 1,050          |                        | 1,050             | 5 MO S/L     | 0              | 35            |
| 121                        | Office chair (Joel's)                    | 4/16/08            | 332            |                        | 332               | 7 MO S/L     | 24             | 47            |
| 123                        | Tape Deck, Mic & Screen                  | 12/06/96           | 400            |                        | 400               | 7 MO S/L     | 400            | 0             |
| 124                        | Office Equipment                         | 5/01/98            | 336            |                        | 336               | 7 MO S/L     | 336            | 0             |
| 125                        | Broadcast Equipment                      | 4/27/98            | 4,175          |                        | 4,175             | 7 MO S/L     | 4,175          | 0             |
| 126                        | Broadcast Equipment                      | 4/08/98            | 4,174          |                        | 4,174             | 7 MO S/L     | 4,174          | 0             |
| 127                        | Broadcast Equipment                      | 9/30/98            | 518            |                        | 518               | 7 MO S/L     | 518            | 0             |
| 128                        | Printer                                  | 4/02/03            | 298            |                        | 298               | 5 MO S/L     | 298            | 0             |
| 129                        | Digital Camera                           | 3/01/06            | 1,232          |                        | 1,232             | 7 MO S/L     | 693            | 176           |
| 130                        | Chevy Silverado (Balok)                  | 1/21/09            | 22,928         |                        | 22,928            | 5 MO S/L     | 0              | 3,439         |
| 131                        | Digital Camera                           | 6/25/04            | 339            |                        | 339               | 5 MO S/L     | 339            | 0             |
|                            | <b>Total Other Depreciation</b>          |                    | <u>242,129</u> |                        | <u>242,129</u>    |              | <u>141,746</u> | <u>28,159</u> |
|                            | <b>Total ACRS and Other Depreciation</b> |                    | <u>242,129</u> |                        | <u>242,129</u>    |              | <u>141,746</u> | <u>28,159</u> |

**Federal Asset Report**

**Form 990, Page 1**

| Asset | Description                       | Date<br>In Service | Cost           | Bus<br>% | Sec<br>179 Bonus | Basis<br>for Depr | Per Conv Meth | Prior          | Current       |
|-------|-----------------------------------|--------------------|----------------|----------|------------------|-------------------|---------------|----------------|---------------|
|       | <b>Grand Totals</b>               |                    | 242,129        |          |                  | 242,129           |               | 141,746        | 28,159        |
|       | <b>Less: Dispositions</b>         |                    | 47,018         |          |                  | 47,018            |               | 30,096         | 3,462         |
|       | <b>Less: Start-up/Org Expense</b> |                    | 0              |          |                  | 0                 |               | 0              | 0             |
|       | <b>Net Grand Totals</b>           |                    | <u>195,111</u> |          |                  | <u>195,111</u>    |               | <u>111,650</u> | <u>24,697</u> |

# Federal Statements

## Accounts receivable

| <u>Description</u> | <u>Amount</u>          |
|--------------------|------------------------|
| Accts Rec          | \$ <u>2,777</u>        |
| Total              | \$ <u><u>2,777</u></u> |

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2008**

Open to Public Inspection  
for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning **11/01/08**, and  
ending **10/31/09**. **u** See separate instructions.

|  |   |  |  |
|--|---|--|--|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>5</b> )<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a)<br><br><b>C</b> Book value of all assets at end of year<br><b>2,220,946</b> | <b>Print or Type</b><br>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>New Mexico Farm &amp; Livestock Bureau</b><br>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.<br><b>PO Box 20004</b><br>City or town, state, and ZIP code<br><b>Las Cruces NM 88004</b> | <b>D Employer identification number</b><br>(Employees' trust, see instructions for Block D on page 9.)<br><b>85-0108577</b><br><br><b>E Unrelated business activity codes</b><br>(See instructions for Block E on page 9.)<br><b>531310 511120</b> |  |
| <b>F</b> Group exemption number (See instructions for Block F on page 9.) <b>u</b>   |   |  |  |
| <b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust  |   |  |  |

