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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- 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.

A For the 2012 calendar year, or tax year beginning

11-01, 2012, and ending

10-31, 2013

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Terminated☐ 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)

Room/suite

723 WEST MAIN STREET

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

MOREHEAD, KY 40351

D Employer identification number

61-0607683

E Telephone number

(606) 784-1140

F Group Exemption

Number ►

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: ►

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization or 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. \$ 84,185

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	
	2	Program service revenue including government fees and contracts	2	10,851
	3	Membership dues and assessments	3	59,185
	4	Investment income	4	868
	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 exceeds \$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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	13,281	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	84,185	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	5,765
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	29,785
	13	Professional fees and other payments to independent contractors	13	3,240
	14	Occupancy, rent, utilities, and maintenance	14	12,514
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	37,093
	17	Total expenses. Add lines 10 through 16	17	88,397
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,212)
	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	255,001
	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	250,789

For Paperwork Reduction Act Notice, see the separate instructions.
EEA

Form 990-EZ (2012)

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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 year	(B) End of year
22 Cash, savings, and investments	199,079	197,821
23 Land and buildings	56,038	53,138
24 Other assets (describe in Schedule O)	500	500
25 Total assets	255,617	251,459
26 Total liabilities (describe in Schedule O)	616	670
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	255,001	250,789

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

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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

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 ASSOC. 3700 MEMBER PROGRAM.****LOCA COST INSURANCE AND FARM SUPPLIES**

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

28a

29

(Grants \$) 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

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) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NORWOOD CAUDILL PRESIDENT	1	0	0	0
RALPH DERRICKSON TREASURER	1	0	0	0
SHARON MORRISON SECRETARTY	40	27,500	0	0
JOHN D BARNETT DIRECTOR	1	0	0	0
WAYNE BLACK DIRECTOR	1	0	0	0
RONNIE DEBORD DIRECTOR	1	0	0	0
SUE JONES DIRECTOR	1	0	0	0
ROY MAYSE DIRECTOR	1	0	0	0
DANNY MABRY DIRECTOR	0	0	0	0
VERNON MABRY DIRECTOR	1	0	0	0
TERRY MAYS DIRECTOR	1	0	0	0
LEE PENNINGTON DIRECTOR	1	0	0	0
CLIFFORD PORTER DIRECTOR	1	0	0	0

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		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 lines 2, 6a, and 7a, among others)?	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	X	
35c 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?	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 outstanding at the end of the tax year 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		
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, 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 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		
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		
42 a The organization's books are in care of <u>SHARON MORRISON</u> Telephone no <u>606-784-1140</u> Located at <u>723 WEST MAIN STREET MOREHEAD, KY</u> ZIP + 4 <u>40351</u>		
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	42b	X
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.? If "Yes," enter the name of the foreign country	42c	X
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	43	
44 a 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	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 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 may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 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 only

All Section 501(c)(3) organizations 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		
49a		
49b		

- 48 Is the organization a school as 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?

- 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 (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 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 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 *Sharon Morrison* Date 3-12-2014
 Sharon Morrison Secretary
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Jonathan Stiles
 Preparer's signature: *[Signature]*
 Date: 03-04-2014
 Check ☐ if self-employed
 PTIN: P00039306
 Firm's name: Jonathan C Stiles CPA PC
 Firm's EIN: 61-1347911
 Firm's address: PO Box 965
Morehead KY 40351
 Phone no: 606-784-5642

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

2012

**Open to Public
Inspection**

ROWAN COUNTY FARM BUREAU

Employer identification number

61-0607683

01. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
MISCELLANEOUS	81
RENT	13,200

02. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	SCHOLARSHIPS - MULTIPLE
RELATIONSHIP	NONE
AMOUNT	5,765

03. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
DEPRECIATION FROM 4562	2,900
BILLING EXP	5,243
MEETING EXPENSE	2,267
ANNUAL MEMBER FISH FRY	7,776
OFFICE EXP	884
TRAVEL AND MEALS	13,948
COMPUTER RENTAL EXPENSE	720
SOUTHERN FARM LIFE	3,296
TAX	59

04. Description of other assets (Part II, line 24)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
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Name of the organization

Employer identification number

ROWAN COUNTY FARM BUREAU

61-0607683

PREPAID TAX

500

500

05. Description of total liabilities (Part II, line 26)

CATEGORY

BEGINNING OF YEAR

END OF YEAR

PAYROLL LIABILITIES

616

670