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Form **990-EZ****Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning , and ending											
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization Bath County Farm Bureau</td> <td><b>D</b> Employer identification number 61-6033589</td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) PO Box 40</td> <td><b>E</b> Telephone number (606) 674-6335</td> </tr> <tr> <td>City, town, or country Owingsville</td> <td><b>F</b> Group Exemption Number 1631</td> </tr> <tr> <td>State KY</td> <td></td> </tr> <tr> <td>ZIP + 4 40360-0040</td> <td></td> </tr> </table>	<b>C</b> Name of organization Bath County Farm Bureau	<b>D</b> Employer identification number 61-6033589	Number and street (or P.O. box, if mail is not delivered to street address) PO Box 40	<b>E</b> Telephone number (606) 674-6335	City, town, or country Owingsville	<b>F</b> Group Exemption Number 1631	State KY		ZIP + 4 40360-0040	
<b>C</b> Name of organization Bath County Farm Bureau	<b>D</b> Employer identification number 61-6033589										
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State KY											
ZIP + 4 40360-0040											

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

**G** Accounting Method ☒ Cash ☐ Accrual  
Other (specify) ►

**I** Website: ► N/A

**J** Tax-exempt status (check only one)— ☒ 501(c) ( 5 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 45,761

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	0
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	6,695
	<b>3</b> Membership dues and assessments	<b>3</b>	29,237
	<b>4</b> Investment income	<b>4</b>	9,829
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) if any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1)	<b>6a</b>	0
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	0
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe ►)	<b>8</b>	0	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	45,761	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	3,297
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	600
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	7,744
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	2,853
	<b>16</b> Other expenses (describe ► See Attached Statement)	<b>16</b>	24,398
	<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	38,892
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	6,869
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	123,504
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	130,373

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

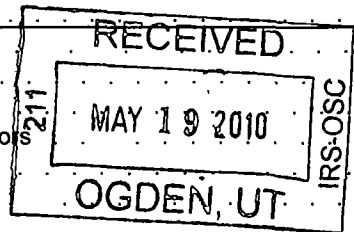
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	103,122	111,882
<b>23</b> Land and buildings	20,382	18,491
<b>24</b> Other assets (describe ►)	0	0
<b>25</b> Total assets	123,504	130,373
<b>26</b> Total liabilities (describe ►)	0	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,504	130,373

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

Form **990-EZ** (2009)

SCANNED JUL 13 2010



**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? Serving as the voice of agriculture

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28** The advancement and improvement of the science and art of agriculture, home economics, horticulture, forestry and animal industry in Bath County, Kentucky(Grants \$ 0 ) If this amount includes foreign grants, check here ☐ **28a** 0**29** .....  
.....  
(Grants \$ 0 ) If this amount includes foreign grants, check here ☐ **29a** 0**30** .....  
.....  
(Grants \$ 0 ) If this amount includes foreign grants, check here ☐ **30a** 0**31** Other program services (attach schedule) .....  
(Grants \$ 0 ) If this amount includes foreign grants, check here ☐ **31a** 0**32** Total program service expenses. (add lines 28a through 31a) ..... **32** 0**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Aitkin Buckler 4775 East Fork Rd Owingsville KY 40360	Title Pres Hr/WK .00	0	0	0
Michael Staton 1788 Fearing Rd Owingsville KY 40360	Title VP Hr/WK .00	0	0	0
Kim Back 305 Paris Pike Mt Sterling KY 40353	Title Sec Hr/WK .00	0	0	0
Mary Bruce Wilson PO Box 805 Owingsville KY 40360	Title Treas Hr/WK .00	0	0	0
Mike Bach 1787 Wyoming Rd Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
Omer Buckler 4104 Oakley Pebble Rd Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
Randy Buckner 5387 East Fork Rd Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
Marshall Coyle PO Box 241 Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
Josie Garrett 261 West Main St Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
Linda Gray 2044 Oakley Pebble Rd Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
Tim Lyons 1825 Ely Road Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
Billy Stewart 958 North HWY 11 Sharpsburg KY 40374	Title Dir Hr/WK .00	0	0	0
Hoover Vanlandingham PO Box 249 Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
John K Wills 1449 West HWY 36 Owingsville KY 40360	Title Dir Hr/WK .00	0	0	0
Roger Wills 8380 West HWY 36 Sharpsburg KY 40374	Title Dir Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0
.....	Title Hr/WK .00	0	0	0

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>40a</b> ; section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
<b>41</b> List the states with which a copy of this return is filed.		
<b>42 a</b> The organization's books are in care of <b>42a</b> Mary B Wilson Telephone no. <b>42a</b> (606) 674-6335		
Located at <b>42a</b> Gudgell St, PO Box 40 City Owingsville ST KY ZIP + 4 <b>42a</b> 40360-0040		
<b>b</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
If "Yes," enter the name of the foreign country: <b>42b</b>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> N/A		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

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

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

<b>Sign Here</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 officer) is based on all information of which preparer has any knowledge		
	Signature of officer <u>BATH CO. FARM BUREAU / Treasurer</u> Date <u>MARY BRUCE WILSON 5-13-2010</u> Type or print name and title <u>Treasurer / Mary Bruce Wilson</u>		
<b>Paid Preparer's Use Only</b>	Preparer's signature <u>DKM</u>	Date <u>5/13/2010</u>	Check if self-employed <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Douglas K Moore, CPA</u> <u>472 West Main St, Owingsville, KY 40360</u>	Preparer's identifying number (See instructions) <u>P00107913</u>	EIN <u>61-1166390</u> Phone no <u>(606) 674-6484</u>

