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Short Form  
Return of Organization Exempt From Income TaxUnder 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 1545-0050

2011

Open to Public  
Inspection

<b>A</b> For the 2011 calendar year, or tax year beginning <b>07/01</b> , 2011, and ending <b>06/30</b> , 2012		<b>D</b> Employer Identification no. <b>59-6194985</b>		
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pend.		<b>E</b> Telephone number <b>(850) 584-2371</b>		
<b>C</b> Taylor County Farm Bureau 813 S Washington St Perry, FL 32347-3372		<b>F</b> Group Exemption Number ... <b>►1805</b>		
<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
<b>I</b> Website: ► <b>N/A</b>				
<b>J</b> Tax-exempt status (check only one) - <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 ► <input type="checkbox"/> 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				
<b>L</b> 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. ► \$ <b>90,473.</b>				
<b>Part I</b> 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 ..... <input checked="" type="checkbox"/>				
<b>R E V E N U E</b>	1	Contributions, gifts, grants, and similar amounts received .....	1	0.
	2	Program service revenue including government fees and contracts .....	2	150.
	3	Membership dues and assessments .....	3	45,558.
	4	Investment income .....	4	126.
	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) .....		
	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	3,878.
	b	Less: cost of goods sold .....	7b	4,185.
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b) .....	7c	-307.
	8	Other revenue (describe in Schedule O) .....	8	40,761.
	9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	9	86,288.
	10	Grants and similar amounts paid (list in Schedule O) .....	10	23,350.
	11	Benefits paid to or for members .....	11	0.
12	Salaries, other compensation, and employee benefits .....	12	37,074.	
13	Professional fees and other payments to independent contractors .....	13	0.	
14	Occupancy, rent, utilities, and maintenance .....	14	12,047.	
15	Printing, publications, postage, and shipping .....	15	600.	
16	Other expenses (describe in Schedule O) .....	16	6,823.	
17	<b>Total expenses</b> Add lines 10 through 16 .....	17	79,894.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18	6,394.	
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	66,974.	
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	73,368.	

**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	23,656.	22 27,017.
23 Land and Buildings	78,954.	23 77,152.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	102,610.	25 104,169.
26 Total Liabilities (describe in Schedule O)	35,636.	26 30,801.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,974.	27 73,368.

**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

28 The county legislative program gives our members the opportunity to speak one on one with and educate their elected officials and staff about agricultural issues.

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

28a

29 During Youth Agriculture Day, students are read to by agriculture industry volunteers and educators to teach them the importance of agriculture.

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

29a

30 Participated in Farm City Week, which is designed to educate the community on the value & importance that agriculture has on their everyday lives.

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

30a

31 Other program services (attach schedule).....

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

31a

32 Total program service expenses (add lines 28a through 31a)  ►  32

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
Helen Houck Attached	President 6	0.	0.	0.
Billy Murphy Attached	Vice Preside 2	0.	0.	0.
Coleen Agner Attached	Secretary 1	0.	0.	0.
William M Lavalle Attached	Treasurer 2	0.	0.	0.
Henry P Davis Attached	Director 2	0.	0.	0.
James L Dice Attached	Director 2	0.	0.	0.
Ernest Houck Attached	Director 2	0.	0.	0.
Auley Rowell Attached	Director 2	0.	0.	0.
Rudolph Parker Attached	Director 2	0.	0.	0.
Jerry Register Attached	Director 2	0.	0.	0.
Ladonna Lavalle Attached	Director 2	0.	0.	0.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

**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 . . . . .	33	
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) . . . . .	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 line 2, 6a, and 7a, among others)? . . . . .	35a	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	35b	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 . . . . .	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	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 unpaid at the start of the period 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 ► _____		
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 ► LaDonna LaValle Tel. no. ► 850-584-2371		
Located at ► 813 S. Washington St., Perry, FL ZIP + 4 ► 32347-3372		
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 . . . . . ► <input type="checkbox"/>		
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	

		Yes	No
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 .....	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 .....

		Yes	No
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 .....	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization? .....	49a	
b	If "Yes," was the related organization(s) a section 527 organization? .....	49b	
50	Complete this table for the 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 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 .....	►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	10-9-12	Date

Print preparer's name	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN
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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

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**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  
Taylor County Farm Bureau

Employer identification number  
59-6194985

Page 1 - Line 8, Other Revenue

Service Fees	40,640.
Refunds/Reimb	121.
	<u>40,761.</u>

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

Florida Farm Bureau Federation Dues	23,350.
Totals:	<u>23,350.</u> <u>0.</u>

Page 1 - Line 16, Other expenses

<u>Description</u>	<u>Total</u>
Office Expense	2,741.
Meetings & Travel	3,436.
Special Projects	331.
Awards	215.
Dues & Subscriptions	35.
Contributions	40.
Flowers/Gifts/Misc	<u>25.</u>
Totals:	<u>6,823.</u>

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

Mortgage Payable	30,047.
Payroll Liabilities	754.
	<u>30,801.</u>

Name of the organization

Taylor County Farm Bureau

Employer identification number

59-6194985Part IV - Names and Addresses

Helen Houck  
813 S Washington St, Perry, FL 32347

Billy Murphy  
813 S Washington St, Perry, FL 32347

Coleen Agner  
813 S Washington St, Perry, FL 32347

William M Lavalle  
813 S Washington St, Perry, FL 32347

Henry P Davis  
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