**H** Describe the organization's primary unrelated business activity.  
**u Management of real property.**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u**  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **u Missy Aguayo** Telephone number **u 575-532-4702**

| <b>Part I Unrelated Trade or Business Income</b>  |                   |                           |           | (A) Income | (B) Expenses | (C) Net |
|---|-------------------|---------------------------|-----------|------------|--------------|---------|
| <b>1a</b> Gross receipts or sales   |                   |                           | <b>1c</b> |            |              |         |
| <b>b</b> Less returns and allowances  |                   | <b>c</b> Balance <b>u</b> | <b>1c</b> |            |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  |                   |                           | <b>2</b>  |            |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   |                   |                           | <b>3</b>  |            |              |         |
| <b>4a</b> Capital gain net income (attach Schedule D)   |                   |                           | <b>4a</b> |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     |                   |                           | <b>4b</b> |            |              |         |
| <b>c</b> Capital loss deduction for trusts  |                   |                           | <b>4c</b> |            |              |         |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)                |                   |                           | <b>5</b>  |            |              |         |
| <b>6</b> Rent income (Schedule C)   |                   |                           | <b>6</b>  |            |              |         |
| <b>7</b> Unrelated debt-financed income (Schedule E)  |                   |                           | <b>7</b>  |            |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) |                   |                           | <b>8</b>  |            |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     |                   |                           | <b>9</b>  |            |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I)                                       |                   |                           | <b>10</b> |            |              |         |
| <b>11</b> Advertising income (Schedule J)   |                   |                           | <b>11</b> | 11,526     | 74,120       | -62,594 |
| <b>12</b> Other income (See page 11 of the instructions; attach schedule.)                    | <b>See Stmt 1</b> |                           | <b>12</b> | 19,092     |              | 19,092  |
| <b>13 Total.</b> Combine lines 3 through 12   |                   |                           | <b>13</b> | 30,618     | 74,120       | -43,502 |

| <b>Part II Deductions Not Taken Elsewhere</b> (See page 11 of the instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.) |                        |            |            |
|---|------------------------|------------|------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)  |                        |            | <b>14</b>  |
| <b>15</b> Salaries and wages  |                        |            | <b>15</b>  |
| <b>16</b> Repairs and maintenance   |                        |            | <b>16</b>  |
| <b>17</b> Bad debts   |                        |            | <b>17</b>  |
| <b>18</b> Interest (attach schedule)  |                        |            | <b>18</b>  |
| <b>19</b> Taxes and licenses  |                        |            | <b>19</b>  |
| <b>20</b> Charitable contributions (See page 13 of the instructions for limitation rules.)  |                        |            | <b>20</b>  |
| <b>21</b> Depreciation (attach Form 4562)   |                        | <b>21</b>  |            |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return   |                        | <b>22a</b> | <b>22b</b> |
| <b>23</b> Depletion   |                        |            | <b>23</b>  |
| <b>24</b> Contributions to deferred compensation plans  |                        |            | <b>24</b>  |
| <b>25</b> Employee benefit programs   |                        |            | <b>25</b>  |
| <b>26</b> Excess exempt expenses (Schedule I)   |                        |            | <b>26</b>  |
| <b>27</b> Excess readership costs (Schedule J)  |                        |            | <b>27</b>  |
| <b>28</b> Other deductions (attach schedule)  | <b>See Statement 2</b> |            | <b>28</b>  |
| <b>29 Total deductions.</b> Add lines 14 through 28   |                        |            | <b>29</b>  |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13  |                        |            | <b>30</b>  |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)   |                        |            | <b>31</b>  |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30  |                        |            | <b>32</b>  |
| <b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)  |                        |            | <b>33</b>  |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  |                        |            | <b>34</b>  |

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15.  
 Controlled group members (sections 1561 and 1563) check here  **See instructions** and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) **36**

**37 Proxy tax.** See page 16 of the instructions **37**

**38 Alternative minimum tax** **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39**

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

**b** Other credits (see page 17 of the instructions) **40b**

**c** General business credit. Attach Form 3800 **40c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

**e Total credits.** Add lines 40a through 40d **40e**

**41** Subtract line 40e from line 39 **41**

**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other **42**

**43 Total tax.** Add lines 41 and 42 **43 0**

**44a** Payments: A 2007 overpayment credited to 2008 **44a**

**b** 2008 estimated tax payments **44b**

**c** Tax deposited with Form 8868 **44c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

**e** Backup withholding (see instructions) **44e**

**f** Other credits and payments:  Form 2439  Form 4136  Other \_\_\_\_\_ Total **u** **44f**

**45 Total payments.** Add lines 44a through 44f **45**

**46** Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached  **u** **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **u** **47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **u** **48**

