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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

Department of the Treasury  
Internal Revenue Service

2011

Open to Public  
Inspection

A For the 2011 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

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) ◀ (insert no)  4947(a)(1) or  527H 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 or a section 527 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

► \$ 43,537

## 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	5,873
	3 Membership dues and assessments	3	28,992
	4 Investment income	4	8,672
	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	43,537
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	2,431
	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	8,769
	15 Printing, publications, postage, and shipping	15	4,858
	16 Other expenses (describe in Schedule O)	16	24,301
	17 Total expenses. Add lines 10 through 16	17	40,749
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,788
	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	131,223
Net Assets	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	134,011

**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	114,111	22 118,187
23 Land and buildings <i>Net of depreciation - Schedule attached</i>	17,112	23 15,824
24 Other assets (describe in Schedule O)		24
25 Total assets	131,223	25 134,011
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	131,223	27 134,011

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 ► 

28a

29

(Grants \$  ) If this amount includes foreign grants, check here ► 

29a

30

(Grants \$  ) If this amount includes foreign grants, check here ► 

30a

31 Other program services (describe in Schedule O)

(Grants \$  ) If this amount includes foreign grants, check here ► 

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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-.)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Aitkin Buckler 4775 East Fork Rd Owingsville KY 40360	Title Pres Hr/WK 00	0		
Michael Staton 608 Vance Road Salt Lick KY 40371	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 182 Elys Branch Road Owingsville KY 40360	Title Dir Hr/WK 00	0		
Billy Stewart 4664 Veteran Memorial Hwy Sharpsburg KY 40374	Title Dir Hr/WK 00	0		

**Part V Other Information** (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.  33 X

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 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c X

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  36 X

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

b Did the organization file Form 1120-POL for this year?  37b X

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?  38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b

39 Section 501(c)(7) organizations. Enter  39a

a Initiation fees and capital contributions included on line 9.  39b

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 ►  40b

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  40e X

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. ►

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

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  40e X

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  42b X

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.  42c X

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ►  43

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 X

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 X

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

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

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a X

b 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 (see instructions)  45b X

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
46		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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? 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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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		
d 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

►	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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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 <i>MARY BRUCE WILSON, Treasurer</i>	Date <i>5-9-2012</i>
	Type or print name and title <i>MARY BRUCE WILSON</i>	

Paid Preparer Use Only	Print/Type preparer's name <i>Douglas Moore</i>	Preparer's signature <i>JKM</i>	Date <i>5/9/2012</i>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <i>P00107913</i>
	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

►	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Bath County Farm Bureau

**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

**2011**

Open to Public  
Inspection

Employer identification number

61-6033589

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Scholarship, Grantee: Dalton Ty Stewart

2294 Pendleton Br Rd, Salt Lick KY 40371, Cash Grant: 1,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Scholarship, Grantee: Lindsay Stull 10303

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

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

Distr 71 Miller Dr, Owingsville KY 40360, Cash Grant: 131, 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: 300, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 10,639

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 8,803

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,288 *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: 391

Form 990-EZ, Part I, Line 16, Other Expenses: Directors' liability insurance: 426

Form 990-EZ, Part I, Line 16, Other Expenses: Tangible property tax: 25

Form 990-EZ, Part I, Line 16, Other Expenses: State corporate registration fee: 15

Form 990-EZ, Part I, Line 16, Other Expenses: Miscellaneous: 659

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

Form 990-EZ, Part I, Line 16, Other Expenses: Vending machine: 195

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

Page 1 of 1 of Part IV

**Name of Organization:**

**Employer identification number**

61-6033589

## BATH CO FARM BUREAU 61-6033589 2011 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	\$0	\$12,449
1989	BUILDING ADDITION	\$12,431	SL	31.5	\$395	\$8,883
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	\$1,386
1998	OFFICE RENOVATION	\$5,781	SL	31.5	\$184	\$2,536
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	\$250
2002	AC UNIT	\$3,100	SL	39	\$79	\$741
2003	FILE CABINET	\$117	SL	7	\$0	\$117
2004	COPIER	\$740	SL	5	\$0	\$740
2006	SWEeper	\$157	SL	5	\$17	\$157
2007	CARPET	\$4,463.00	SL	9	\$496	\$2,232
	TOTAL	\$76,732			\$1,288	\$60,908