



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



Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A For the 2013 calendar year, or tax year beginning 10/01/13, and ending 09/30/14**

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

RAMSEY COUNTY FARM BUREAU

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

PO Box 97

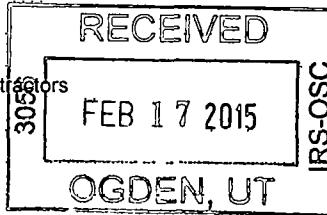
City or town, state or province, country, and ZIP or foreign postal code

Devils Lake ND 58301

D Employer identification number

45-0234949E Telephone number
701-662-2214F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ►I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)K Form of organization Corporation Trust Association OtherL 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **26,628****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
	3 Membership dues and assessments	3 22,735
	4 Investment income	4 2,055
	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
Expenses	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
	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 1,838
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 26,628
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 8,066
	13 Professional fees and other payments to independent contractors	13 1,600
	14 Occupancy, rent, utilities, and maintenance	14 7,685
	15 Printing, publications, postage, and shipping	15 1,011
	16 Other expenses (describe in Schedule O)	16 9,580
	17 Total expenses. Add lines 10 through 16	17 27,942
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,314
	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 52,389
Net Assets	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 51,075



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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

X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	43,313	22	40,242
23 Land and buildings	14,427	23	14,427
24 Other assets (describe in Schedule O)	1,014	24	956
25 Total assets	58,754	25	55,625
26 Total liabilities (describe in Schedule O)	6,365	26	4,550
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,389	27	51,075

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

Expense:

(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?

FARM SERVICES ORGANIZATION

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	OPERATES AN INSURANCE AGENCY FOR APPROXIMATELY 700 MEMBERS		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	8,917
29	SPONSORS FARM SAFETY AND FIRST AID PROGRAMS		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	1,137
30	SPONSORS SEMINAR ON AGRICULTURE ISSUES FOR APPROXIMATELY 700 MEMBERS		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	1,183
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		11,237

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.

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

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 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 activities (such as those reported on lines 2, 6a, and 7a, among others)?
 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 35a **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 35b

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**

37a 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**

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?
 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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40b , section 4955 ► 40c
 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 40d
 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 40e **X**
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40f
 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 40g

41 List the states with which a copy of this return is filed ► **None**

42a The organization's books are in care of ► **RAMSEY COUNTY FARM BUREAU** Telephone no ► **701-662-2214**
 300 WALNUT STREET W
 Located at ► **DEVILS LAKE** ND ZIP + 4 ► **58301**

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 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

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

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	(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 business address of each independent contractor	(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	►  DANIEL J. PLEMEL	President	Date 2-12-15
Type or print name and title			

Paid Preparer	Preparer's name Derrel D. Britsch, CPA	Preparer's signature Derrel D. Britsch, CPA	Date 02/05/15	PTIN P00166569
Use Only	Firm's name ► Britsch & Associates, PC		Firm's EIN ► 20-1746221	
	Firm's address ► 415 6th Ave NE Devils Lake, ND 58301		Phone no 701-662-8724	

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

► Yes No

Form 990-EZ (2013)

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 990-EZ or to provide any additional information.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

RAMSEY COUNTY FARM BUREAU

Employer identification number

45-0234949**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MISCELLANEOUS INCOME	\$ 1,825
COPY SERVICE FEES	\$ 13
Total	\$ 1,838

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

Description	Amount
Expenses	
TELEPHONE	\$ 1,232
PROMOTION & ADVERTISING	\$ 1,787
WOMEN'S COMMITTEE	\$ 355
SCHOLARSHIP AUCTION	\$ 180
COPY MACHINE EXPENSE	\$ 102
GIFTS & MEMORIALS	\$ 203
COMMITTEE EXPENSES	\$ 112
DELEGATE EXPENSES	\$ 2,472
MEETING EXPENSES	\$ 1,080
DEPRECIATION	\$ 58
FIRST CARE PROGRAM EXPENS	\$ 1,137
MEMBER SERVICES	\$ 183
FALL FAIR AWARDS	\$ 130
MISCELLANEOUS	\$ 549
Total	\$ 9,580

Schedule O (Form 990 or 990-EZ) (2013)

Page 2

Name of the organization

RAMSEY COUNTY FARM BUREAU

Employer identification number

45-0234949

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

Description	Beg. of Year	End of Year
FIXTURES & FURNITURE	\$ 31,003	\$ 31,003
Less Accumulated Depreciation	\$ 29,989	\$ 30,047
LAND IMPROVEMENTS	\$ 9,873	\$ 9,873
Less Accumulated Depreciation	\$ 9,873	\$ 9,873
Total	\$ 1,014	\$ 956

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 6,365	\$ 4,550

Federal Statements**Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
MEMBERSHIP DUES	\$ 22,735
Total	\$ <u>22,735</u>

FARMBUREAU RAMSEY COUNTY FARM BUREAU
45-0234949
FYE: 9/30/2014

Federal Statements

2/5/2015 3:03 PM

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
LAND	\$ 14,427	\$ 0	\$ 14,427	\$ 0
BUILDING	67,726	67,726	67,726	67,726
BUILDING IMPROVEMENTS	21,149	21,149	21,149	21,149
Total	\$ 103,302	\$ 88,875	\$ 103,302	\$ 88,875