**49** Enter the amount of line 48 you want: Credited to 2009 estimated tax **u** **Refunded u** **49**

**Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)**

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **u** **Yes No**  
 \_\_\_\_\_ **X**

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes No**  
 \_\_\_\_\_ **X**

**3** Enter the amount of tax-exempt interest received or accrued during the tax year **u** \$ \_\_\_\_\_

**Schedule A—Cost of Goods Sold. Enter method of inventory valuation u**

|  |           |   |          |
|--|-----------|---|----------|
| <b>1</b> Inventory at beginning of year            | <b>1</b>  | <b>6</b> Inventory at end of year   | <b>6</b> |
| <b>2</b> Purchases                                 | <b>2</b>  | <b>7 Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2  | <b>7</b> |
| <b>3</b> Cost of labor                             | <b>3</b>  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <b>Yes No</b> |          |
| <b>4a</b> Additional sec. 263A costs (attach sch.) | <b>4a</b> |   |          |
| <b>b</b> Other costs (attach schedule)             | <b>4b</b> |   |          |
| <b>5 Total.</b> Add lines 1 through 4b             | <b>5</b>  |   |          |

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

**Sign Here** \_\_\_\_\_  
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date **9/14/10** Check if self-employed  Preparer's SSN or PTIN **P00045909**

Firm's name (or yours if self-employed), address, and ZIP code **Beasley Mitchell & Co., LLP**  
**PO Drawer 550**  
**Las Cruces, NM 88004-0550** EIN **85-0366848**  
 Phone no. **575-528-6700**

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 19)

**1** Description of property

|                |
|----------------|
| (1) <b>N/A</b> |
| (2)            |
| (3)            |
| (4)            |

| <b>2</b> Rent received or accrued   |  | <b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|--|--|
| <b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)  | <b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |  |
| (1)   |  |  |
| (2)   |  |  |
| (3)   |  |  |
| (4)   |  |  |
| Total   |  |  |
| <b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <b>u</b> |  | <b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) <b>u</b>           |

**Schedule E—Unrelated Debt-Financed Income (see instructions on page 19)**

| <b>1</b> Description of debt-financed property  | <b>2</b> Gross income from or allocable to debt-financed property                           | <b>3</b> Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | <b>(a)</b> Straight line depreciation (attach schedule)                            | <b>(b)</b> Other deductions (attach schedule)          |   |
| (1) <b>N/A</b>  |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| <b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | <b>5</b> Average adjusted basis of or allocable to debt-financed property (attach schedule) | <b>6</b> Column 4 divided by column 5  | <b>7</b> Gross income reportable (column 2 x column 6) | <b>8</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| <b>Totals</b> ..... <b>u</b>  |   |  | Enter here and on page 1, Part I, line 7, column (A).  | Enter here and on page 1, Part I, line 7, column (B).                     |
| <b>Total dividends-received deductions</b> included in column 8 ..... <b>u</b>                          |   |  |  |   |

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)**

| <b>1</b> Name of controlled organization | <b>2</b> Employer identification number | Exempt Controlled Organizations                         |   |   |  |
|--|---|---|---|---|--|
|  |   | <b>3</b> Net unrelated income (loss) (see instructions) | <b>4</b> Total of specified payments made | <b>5</b> Part of column 4 that is included in the controlling organization's gross inc. | <b>6</b> Deductions directly connected with income in column 5 |
| (1) <b>N/A</b>                           |   |   |   |   |  |
| (2)                                      |   |   |   |   |  |
| (3)                                      |   |   |   |   |  |
| (4)                                      |   |   |   |   |  |

**Nonexempt Controlled Organizations**

| <b>7</b> Taxable Income      | <b>8</b> Net unrelated income (loss) (see instructions) | <b>9</b> Total of specified payments made | <b>10</b> Part of column 9 that is included in the controlling organization's gross income | <b>11</b> Deductions directly connected with income in column 10            |
|------------------------------|---|---|--|---|
| (1)                          |   |   |  |   |
| (2)                          |   |   |  |   |
| (3)                          |   |   |  |   |
| (4)                          |   |   |  |   |
| <b>Totals</b> ..... <b>u</b> |   |   | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).                | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 21)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col.4) |
|-------------------------|--------------------|---|--------------------------------|---|
| (1) <b>N/A</b>          |                    |   |                                |   |
| (2)                     |                    |   |                                |   |
| (3)                     |                    |   |                                |   |
| (4)                     |                    |   |                                |   |
| <b>Totals</b> .....     | <b>u</b>           |   |                                | Enter here and on page 1, Part I, line 9, column (B). |

