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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)

OMB No 1545-0050

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pend.

C Gilchrist County Farm Bureau
306 W Wade Street
Trenton, FL 32693-4150

D Employer identification no. 59-0841862

E Telephone number (352) 463-2298

F Group Exemption Number 1805

G Accounting method ☒ Cash ☐ Accrual Other (specify) _____

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

I Website: N/A

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 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. **\$** 105,771.

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	0.
	2	Program service revenue including government fees and contracts	2	0.
	3	Membership dues and assessments	3	43,334.
	4	Investment income	4	836.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	56.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-56.
	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 exceed \$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		
7a	Gross sales of inventory, less returns and allowances	7a	13,222.	
b	Less: cost of goods sold	7b	12,159.	
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	1,063.	
8	Other revenue (describe in Schedule O)	8	48,379.	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	93,556.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	27,879.
	11	Benefits paid to or for members	11	0.
	12	Salaries, other compensation, and employee benefits	12	29,312.
	13	Professional fees and other payments to independent contractors	13	0.
	14	Occupancy, rent, utilities, and maintenance	14	19,101.
	15	Printing, publications, postage, and shipping	15	1,038.
	16	Other expenses (describe in Schedule O)	16	10,226.
	17	Total expenses Add lines 10 through 16	17	87,556.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,000.
	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	149,177.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	155,177.

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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 the year	(B) End of year
22 Cash, savings, and investments	142,269.	22 144,376.
23 Land and Buildings	7,321.	23 11,250.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	149,590.	25 155,626.
26 Total liabilities (describe in Schedule O)	413.	26 449.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,177.	27 155,177.

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? Education Information Economic

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, or 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 <u>Encourage & educate elementary school students in farm related subjects during Agriculture Literacy Day where volunteers read to various age groups of children.</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 <u>Work with Suwannee River Partnership and Water Mngmnt District to promote cooperation between farmers and economic conservationists.</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 <u>Gilchrist Co Farm Bureau invests in our future farmers by sponsoring scholarships for students in 3 area high schools to help further their education in agriculture.</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule).	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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 (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
Roy M Wilson Sr Attached	President 6	0.	0.	0.
James M Jones Attached	Vice Preside 3	0.	0.	0.
William C Roberts Attached	Sec/Treas 2	0.	0.	0.
David Mikell Attached	Director 1	0.	0.	0.
Dan C Thomas Attached	Director 1	0.	0.	0.
Carrie Thomas Attached	Director 1	0.	0.	0.
Clyde Townsend Attached	Director 1	0.	0.	0.
Rich A Watson Attached	Director 1	0.	0.	0.
Ruby Lee Wilson Attached	Director 1	0.	0.	0.
Helen Roberts Attached	Director 1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructionsfor Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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		
34 Were any 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
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 line 2, 6a, and 7a, among others)?	X	
b If "Yes," to line 35a, has the organization filed a Form 990T for the year? If "No," provide an explanation in Schedule O	X	
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		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		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?		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 unpaid at the start of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	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		
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 become aware of 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 Form 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
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	Florida	
42 a The organization's books are in care of	Heather Boyd	Tel no 352-463-2298
Located at	306 W. Wade St, Trenton, FL	ZIP + 4 32693-4150
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)?	42b	X
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 ?	42c	X
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	
44a 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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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 instr.)	45b	

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 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization(s) a section 527 organization?

49b		
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50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and lay 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 from the organization (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

51 Complete this table for the 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

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

☐ Yes ☒ No

Sign Here

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.

X. Ray on Gilchrist
Signature of officer

11/1/12
Date

Type or print name and title
President

Print preparer's name

Preparer's signature

Date

Check if self-employed ☐

PTIN

Paid Preparer Use Only

Firm's name
Firm's address

Firm's EIN

Phone no

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

☐ Yes ☐ No

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

2011

**Open to Public
Inspection**

Name of the organization

Gilchrist County Farm Bureau

Employer identification number

59-0841862

Page 1 - Line 5, Sales of Securities and Non-inventory Items

Description	Sales Price	Cost	Expenses/ Imprvmnts	Deprec
Paper Shredder		145.		89.
Date Acquired: 10/01/09				
How Acquired: Purchased				
Date Sold: 04/04/12				
Sold to: Discarded				

Page 1 - Line 8, Other Revenue

Service Fees	47,754.
Agents Reimb	624.
Sales Tax Collected	1.
	<u>48,379.</u>

Page 1 - Line 10, Grants & Allocations paid by due date

Florida Farm Bureau Federation Dues	25,379.	
Scholarships	2,500.	
Totals:	<u>27,879.</u>	<u>0.</u>

Page 1 - Line 16, Other expenses

Description	Total
Office Expenses	3,689.
Meetings & Travel	5,064.
Awards	775.
Contributions	387.
Advertising	60.
Special Proj/Promotions	38.
Sales Tax	1.
Misc	212.
Totals:	<u>10,226.</u>

Name of the organization

Gilchrist County Farm Bureau

Employer identification number

59-0841862

Page 2 - Line 26, Other liabilities (at year end)

Payroll Liabilities

449.

449.Part IV - Names and Addresses

Roy M Wilson Sr
306 W Wade St, Trenton, FL 32693

James M Jones
306 W Wade St, Trenton, FL 32693

William C Roberts
306 W Wade St, Trenton, FL 32693

David Mikell
306 W Wade St, Trenton, FL 32693

Dan C Thomas
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