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Form **990-EZ** 

Department of the Treasury

Internal Revenue Service

# 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

2012

Open to Public Inspection

Α	For the	2012 caleng	dar year, or tax year beginning $07/01/12$ , and ending $06/30/13$	3		·				
В	Check if a	pplicable	C Name of organization	D Emp	D Employer identification number					
Щ	Address c	hange								
$\square$	Name cha	•	Barton County Farm Bureau Assoc.	Do one for the		48-0571765				
$\mathbb{H}$	Initial retu			Room/suite		E Telephone number				
H	Terminate		4210 8th Street  City or town, state or country, and ZIP + 4		620-792-2236					
H	Amended		Great Bend KS 67530-0458	1		F Group Exemption				
$\Box$		n pending		11.05		Number •				
G		ting Method e: ► N/A	Cash · X Accrual Other (specify) ▶	H Chec		If the organization is <b>not</b>				
'.				ttach Schedule B						
<u>у</u> К	Tax-exempt status (check only one) — 501(c)(3)   501(c) ( ' 5 )   (insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)  Tax-exempt status (check only one) — 501(c)(3)   (insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)  Tax-exempt status (check only one) — 501(c)(3)   (insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)									
•			00 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard							
			oses to file a return, be sure to file a complete return	, may be require	(500	mondonona) Bat ii				
L	-		b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (f	Part II.						
_			ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	s 56,998				
F	Part I		ue, Expenses, and Changes in Net Assets or Fund Balances (se	e the instruct		<u> </u>				
_			if the organization used Schedule O to respond to any question in this Par			X				
	1	Contributions,	gifts, grants, and similar amounts received		1	10,367				
	2	Program ser	vice revenue including government fees and contracts		2					
	3	Membership	dues and assessments		3					
	4	Investment i	ncome		4	8,432				
	5a	Gross amou	nt from sale of assets other than inventory 5a		_					
	b		r other basis and sales expenses 5b		_					
	C	• •	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c					
4.	6	•	fundraising events							
Revenue	a		ne from gaming (attach Schedule G if greater than							
eve	١.	\$15,000)	[6a							
œ	b		ne from fundraising events (not including \$ of contribution							
			sing events reported on line 1) (attach Schedule G if the gross income and contributions exceeds \$15,000)							
	_		gross income and contributions exceeds \$15,000)  expenses from gaming and fundraising events  6c		$\dashv$					
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		$\dashv$					
	"	line 6c)	o. 1,000, non gaining and landraiding overta (add inted od and ob and additable		6d	<u>,</u> ]				
	<u>∽</u> 7a	•	of inventory, less returns and allowances 7a							
	Э ь	Less cost of			$\neg$					
	e c		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	: ]				
	€78	Other reven	8							
_	<del>9</del>		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9					
	<b>3</b> 0	Grants and	similar amounts paid (list in Schedule O)		10					
	<u>_1</u> 1	Benefits paid	11							
Ş	<u>U12</u>	Salaries, oth	ner compensation, and employee benefits		12	16,523				
Expenses	12 13 14 15 15 16	Professiona	I fees and other payments to independent contractors RECEIN	/EU.	13					
x	·   4		rent, utilities, and maintenance	ોં હ	14					
ш	<b>45</b>			2013	15					
			iscs (describe in defende o)	2	16					
_	17		nses. Add lines 10 through 16		17					
ţ	18	•	deficit) for the year (Subtract line 17 from line 9)		18	8,493				
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with			214 170				
	20	-	figure reported on prior year's return)		19	_ <del></del>				
ž			ges in net assets or fund balances (explain in Schedule O)	1	20					
	21	ivel assets (	or fund balances at end of year Combine lines 18 through 20		<b>21</b>					

Form **990-EZ** (2012)