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1) <b>N/A</b>                      |  |  |   |  |                                     |   |
| (2)                                 |  |  |   |  |                                     |   |
| (3)                                 |  |  |   |  |                                     |   |
| (4)                                 |  |  |   |  |                                     |   |
| <b>Totals</b> .....                 | <b>u</b>   |  |   |  |                                     | Enter here and on page 1, Part II, line 26.                                     |

**Schedule J—Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                          | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1) <b>New Mexico Farm</b>                    | <b>11,526</b>              | <b>74,120</b>              |   |                      |                    |  |
| (2)   |                            |                            |   |                      |                    |  |
| (3)   |                            |                            |   |                      |                    |  |
| (4)   |                            |                            |   |                      |                    |  |
| <b>Totals</b> (carry to Part II, line (5)) .. | <b>u 11,526</b>            | <b>74,120</b>              | <b>-62,594</b>  |                      |                    |  |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

|  |                 |               |  |  |  |   |
|--|-----------------|---------------|--|--|--|---|
| (1) <b>N/A</b>                           |                 |               |  |  |  |   |
| (2)                                      |                 |               |  |  |  |   |
| (3)                                      |                 |               |  |  |  |   |
| (4)                                      |                 |               |  |  |  |   |
| (5) <b>Totals from Part I</b>            | <b>11,526</b>   | <b>74,120</b> |  |  |  |   |
| <b>Totals, Part II</b> (lines 1-5) ..... | <b>u 11,526</b> | <b>74,120</b> |  |  |  | Enter here and on page 1, Part II, line 27. |

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

| 1 Name   | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| <b>N/A</b>   |         | %                                     |   |
|  |         | %                                     |   |
|  |         | %                                     |   |
|  |         | %                                     |   |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |         |                                       | <b>u</b>  |

Form **8824**

Department of the Treasury  
Internal Revenue Service

**Like-Kind Exchanges**  
**(and section 1043 conflict-of-interest sales)**

u Attach to your tax return.

OMB No. 1545-1190

**2008**

Attachment  
Sequence No. **109**

Name(s) shown on tax return

Identifying number

**New Mexico Farm & Livestock Bureau**

**85-0108577**

**Part I Information on the Like-Kind Exchange**

**Note:** If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

1 Description of like-kind property given up:

**2003 Dodge Truck (Aron's)**

2 Description of like-kind property received:

**Chevy Silverado (Balok)**

3 Date like-kind property given up was originally acquired (month, day, year)

|          |                 |
|----------|-----------------|
| <b>3</b> | <b>10/06/03</b> |
|----------|-----------------|

4 Date you actually transferred your property to other party (month, day, year)

|          |                |
|----------|----------------|
| <b>4</b> | <b>1/21/09</b> |
|----------|----------------|

5 Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written notice requirement

|          |                |
|----------|----------------|
| <b>5</b> | <b>1/21/09</b> |
|----------|----------------|

6 Date you actually received the like-kind property from other party (month, day, year). See instructions

|          |                |
|----------|----------------|
| <b>6</b> | <b>1/21/09</b> |
|----------|----------------|

7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III

Yes  No

**Part II Related Party Exchange Information**

8 Name of related party

Relationship to you

Related party's identifying number

Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (such as through an intermediary), that became your replacement property?

Yes  No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

Yes  No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

11 If one of the exceptions below applies to the disposition, check the applicable box:

- a  The disposition was after the death of either of the related parties.
- b  The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c  You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation (see instructions).

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

**New Mexico Farm & Livestock Bureau**

**85-0108577**

**Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received**

**Caution:** If you transferred **and** received **(a)** more than one group of like-kind properties or **(b)** cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

