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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**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.

OMB No 1545-1150

**2010****Open to Public  
Inspection****A For the 2010 calendar year, or tax year beginning**

, and ending

**B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization

Bath County Farm Bureau

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO Box 40

City or town

state or country

ZIP + 4

Owingsville

KY

40360-0040

**D** Employer identification number

61-6033589

**E** Telephone number

(606) 674-6335

**F** Group Exemption

Number ► 1631

**G** Accounting Method☒ Cash☐ Accrual

Other (specify) ►

**I** Website: ► N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)( 5 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 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

☒

Revenue	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	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	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	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	43,659
	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
Net Assets	15	Printing, publications, postage, and shipping	15	3,578
	16	Other expenses (describe in Schedule O)	16	26,675
	17	<b>Total expenses.</b> 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	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	131,223

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form **990-EZ** (2010)

SCANNED MAY 31 2011 Revenue

RECEIVED

MAY 10 2011

OGDEN, UT

**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	114,111
23 Land and buildings <i>Net of depreciation- Schedule attached</i>	18,491	23	17,112
24 Other assets (describe in Schedule O)		24	
25 Total assets	130,373	25	131,223
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	Title Pres			
4775 East Fork Rd Owingsville KY 40360	Hr/WK .00	0		
Michael Staton	Title VP			
1788 Fearing Rd Owingsville KY 40360	Hr/WK .00	0		
Kim Back	Title Sec			
305 Paris Pike Mt Sterling KY 40353	Hr/WK .00	0		
Mary Bruce Wilson	Title Treas			
PO Box 805 Owingsville KY 40360	Hr/WK .00	0		
Mike Bach	Title Dir			
1787 Wyoming Rd Owingsville KY 40360	Hr/WK .00	0		
Omer Buckler	Title Dir			
4104 Oakley Pebble Rd Owingsville KY 40360	Hr/WK .00	0		
Randy Buckner	Title Dir			
5387 East Fork Rd Owingsville KY 40360	Hr/WK .00	0		
Marshall Coyle	Title Dir			
PO Box 241 Owingsville KY 40360	Hr/WK .00	0		
Josie Garrett	Title Dir			
261 West Main St Owingsville KY 40360	Hr/WK .00	0		
Linda Gray	Title Dir			
2044 Oakley Pebble Rd Owingsville KY 40360	Hr/WK .00	0		
Tim Lyons	Title Dir			
1825 Ely Road Owingsville KY 40360	Hr/WK .00	0		
Billy Stewart	Title Dir			
958 North HWY 11 Sharpsburg KY 40374	Hr/WK .00	0		
Hoover Vanlandingham	Title Dir			
PO Box 249 Owingsville KY 40360	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. ☐

	Yes	No
<b>33</b> 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		X
<b>34</b> 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).		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		X
<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>▶</b> <b>37a</b>		
<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 tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<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>▶</b> ; section 4912 <b>▶</b> , section 4955 <b>▶</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 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.		
<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>▶</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>▶</b>		
<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>▶</b>		
<b>42 a</b> The organization's books are in care of <b>▶</b> Mary B Wilson Telephone no <b>▶</b> (606) 674-6335 Located at <b>▶</b> Gudgeall St, PO Box 40 City Owingsville ST KY ZIP + 4 <b>▶</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)? If "Yes," enter the name of the foreign country: <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
<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>▶</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>▶</b> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</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		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- 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.

	Yes	No
<b>45</b>		X
<b>45a</b>		X
<b>46</b>		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 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
- 48** Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?
- 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"

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

(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 _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>			
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>			
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>			
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>			
Name _____ Str _____ City <u>ST</u> ZIP _____	Title _____ Hr/WK <u>00</u>			

**f** Total number of other employees paid over \$100,000 0

- 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 _____		
Name _____ Str _____ City <u>ST</u> ZIP _____		

**d** Total number of other independent contractors each receiving over \$100,000 0

- 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** Mary Bruce Wilson / Treasurer 5/5/11  
Signature of officer Date  
MARY BRUCE WILSON  
Type or print name and title

**Paid Preparer's Use Only**

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

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

## Page 1 of 1 of Part IV

Name and address	Title and average hours per week devoted to position	Compensation	Contributions to emp benefit plans & deferred compensation	Expense account and other allowances
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
	Title 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
	Title 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
	Title 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
	Title 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

**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**

**Open to Public  
Inspection**

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

Employer identification number

Bath County Farm Bureau

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	<u>2,377</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>9,337</u>