Form 990-EZ (2012) Barton County Farm Bu	reau Asso	c. 48-05	71765		Page 2
Part II Balance Sheets (see the instructions for P	art II)				
Check if the organization used Schedule O to	respond to any	question in this Part I	l		X
•	•	(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments			214,002		221,954
23 Land and buildings			46	23	···
24 Other assets (describe in Schedule O)			<u>851</u>	24	1,490
25 Total assets			214,899	25	223,444
26 Total liabilities (describe in Schedule O)			720	26	772
27 Net assets or fund balances (line 27 of column (B) must agree	e with line 21)		214,179	27	222,672
Part III Statement of Program Service Accomp		the instructions for F	Part III)		Expenses
Check if the organization used Schedule O to	respond to any	question in this Part I	II 🗀	(Rec	uired for section
What is the organization's primary exempt purpose?				1 '	c)(3) and 501(c)(4)
Educate/improve life quality				1	nizations and section
Describe the organization's program service accomplishments for ea	ch of its three large	st program services.		•	7(a)(1) trusts, optional
as measured by expenses In a clear and concise manner, describe	•	. •		1	thers)
persons benefited, and other relevant information for each program t				'0'	and or y
28 · All activities offered to educate and/or impro					
of life for members. Programs offered to all				1	
include health, safety, citizenship and market					
	•	r here		28a	
(Grants \$ ) If this amount includes for	oreign grants, check	V IICIC		20a	-
25					
(Oranta 6			▶ □	200	
(Grants \$ ) If this amount includes f	oreign grants, checi	k nere		29a	
30				1 1	
(Grants \$ ) If this amount includes f	oreign grants, chec	k here		30a	
31 Other program services (describe in Schedule O)				1	
(Grants \$ ) If this amount includes f	oreign grants, chec	k here	<u> </u>	31a	
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mployood ist oash	one over if not compens	eated (see the in	32	for Part I\A
List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to respo	nd to any question	in this Part IV	sated (See the III	Structions	s loi i ait iv)
(a) Managara d Mila	(b) Average	(c) Reportable compensation	(d) Heath bei	nefits,	(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans	, and	other compensation
W-la Cabanta	· ·	(If not paid, enter -0-)	deferred compe	ensation	
Kyle Schartz	0.00	0		0	
President	0.00	<u> </u>			
Brad Birzer	0.00			^	
Vice-President	0.00	0		0	
Jerilyn Esfeld				•	
Secretary	0.00	0		0	
Bill Berchek				_	
Treasurer	0.00	0		0	
Michael Bahr			}	_	
Board Member	0.00	0	1	0	<u>'</u>
Michelle Beran					
Board Member	0.00	0		0	
Christine Clasen	Ì				
Board Member	0.00	0		0	
Sharon Hiss					
Board Member	0.00	0	1	0	
Tim Maier			}		
Board Member	0.00	0		0	)
Jerry Morgenstern				= <del></del>	
Board Member	0.00	0	<u> </u>	0	<u> </u>
Lora Zink					
Board Member	0.00	) o		O	o

Barton County Farm Bureau Assoc.

Page 3

Pa	irt 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.			
	motivation for Fair Vy one or wife organization does concessed to respond to any question in this Fair 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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1		
	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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1.5		- T
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<del></del>	X
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice.	35b		
С	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	330	-	
•	during the year? If "Yes," complete applicable parts of Schedule N	36	]	x
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	100		
b	Did the organization file Form 1120-POL for this year?	37Ь	•	х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were	101.5	<b> </b>	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	Ì	x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter	$\neg$		l
а	Initiation fees and capital contributions included on line 9			l
b	Gross receipts, included on line 9, for public use of club facilities			ĺ
40a	Section 501(c)(3) organizations  Enter amount of tax imposed on the organization during the year under			Ī
	section 4911 ▶, section 4912 ▶, section 4955 ▶			l
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ŧ
	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	ļ	<u> </u>
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			Ī
	organization managers or disqualified persons during the year under sections 4912,	ŧ		Ī
	4955, and 4958	-		İ
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			I
•	reimbursed by the organization  All organizations. At any time during the tax year, was the organization a notify to a prohibited tax shelter.	-		Ī
е	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	1	x
41	List the states with which a copy of this return is filed <b>None</b>	406	<u>.                                    </u>	1 22
42a		20-79	2-2	236
	4210 8TH ST.			
	Located at ▶ GREAT BEND KS ZIP + 4 ▶ 6"	7530-	045	8 .
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	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			1
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
42	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			
	and enter the amount of tax-exempt interest received of accrued during the tax year		Voc	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	F	Yes	No
774	completed instead of Form 990-EZ	44a	1	x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		<del></del>
-	completed instead of Form 990-EZ	44b	İ	x
С	Did the organization receive any payments for indoor tanning services during the year?	44c	1	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		<b>†</b>	† <u></u>
	explanation in Schedule O	44d	<u> </u>	<u> </u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	x
45b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ (see instructions)	45b		X