**Note:** Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

|   |   |    |  |        |
|---|---|----|--|--------|
| 12  | Fair market value (FMV) of other property given up  | 12 |  |        |
| 13  | Adjusted basis of other property given up   | 13 |  |        |
| 14  | Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale              | 14 |  |        |
| <b>Caution:</b> If the property given up was used previously or partly as a home, see <b>Property used as home</b> in the instructions. |   |    |  |        |
| 15  | Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions) | 15 |  |        |
| 16  | FMV of like-kind property you received  | 16 |  | 27,928 |
| 17  | Add lines 15 and 16   | 17 |  | 27,928 |
| 18  | Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses <b>not</b> used on line 15 (see instructions)                       | 18 |  | 22,928 |
| 19  | <b>Realized gain or (loss).</b> Subtract line 18 from line 17   | 19 |  | 5,000  |
| 20  | Enter the smaller of line 15 or line 19, but not less than zero   | 20 |  | 0      |
| 21  | Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)  | 21 |  |        |
| 22  | Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions) | 22 |  | 0      |
| 23  | <b>Recognized gain.</b> Add lines 21 and 22   | 23 |  |        |
| 24  | Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions   | 24 |  | 5,000  |
| 25  | <b>Basis of like-kind property received.</b> Subtract line 15 from the sum of lines 18 and 23   | 25 |  | 22,928 |

**Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales**

**Note:** This part is to be used **only** by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

|    |   |    |  |   |
|----|---|----|--|---|
| 26 | Enter the number from the upper right corner of your certificate of divestiture. <b>(Do not</b> attach a copy of your certificate. Keep the certificate with your records.) | u  |  |   |
| 27 | Description of divested property  | u  |  |   |
| 28 | Description of replacement property   | u  |  |   |
| 29 | Date divested property was sold (month, day, year)  | 29 |  |   |
| 30 | Sales price of divested property (see instructions)   | 30 |  |   |
| 31 | Basis of divested property  | 31 |  |   |
| 32 | <b>Realized gain.</b> Subtract line 31 from line 30   | 32 |  |   |
| 33 | Cost of replacement property purchased within 60 days after date of sale  | 33 |  |   |
| 34 | Subtract line 33 from line 30. If zero or less, enter -0-   | 34 |  | 0 |
| 35 | Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)  | 35 |  |   |
| 36 | Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797 (see instructions)                                  | 36 |  | 0 |
| 37 | <b>Deferred gain.</b> Subtract the sum of lines 35 and 36 from line 32  | 37 |  |   |
| 38 | <b>Basis of replacement property.</b> Subtract line 37 from line 33   | 38 |  |   |

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

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

OMB No. 1545-0172

**2008**  
 Attachment  
 Sequence No. **67**

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

Name(s) shown on return **New Mexico Farm & Livestock Bureau** Identifying number **85-0108577**

Business or activity to which this form relates  
**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

|                                    |   |                                     |                         |
|------------------------------------|---|-------------------------------------|-------------------------|
| 1                                  | Maximum amount. See the instructions for a higher limit for certain businesses  | 1                                   | <b>250,000</b>          |
| 2                                  | Total cost of section 179 property placed in service (see instructions)   | 2                                   |                         |
| 3                                  | Threshold cost of section 179 property before reduction in limitation (see instructions)  | 3                                   | <b>800,000</b>          |
| 4                                  | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                                   |                         |
| 5                                  | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5                                   |                         |
| <b>(a) Description of property</b> |   | <b>(b) Cost (business use only)</b> | <b>(c) Elected cost</b> |
| 6                                  |   |                                     |                         |
| 7                                  | Listed property. Enter the amount from line 29  | 7                                   |                         |
| 8                                  | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                                   |                         |
| 9                                  | Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | 9                                   |                         |
| 10                                 | Carryover of disallowed deduction from line 13 of your 2007 Form 4562   | 10                                  |                         |
| 11                                 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                      | 11                                  |                         |
| 12                                 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                                  |                         |
| 13                                 | Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12   | ▶ 13                                |                         |

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

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

|    |   |    |               |
|----|---|----|---------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |               |
| 15 | Property subject to section 168(f)(1) election  | 15 |               |
| 16 | Other depreciation (including ACRS)   | 16 | <b>28,159</b> |

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

**Section A**

|    |   |                            |          |
|----|---|----------------------------|----------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2008  | 17                         | <b>0</b> |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> |          |

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

|    |   |    |               |
|----|---|----|---------------|
| 21 | Listed property. Enter amount from line 28  | 21 |               |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. | 22 | <b>28,159</b> |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |               |

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

**Federal Statements****Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| Mgt Fee            | \$ 19,092     |
| Total              | \$ 19,092     |

**Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions**

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| Rent               | \$ 470        |
| Furniture Lease    | 3             |
| Office Expense     | 99            |
| Telephone          | 87            |
| Total              | \$ 659        |