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

**Part I, Line 4 (990-EZ) - Investment Income**

1	Interest on savings and temporary cash investments . . . . .	1	<u>2,869</u>
2	Dividends and interest from securities . . . . .	2	<u></u>
3	Gross rents . . . . .	3	<u>6,960</u>
4	Other investment income . . . . .	4	<u></u>
5	Total . . . . .	5	<u>9,829</u>

# Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	Scholarship	Keesha Stacy		7451 Camargo-Levee Rd	Jeffersonville	KY	40337	
2	Scholarship	Jacob Barker		186 Forest Drive	Sharpsburg	KY	40374	
3	Donation	Special Kid's Camp		6255 E HWY 60	Salt Lick	KY	40371	
4	Donation	Bath County Conservation Distr		71 Miller Dr	Owingsville	KY	40360	
5	Donation	Owingsville Lions Club		PO Box 145	Owingsville	KY	40360	
6	Donation	Bath County Fair Board		PO Box 979	Owingsville	KY	40360	
7	Daonation	Bath County Christian School		PO Box 100	Owingsville	KY	40360	
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

0

[illegible]



**Part I, Line 16 (990-EZ) - Other Expenses**

24,398

1	Travel . . . . .	1	7,792
2	Meals and entertainment . . . . .	2	
3	Fundraising . . . . .	3	
4	Amortization . . . . .	4	0
5	Conferences, conventions, and meetings . . . . .	5	7,437
6	Depreciation . <i>See Schedule</i> . . . . .	6	1,891
7	Depletion . . . . .	7	
8	Equipment rental and maintenance . . . . .	8	540
9	Interest . . . . .	9	
10	Supplies . . . . .	10	393
11	Telephone . . . . .	11	
12	Unrelated business income taxes . . . . .	12	0
13	Directors' liability insurance . . . . .	13	394
14	Tangible property tax . . . . .	14	27
15	State corporate registration fee . . . . .	15	4
16	Miscellaneous . . . . .	16	389
17	Tractor policies . . . . .	17	1,294
18	Vending machine . . . . .	18	49
19	Fruit program . . . . .	19	4,138
20	Farm record books . . . . .	20	50
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

## BATH CO FARM BUREAU 61-6033589 2009 FORM 990-EZ - DEPRECIATION

DATE	DESCRIPTION	BASIS	METHOD	LIFE	DEPR	ACCUM
1972	LAND	\$2,200				0
1973	BUILDING	\$17,000	SL	25	\$0	\$17,000
1978	BUILDING ADDITION	\$6,918	SL	20	\$0	\$6,918
1985	BUILDING ADDITION	\$12,449	SL	25	\$498	\$12,379
1989	BUILDING ADDITION	\$12,431	SL	31.5	\$395	\$8,093
1989	RESURFACE PARKING LOT	\$1,860	SL	15	\$0	\$1,860
1985	2-FILE CABINETS	\$163	SL	5	\$0	\$163
1989	2-FILE CABINETS	\$185	SL	7	\$0	\$185
1991	FILE CABINET	\$95	SL	7	\$0	\$95
1993	FILE CABINET	\$116	SL	7	\$0	\$116
1993	COPIER TABLE	\$53	SL	5	\$0	\$53
1993	PHONE SYSTEM	\$395	SL	5	\$0	\$395
1981	CURTAINS & DRAPERIES	\$352	SL	5	\$0	\$352
1981	SWEeper	\$98	SL	5	\$0	\$98
1980	CHAIR & DESK	\$150	SL	5	\$0	\$150
1983	FOLDING CHAIRS	\$84	SL	5	\$0	\$84
1987	TYPEWRITER	\$300	SL	5	\$0	\$300
1986	DESK	\$300	SL	5	\$0	\$300
1986	CHAIR	\$276	SL	5	\$0	\$276
1986	2-CHAIRS	\$394	SL	5	\$0	\$394
1991	ADDING MACHINES	\$135	SL	5	\$0	\$135
1994	2-FILE CABINETS	\$254	SL	7	\$0	\$254
1994	SECRETARIAL CHAIR	\$212	SL	7	\$0	\$212
1995	MESSAGE BOARD	\$205	SL	7	\$0	\$205
1995	FILE CABINET	\$132	SL	7	\$0	\$132
1996	ROOFING	\$2,882	SL	31.5	\$91	\$1,204
1998	OFFICE RENOVATION	\$5,781	SL	31.5	\$184	\$2,168
1998	FURNITURE	\$780	SL	7	\$0	\$780
1998	COMMERCIAL SIGN	\$248	SL	7	\$0	\$248
1998	TV & VCR	\$308	SL	5	\$0	\$308
1998	FILE CABINET	\$133	SL	7	\$0	\$133
1998	2-FOLDING TABLES	\$271	SL	7	\$0	\$271
2002	FRONT DOOR	\$995	SL	39	\$26	\$198
2002	AC UNIT	\$3,100	SL	39	\$79	\$583
2003	FILE CABINET	\$117	SL	7	\$17	\$110
2004	COPIER	\$740	SL	5	\$74	\$740
2006	SWEeper	\$157	SL	5	\$31	\$109
2007	CARPET	\$4,463.00	SL	9	\$496	\$1,240
	TOTAL	\$76,732			\$1,891	\$58,241