Form	990-EZ (	2012)	Bartor	County	Farm	Bur	eau Asso	c.	48-05	71765				Page <b>4</b>
46								n behalf	of or in opposition	on			Yes	
				If "Yes," comple			ırt I					46	<u>L</u>	<u> </u>
Pa	rt VI	All sec 50 and	tion 501(c) I 51		ons must a	answe	•		nd 52, and co	•	e tables for li	nes		
													Yes	No
47				lobbying activiti Iule C, Part II	es or have	a section	on 501(h) electio	n in effec	ot during the tax			47	1.00	1
48	Is the	organizatior	n a school as	described in se	ction 170(b)	)(1)(A)(	וו)? If "Yes," com	plete Scl	hedule E			48		
49a	5								49a					
b	If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key											49b	<u> </u>	<u> </u>
50														
	emplo	yees) who e	ach received	d more than \$10	0,000 of co	mpensa	ation from the or	ganizatio	n If there is non	e, enter "N	one "			
			me and title of aid more than	each employee \$100,000			(b) Average hours per week evoted to position	l co	Reportable impensation W-2/1099-MISC)	contributio	alth benefits, ns to employee plans, and compensation	(e) Estimat other cor		
									·					
								_						
f	Total r	number of o	ther employe	es paid over \$1	00,000			·•	<b>•</b>					
51	Compl	ete this tabl	e for the orga	anızatıon's five h	ighest com	npensate	ed independent	contracto	ors who each rec	eived more	than			
	\$100,0	000 of comp	ensation fror	n the organization	on If there i	is none	, enter "None "		Τ					<u></u>
	(a) l	Name and ad	dress of each	independent contr	actor paid m	nore than	\$100,000		(b) Typ	e of service		(c) Compe	ensatio	n
							<u> </u>			<u> </u>				
														_
			<del></del>											
	Total	number of o	ther independ	dent contractors	each rocou		ror \$100 000		<u> </u>		<b>_</b>			
52			•	Schedule A? No		•		ons and	4947(a)(1)					
-				ust attach a com				0110 a.1 <b>.</b>	(۵)(۱)		•	► ☐ Ye	s $\square$	No
Unde	r penaltie	es of perjury,	I declare that I	have examined th	nis return, inc	cluding a	accompanying sch	edules and	d statements, and	to the best o	f my knowledge	<del></del>		
true, d	correct, a	ind complete	Declaration o	f preparer (other t	han officer) is	s based	on all information	of which p	regarer has any ki	nowledge				
Sigr	,	~ ~ ~	Williau	L I AE	RCLE	<u>k                                     </u>	Willia	<u>~                                    </u>	Derelle					
		Signati	ure of officer	てん	cacles	e k	Tos	de d	0 ا/ الاعاد	ate 9	124/201	2		
Here	•	Type o	r print name and	l title	EMUV!	<i>&gt;</i> / <u>C</u>	//	BUCK	<u> </u>		<del>- 1/001</del>	<u>a</u>		
		Print/Type pre	eparer's name		<del></del>	Prepar	rer's signature			Date		PTI	N	
Paic	j			Check						K ∐ if   mployed				
	parer	Firm's name	Tì	nis tax	retur	n					Firm's EIN			
Use	Only	Firm's addres		repared			<del></del>						<del></del>	
			_	on-paid	_	rer.					Phone no			
May	the IRS	discuss thi		the preparer sh								<b>&gt;</b>	es	No
												Form 9	90-F2	/ (2012

#### SCHEDULE O. (Form 990 or 990-EZ)

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.

2012 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Barton County Farm Bureau Assoc.

Employer identification number 48-0571765

#### Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount			
Advertising	\$	912		
Awards & Prizes	\$	123		
Board Expense	\$	408		
Chamber Dues	\$	160		
Fair Expense	\$	404		
Fair Expense-RBF Socials	\$	264		
Gifts & Flowers	\$	160		
Insurance: Liability	\$	100		
Insurance: Master Group L	\$	506		
Office Expense	\$	634		
Internet	\$	-37		
Contributions	\$	2,305		
Taxes: Sec of State	\$	40		
New/Old Board Dinner	\$	866		
Travel	\$	2,409		
Non-investment Depreciation	\$	209		
Expenses				
Committees: Ag in the Classrm	\$	1,481		
Committees: Collegiate	\$	350		
Committees: Farm Safety Aware	\$	1,869		
Committees: Safety / Health	\$	504		
Committees: Young Frmrs & Rch	\$	1,562		
Meetings: County Annual	\$	1,587		

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization  Barton County Farm Burea	u As	ssoc.	Employer identification number 48-0571765
Meetings: National Annual	\$	3,400	
Meetings: Day at the StateHou	\$	411	
Meetings: President's Trip	\$	2,242	
Meetings: State Annual	\$	2,304	
Committees: Farm & City Days	\$	100	
Total	\$	25,273.	

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Ве	g. of Year	End o	f Year
	\$	888	\$	1,736
	\$	0	\$	0
Less Accumulated Depreciation	\$	37	\$	246
	Total \$	· 851	\$	1,490 '

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg.	of Year	End of	Year
Accounts Payable and Accrued Expenses	\$	· 720	\$	772

Form **4562** 

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return

Attachment

Name(s) shown on return Identifying number Barton County Farm Bureau Assoc. 48-0571765 Business or activity to which this form relates Operations Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 46 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property ) (See instructions ) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 17 148 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment us (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 848 7.0 HY S/L С 7-year property 61 10-year property e 15-year property 20-year property 25-year property 25 yrs Residential rental 27 5 yrs S/L MM property 27 5 yrs MM S/L Nonrèsidential real MM 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L c 40-year S/L 40 yrs MM Part IV Summary (See instructions ) Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 255 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Year Ended: June 30, 2013

Barton County Farm Bureau Assoc. 4210 8th Street Great Bend, KS 67530-0458 48-0571765

## **Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.