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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-0050

2011**Open to Public Inspection**

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**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 pending

C

Holmes County Farm Bureau
1108 N Waukesha St
Bonifay, FL 32425-1406

D Employer identification no.

59-0919996

E Telephone number

(850) 547-4227

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 ► \$ 109,567.

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	145.
	3	Membership dues and assessments	3	46,273.
	4	Investment income	4	59.
	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	
	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 exceed \$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		
	7a	Gross sales of inventory, less returns and allowances	7a	10,659.
	7b	Less: cost of goods sold	7b	9,865.
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	794.
	8	Other revenue (describe in Schedule O)	8	52,431.
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99,702.
	10	Grants and similar amounts paid (list in Schedule O)	10	29,101.
	11	Benefits paid to or for members	11	0.
	12	Salaries, other compensation, and employee benefits	12	49,455.
	13	Professional fees and other payments to independent contractors	13	0.
	14	Occupancy, rent, utilities, and maintenance	14	17,185.
EXPENSES	15	Printing, publications, postage, and shipping	15	1,706.
	16	Other expenses (describe in Schedule O)	16	12,055.
	17	Total expenses Add lines 10 through 16	17	109,502.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,800.
	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	183,143.
	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	173,343.

For Paperwork Reduction Act Notice, see the separate instructions.
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Form **990-EZ** (2011)

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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	62,216.	22 54,821.
23 Land and Buildings	121,995.	23 119,391.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	184,211.	25 174,212.
26 Total liabilities (describe in Schedule O)	1,068.	26 869.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	183,143.	27 173,343.

Part III	Statement of Program Service Accomplishments (see the Instructions for Part III.)
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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	Holmes Co Farm Bureau awarded scholarships to Holmes Co high school graduates who are majoring in an agricultural field of study.		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	
29	Held a farm city week dinner to promote the farm-city partnerships and to educate the community on the importance of agriculture to our everyday lives.		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30	Holmes Co Farm Bureau hosted a coloring contest for 3rd graders to get the students involved in learning about agriculture.		
	(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 ☒

[illegible]

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 ☐

	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 40a ; section 4912 40b ; 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 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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 Debe Miller Tel. no. 850-547-4227 Located at 1108 N. Waukesha Street, Bonifay, FL ZIP + 4 32425-1406		
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 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.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: 43		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-- Check here 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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
49b		

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.

Signature of officer: Raymond Thomas Date: 11/5/12

Type or print name and title: Raymond Thomas President

Print preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed ☐ PTIN: _____

Paid Preparer Use Only Firm's name: _____ Firm's EIN: _____ Firm's address: _____ 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

Holmes County Farm Bureau

Employer identification number

59-0919996

Page 1 - Line 8, Other Revenue

Service Fees	46,593.
Sales Tax Collected	268.
Agent reimb	1,670.
Rent	3,825.
General Refunds	75.
	<u>52,431.</u>

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

Florida Farm Bureau Federation Dues	27,101.	
Scholarships	<u>2,000.</u>	
Totals:	<u>29,101.</u>	<u>0.</u>

Page 1 - Line 16, Other expenses

<u>Description</u>	<u>Total</u>
Office Expense	3,108.
Meetings & Travel	4,607.
Sales Tax	232.
Contributions	50.
Awards	309.
Eqpt Rent/Lease	891.
Dues & Subscriptions	100.
Special Projects/Promo	76.
FL & Federal Inc Tax	1,334.
YF&R	459.
Farm City Week	<u>889.</u>
Totals:	<u>12,055.</u>

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

Payroll Liabilities	<u>869.</u>
	<u>869.</u>

Name of the organization

Holmes County Farm Bureau

Employer identification number

59-0919996

Part IV - Names and Addresses

Raymon E Thomas
1108 N Waukesha St, Bonifay, FL 32425

Clyde M Williams
1108 N Waukesha St, Bonifay, FL 32425

Michael L Langford
1108 N Waukesha St, Bonifay, FL 32425

Joe Franklin
1108 N Waukesha St, Bonifay, FL 32425

Wade S Kriser
1108 N Waukesha St, Bonifay, FL 32425

Wayne Powell
1108 N Waukesha St, Bonifay, FL 32425

Natalie Bomann
1108 N Waukesha St, Bonifay, FL 32425