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# Short Form

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

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<b>A For the 2010 calendar year, or tax year beginning</b>		<b>, and ending</b>	
<b>B Check if applicable</b>		<b>C Name of organization</b>	
<input type="checkbox"/>	Address change	Bath County Farm Bureau	
<input type="checkbox"/>	Name change	Number and street (or P O box, if mail is not delivered to street address)	
<input type="checkbox"/>	Initial return	Room/suite	
<input type="checkbox"/>	Terminated	PO Box 40	
<input type="checkbox"/>	Amended return	City or town	state or country
<input type="checkbox"/>	Application pending	Owingsville	KY ZIP + 4 40360-0040
<b>G Accounting Method</b>		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	Other (specify) ► _____
<b>I Website:</b> ► N/A		<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>	
<b>J Tax-exempt status (check only one) —</b>		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 )	◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

**K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000**  
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 43,659**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I

<b>SCANNED MAY 31 2011 Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 6,124
	3 Membership dues and assessments	3 28,198
	4 Investment income	4 9,337
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 0	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 43,659	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10 3,482
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 390
	14 Occupancy, rent, utilities, and maintenance	14 8,684
	15 Printing, publications, postage, and shipping	15 3,578
	16 Other expenses (describe in Schedule O)	16 26,675
	17 Total expenses. Add lines 10 through 16	17 42,809
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 850
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 130,373
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 131,223	

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	111,882	22
23 Land and buildings	18,491	23
24 Other assets (describe in Schedule O)		24
25 Total assets	130,373	25
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	130,373	27
		131,223

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this 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

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 The advancement and improvement of the science and art of agriculture, home economics, horticulture, forestry and animal industry in Bath County, Kentucky	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)	(Grants \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
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)Check if the organization used Schedule O to respond to any question in this 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		
Michael Staton 1788 Fearing Rd Owingsville KY 40360	Title VP Hr/WK 00	0		
Kim Back 305 Paris Pike Mt Sterling KY 40353	Title Sec Hr/WK .00	0		
Mary Bruce Wilson PO Box 805 Owingsville KY 40360	Title Treas Hr/WK .00	0		
Mike Bach 1787 Wyoming Rd Owingsville KY 40360	Title Dir Hr/WK .00	0		
Omer Buckler 4104 Oakley Pebble Rd Owingsville KY 40360	Title Dir Hr/WK .00	0		
Randy Buckner 5387 East Fork Rd Owingsville KY 40360	Title Dir Hr/WK .00	0		
Marshall Coyle PO Box 241 Owingsville KY 40360	Title Dir Hr/WK .00	0		
Josie Garrett 261 West Main St Owingsville KY 40360	Title Dir Hr/WK .00	0		
Linda Gray 2044 Oakley Pebble Rd Owingsville KY 40360	Title Dir Hr/WK 00	0		
Tim Lyons 1825 Ely Road Owingsville KY 40360	Title Dir Hr/WK 00	0		
Billy Stewart 958 North HWY 11 Sharpsburg KY 40374	Title Dir Hr/WK 00	0		
Hoover Vanlandingham PO Box 249 Owingsville KY 40360	Title Dir Hr/WK .00	0		

**Part V Other Information** (Note the statement requirements in the instructions for Part V)  
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 36

36 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 37a

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37b

b Did the organization file Form 1120-POL for this year? 38a

38 a 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 tax year covered by this return? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations Enter 39b

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40c

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40d

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40e

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40g

41 List the states with which a copy of this return is filed ► \_\_\_\_\_

42 a The organization's books are in care of ► Mary B Wilson Telephone no ► (606) 674-6335  
 Located at ► Gudgell St, PO Box 40 City Owingsville ST KY ZIP + 4 ► 40360-0040

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country. ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 44d

	Yes	No
33		X
34		X
35a		X
35b		X
36		X
37b		X
38a		X
40b		
40c		
40d		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44a		X
44b		X
44c		X
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  Yes  No  
 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

45	45a	46

**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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Yes  No  
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Yes  No  
 49 a Did the organization make any transfers to an exempt non-charitable related organization?  Yes  No  
 b If "Yes," was the related organization a section 527 organization?  Yes  No  
 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 None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
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 None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
f Total number of other independent contractors each receiving over \$100,000 ►		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  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 officer) is based on all information of which preparer has any knowledge

Sign Here	► <i>Mary Bruce Wilson / Treasurer</i>	Date <i>5/5/11</i>
	Signature of officer	
	► <i>MARY BRUCE WILSON</i>	
	Type or print name and title	

Paid Preparer's Use Only	Print/Type preparer's name Douglas Moore	Preparer's signature <i>DKM</i>	Date 5/4/2011	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00107913
	Firm's name ► Douglas K Moore, CPA			Firm's EIN ► 61-1166390	
	Firm's address ► 472 West Main St, Owingsville, KY 40360			Phone no (606) 674-6484	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees**

Page 1 of 1 of Part IV

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

Department of the Treasury  
Internal Revenue Service

**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.  
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

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Name of the organization

Bath County Farm Bureau

Employer identification number

61-6033589

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Scholarship, Grantee: Caleb Kilburn PO

Box 356 Salt Lick KY 40371, Cash Grant: 1,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Scholarship, Grantee: James Hawkins 781

Ferguson Rd Owingsville KY 40360, Cash Grant: 1,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Donation, Grantee: John Hendricks Beef

Tour 9201 Bunsen Parkway Louisville KY 40220, Cash Grant: 250, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Donation, Grantee: Bath County

Conservation Distr 71 Miller Dr Owingsville KY 40360, Cash Grant: 82, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Donation, Grantee: Owingsville Lions Club

PO Box 145 Owingsville KY 40360, Cash Grant: 100, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Donation, Grantee: Sylvia's Animal

Sanctuary PO Box 1124 Owingsville KY 40360, Cash Grant: 150, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Donation, Grantee: Wolfe Co Relay For

Life 195 Swift Camp Creek Rd Campton KY 41301, Cash Grant: 300, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Donation, Grantee: Bath county Fair Board

PO Box 979 Owingsville KY 40360, Cash Grant: 600, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 9,295

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 8,825

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,379 *See Schedule Attached*

Form 990-EZ, Part I, Line 16, Other Expenses: Equipment rental and maintenance: 540

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 393

Form 990-EZ, Part I, Line 16, Other Expenses: Directors' liability insurance: 419

Form 990-EZ, Part I, Line 16, Other Expenses: Tangible property tax: 28

Form 990-EZ, Part I, Line 16, Other Expenses: State corporate registration fee: 4

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 467

Form 990-EZ, Part I, Line 16, Other Expenses: Tractor policies: 1,320

Name of the organization

Bath County Farm Bureau

Employer identification number

61-6033589

Form 990-EZ, Part I, Line 16, Other Expenses Vending machine 54

Form 990-EZ, Part I, Line 16, Other Expenses: Fruit program 3,826

Form 990-EZ, Part I, Line 16, Other Expenses Farm record books 125

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

1	Interest on savings and temporary cash investments . . . . .	1	2,377
2	Dividends and interest from securities . . . . .	2	
3	Gross rents . . . . .	3	6,960
4	Other investment income . . . . .	4	
5	Total . . . . .	5	9,337