



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490




A For the 2011 calendar year, or tax year beginning 11-01-2011 , and ending 10-31-2012		D Employer identification number	
B Check if applicable	C Name of organization Harford County Farm Bureau		52-0675331
<input type="checkbox"/> Address change			E Telephone number
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		(410) 836-7773
<input type="checkbox"/> Initial return	PO Box 532		
<input type="checkbox"/> Terminated	Room/suite		
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4		F Group Exemption Number
<input type="checkbox"/> Application pending	Forest Hill, MD 21050		

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. **\$ 115,391**

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 <input checked="" type="checkbox"/>	

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	5,494
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	21,513
	4	Investment income			4	13,927
	5a	Gross amount from sale of assets other than inventory	5a	54,664		
	b	Less cost or other basis and sales expenses	5b	55,692		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	-1,028
	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	0		
	c	Less direct expenses from gaming and fundraising events	6c	0		
	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	13,320			
b	Less cost of goods sold	7b	10,546			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	2,774	
8	Other revenue (describe in Schedule O)			8	6,473	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	49,153	
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	8,683
	13	Professional fees and other payments to independent contractors			13	1,350
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	806
	16	Other expenses (describe in Schedule O)			16	29,922
	17	Total expenses. Add lines 10 through 16			17	40,761
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	8,392
	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	455,939
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	19,358
	21	Net assets or fund balances at end of year Combine lines 18 through 20			21	483,689

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	455,939	22	483,689
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	455,939	25	483,689
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	455,939	27	483,689

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Farm organization and promotion		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)		
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				
28	Donations and scholarships (Grants \$ 12,400) If this amount includes foreign grants, check here		28a	
29	Farm organization promotion and MD Farm Bureau membership (Grants \$ 9,681) 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	22,081

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
See Additional Data Table				

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
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	No
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	No
35	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		
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	No
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	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a <input type="text"/>		
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <input type="text"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a 0		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
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	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 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> Megan Keyes Telephone no <input type="checkbox"/> (410) 836-7773 PO Box 532 Located at <input type="checkbox"/> Forest Hill, MD ZIP + 4 <input type="checkbox"/> 21050		
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	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 <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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 instructions)	45b	No

		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		No

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.

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		
48	Is the organization a school 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?		
49b	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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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

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	2012-11-21 Date		
	Megan Keyes Secretary/Treas Type or print name and title			
Paid Preparer's Use Only	Preparer's signature Susan K Burchett CPA	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KELLY FINANCIAL GROUP LLC 48 E GORDON ST BEL AIR, MD 210142914		EIN
				Phone no (410) 893-0560

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

Yes No

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 52-0675331
Name: Harford County Farm Bureau

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Janet Archer 5300 Onion Road Pylesville, MD 21132	Director 0	0		
Dave Dougherty 103-A Constitution Road Pylesville, MD 21132	Director 0	0		
Michael Doran 4046A Prospect Road Whiteford, MD 21160	Director 0	0		
Edward Yoder 3520 Grier Nursery Road Street, MD 21154	Director 0	0		
Mike Zeller 4521 Amoss Road White Hall, MD 21161	Director 0	0		
Bill Amoss PO Box 457 Fallston, MD 21047	Director 0	0		
Donald Lyons 614 Calvary Church Road Churchville, MD 21028	Director 0	0		
John Perdue Jr 4317 Norrisville Road White Hall, MD 21161	Director 0	0		
Tom Adams 2327 Shuresville Road Darlington, MD 21034	Director 0	0		
Mel Huber PO Box 281 Jarrettsville, MD 21084	Director 0	0		
Karl Mandl Jr 1725 Tower Road Aberdeen, MD 21001	Director 0	0		
Erin Hall 2825 Bradenbaugh Road White Hall, MD 21161	Director 0	0		
Donald Hoopes 1953 Grafton Shop Road Forest Hill, MD 21050	Director 0	0		
Paula Harman 320 Priestford Road Churchville, MD 21028	Director 0	0		
Maurice Jones 3537 Prospect Road Street, MD 21154	Director 0	0		

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Jay Rickey 1545 Delp Road Whiteford, MD 21160	President 0	0		
Megan Keyes 3712 Aldino Road Aberdeen, MD 21001	Secretary/Treas 10 00	8,000		

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 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

Harford County Farm Bureau

Employer identification number

52-0675331

Identifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 20 1	Other Changes In Net Assets Or Fund Balances - Other Increases 1	Increase in Unrealized Gain \$19358
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Telephone Expense \$440
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Miss Harford Co Farm Bureau \$1000
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Investment Mgmt Fees \$4578
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Donations/Scholarships \$12400
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$724
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$9681
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1099
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Meetings income \$6473