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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*

OMB No. 1545-1150

# 2011

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning	11/01	, 2011, and ending	10/31	, 2012
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**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C. Name of organization**

## ROWAN COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address)

723 WEST MAIN STREET

City or town, state or county, and ZIP + 4

**MOREHEAD, KY 40351**

D Employer identification number

61-0607683

<b>F</b>	Telephone number
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606-784-1140

<b>F</b>	Group Exemption Number	▶
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G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

**I Website:** ►

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 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. . . . . ▶ \$

79275

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)
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Check if the organization used Schedule O to respond to any question in this Part I

**X**

	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	60648
	4	Investment income . . . . .	4	948
	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	
	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	
	b	Less cost of goods sold . . . . .	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8	Other revenue (describe in Schedule O) . . . . .	8	17679
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	79275
	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	25817
	13	Professional fees and other payments to independent contractors . . . . .	13	3240
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	4754
	15	Printing, publications, postage, and shipping . . . . .	15	125
	16	Other expenses (describe in Schedule O) . . . . .	16	48563
	17	Total expenses. Add lines 10 through 16 . . . . .	17	82499
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-3224
	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	258225
	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	255001

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Form 990-EZ (2011)

ONA

**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 year
22 Cash, savings, and investments . . . . .	206522	199079
23 Land and buildings . . . . .	51969	56038
24 Other assets (describe in Schedule O) . . . . .	500	500
25 <b>Total assets</b> . . . . .	258991	255617
26 <b>Total liabilities</b> (describe in Schedule O) . . . . .	766	616
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	258225	255001

**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 ☐

**Expenses**

What is the organization's primary exempt purpose? **TO PROVIDE LOW COST INSURANCE AND**

(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 LOCAL CHAPTER OF FARM BUREAU ASSOCIATION 3700 MEMBER PROGRAM LOW COST INSURANCE AND FARM SUPPLIES		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses.</b> (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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
NORWOOD CAUDILL PRESIDENT	1	0		
RALPH DERRICKSON TREASURER	1	0		
SHARON MORRISON SECRETARY	40	26500		
JOHN D BARNETT DIRECTOR	1	0		
WAYNE BLACK DIRECTOR	1	0		
RONNIE DEBORD DIRECTOR	1	0		
SUE JONES DIRECTOR	1	0		
ROY MAYSE DIRECTOR	1	0		
DANNY MABRY DIRECTOR	1	0		
VERNON MABRY DIRECTOR	1	0		
TERRY MAYS DIRECTOR	1	0		
LEE PENNINGTON DIRECTOR	1	0		
CLIFFORD PORTER DIRECTOR	1	0		

QNA

**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
<b>33</b> Did the organization significantly engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity in Schedule O . . . . .		<b>X</b>
<b>34</b> 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) . . . . .		<b>X</b>
<b>35a</b> 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)? . . . . .	<b>X</b>	
<b>b</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 . . . . .	<b>X</b>	
<b>c</b> 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 . . . . .		<b>X</b>
<b>36</b> 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 . . . . .		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>b</b> Did the organization file Form 1120-POL for this year? . . . . .		<b>X</b>
<b>38a</b> 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? . . . . .		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
<b>b</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 . . . . . <b>40b</b>		
<b>c</b> 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 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
<b>e</b> 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 . . . . . <b>40e</b>		
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42a</b> The organization's books are in care of ▶ <b>SHARON MORRISON</b> Telephone no ▶ <b>(606) 784-1140</b> Located at ▶ <b>723 WEST MAIN STREET, MOREHEAD KY</b> ZIP + 4 ▶ <b>40351</b>		
<b>b</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)? . . . . . <b>42b</b>		<b>X</b>
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.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . . <b>42c</b>		<b>X</b>
If "Yes," enter the name of the foreign country ▶ _____		
<b>43</b> 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 . . . . . ▶ <b>43</b> _____		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . <b>44a</b>		<b>X</b>
<b>b</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 . . . . . <b>44b</b>		<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . . <b>44c</b>		<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>44d</b>		

	Yes	No
<b>45a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>45b</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 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>46</b> 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 . . . . .		<input checked="" type="checkbox"/>

**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
<b>47</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		<input checked="" type="checkbox"/>
<b>49b</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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation from the organization (Form W-2/1099-MISC)	(d) Estimated amount of other compensation from the organization
NONE			

**e** 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	(d) Estimated amount of other compensation
NONE			

**e** 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.

<b>Sign Here</b>	Signature of officer 		Date <b>2/2/13</b>		
	Type or print name and title <b>RALPH DERRICKSON - TREASURER</b>				
<b>Paid Preparer's Use Only</b>	Print/Type preparer's name <b>JONATHAN STILES</b>	Preparer's signature 	Date <b>01/14/13</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00039306</b>
	Firm's name <b>JONATHAN C STILES CPA PSC</b>			Firm's EIN <b>61-1347911</b>	
	Firm's address <b>PO BOX 965 MOREHEAD, KY 40351</b>			Phone no <b>(606) 784-5642</b>	

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  
Name of the organization

**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

**ROWAN COUNTY FARM BUREAU**

**61-0607683**

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE:

DESCRIPTION	AMOUNT
RENT INCOME ON 990T	13200
SFB INCOME	4479
TOTAL:	17679

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES:

DESCRIPTION	AMOUNT
COMPUTER RENTAL	720
TRAVEL AND MEALS	7568
OFFICE SUPPLIES	259
OFFICE EXP	419
DONATIONS	1665
MEMBERSHIP REFUNDS	147
SCHOLARSHIPS	5200
FISH FRY	7430
INSURANCE GENERAL	320
BILLING EXP	8482
ANNUAL MEETING	434
CHRISTMAS DINNER	757
MEETING EXPENSE	1099
SBF INSURANCE	3692
FLOWERS MEMORIALS	210
TAX	15
RENT EXPENSE OFFSET 990T	10146
TOTAL:	48563

Name of the organization

Employer identification number

**ROWAN COUNTY FARM BUREAU****61-0607683**

## FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS:

DESCRIPTION	BEGINNING	ENDING
PREPAID TAX	500	500
TOTAL:	500	500

## FORM 990-EZ, PART II, LINE 26 - TOTAL LIABILITIES:

DESCRIPTION	BEGINNING	ENDING
PAYROLL LIABILITIES	766	616
TOTAL:	766	616