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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department 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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization VERMONT FARM BUREAU, INC.		D Employer identification number 03-0185056
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 802-434-5646
		117 WEST MAIN STREET		F Group Exemption Number
		City or town, state or country, and ZIP + 4 RICHMOND, VT 05477		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) _____

I Website: WWW.VTFB.ORG**J** Organization type (check only one) ☒ 501(c) (5) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 451,386.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	105.
	2	Program service revenue including government fees and contracts	2	54,736.
	3	Membership dues and assessments	3	174,607.
	4	Investment income	4	524.
	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) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ reported on line 1) of contributions	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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) SEE STATEMENT 4)	8	221,414.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	451,386.
	10	Grants and similar amounts paid (attach schedule)	10	1,426.
	11	Benefits paid to or for members	11	3,792.
	12	Salaries, other compensation, and employee benefits	12	263,464.
	13	Professional fees and other payments to independent contractors	13	3,800.
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	22,178.
	15	Printing, publications, postage, and shipping	15	40,964.
	16	Other expenses (describe) SEE STATEMENT 1)	16	120,417.
	17	Total expenses. Add lines 10 through 16	17	456,041.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<4,655.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A))	19	62,903.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	<1,349.>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	56,899.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	14,100.	17,991.
23 Land and buildings		
24 Other assets (describe) SEE STATEMENT 2)	356,373.	354,710.
25 Total assets	370,473.	372,701.
26 Total liabilities (describe) SEE STATEMENT 3)	307,570.	315,802.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,903.	56,899.

832171 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Form 990-EZ (2008)

Expenses

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

28 SEE STATEMENT 9

28a

29 SEE STATEMENT 10

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

29a

30 SEE STATEMENT 11

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

30a

31	Other program services (attach schedule)	SEE STATEMENT 13
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(Grants \$) If this amount includes foreign grants, check here

31a

260.392.

32 **Total program service expenses** (add lines 28a through 31a)

32

260.392.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
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, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.	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 unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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. ▶ NONE		
42a The books are in care of ▶ CHRISTOPHER O'KEEFE Telephone no. ▶ (802) 434-5646		
Located at ▶ 117 WEST MAIN STREET, RICHMOND, VT ZIP + 4 ▶ 05477		
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)?	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 and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
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 ▶ 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating 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(s) a section 527 organization?
- 50 Complete this table for the 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."

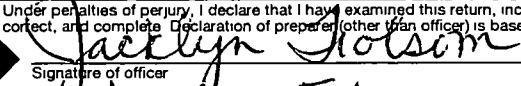
	Yes	No
46		
47		
48		
49a		
49b		


(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
N/A				
Total number of other employees paid over \$100,000				

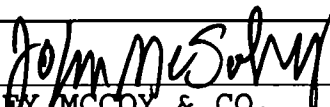
- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000		

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  Date 02/22/10

 President

Paid Preparer's Use Only Preparer's signature  Date 02/06/10 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 MCSOLEY MCCOY & CO. EIN

118 TILLEY DRIVE, STE. 202 Phone (802) 658-1808

SOUTH BURLINGTON, VT 05403

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2008)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2008
Open to Public
Inspection

- **To be completed by organizations described below.**
► **Attach to Form 990 or Form 990-EZ.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization VERMONT FARM BUREAU, INC.	Employer identification number 03-0185056
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a Was a correction made?

☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B**Part III-A**

501(c)(6). See the instructions for Schedule C for details

Part III-B

501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Part IV

part to provide the descriptions req

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CONFERENCES & CONVENTIONS		23,773.	
INSURANCE		8,747.	
OTHER EXPENSES		1,051.	
TRAVEL		5,748.	
MEALS & ENTERTAINMENT		503.	
ADVERTISING		145.	
ADMINSTRATOR		175.	
PAYROLL TAXES		18,406.	
INTEREST EXPENSE		3,076.	
LOBBYING EXPENSES		18,000.	
OFFICE EXPENSE		8,471.	
SUBSIDIARY LOSS		31,837.	
PROVISION FOR TAXES		485.	
TOTAL TO FORM 990-EZ, LINE 16		120,417.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS RECEIVABLES	41,826.	72,585.	
PREPAID EXPENSES	10,587.	11,351.	
OTHER INVESTMENTS	303,960.	270,774.	
TOTAL TO FORM 990-EZ, LINE 24	356,373.	354,710.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	103,159.	138,847.	
DEFERRED REVENUE	97,047.	97,201.	
OTHER LIABILITIES	57,612.	30,143.	
MORTGAGES AND OTHER NOTES PAYABLE	49,752.	49,611.	
TOTAL TO FORM 990-EZ, LINE 26	307,570.	315,802.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
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DESCRIPTION	AMOUNT
CONTRACTUAL REVENUE	46,000.
ADVERTISING INCOME	37,740.
ANNUAL MEETING REVENUE	12,960.
AGRICULTURAL RESOURCE CTR.	26,235.
MANAGEMENT FEE	98,479.
TOTAL TO FORM 990-EZ, LINE 8	221,414.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED (APPRECIATION) DEPRECIATION STOCK	<1,349.>
TOTAL TO FORM 990-EZ, LINE 20	<1,349.>

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	6
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DESCRIPTION	AMOUNT
DEPRECIATION	8,275.
OTHER EXPENSES	13,903.
TOTAL TO FORM 990-EZ, LINE 14	22,178.

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
JACKIE FOLSOM 2603 US ROUTE 2, CABOT, VT 05647	PRESIDENT 0.00	0.	0. 22649.
DAVID MAJOR 875 PATCH ROAD, PUTNEY, VT 05346	1ST VICE PRESIDENT 0.00	0.	0. 0.
TED FOSTER 253 FOOTE ROAD, MIDDLEBURY, VT 05363	2ND VICE PRESIDENT 0.00	0.	0. 0.
GLADYS MILLER, 581 MILLER ROAD, E. DUMMERSTON, VT 05346	SECRETARY 0.00	0.	0. 0.
BRUCE SHIELDS 6405 GARFIELD ROAD, WOLCOTT, VT 05680	TREASURER 0.00	0.	0. 0.
ANDREA OCHS, 37 NEEDHAM HILL ROAD, ORWELL, VT 05760	FARMER CHAIR 0.00	0.	0. 0.
SAMUEL LINCOLN, 4884 E. BETHEL ROAD, RANDOLPH CTR., VT 05061	AT LARGE EXEC. 0.00	0.	0. 0.
HEIDI DOLLOFF, 55 SUNNYLEDGE ROAD, SPRINGFIELD, VT 05156	AT LARGE EXEC. 0.00	0.	0. 0.
WILLIE RYAN PO BOX 24, CRAFTSBURY, VT 05826	AT LARGE EXEC. 0.00	0.	0. 0.
JANE CLIFFORD, 6147 VERMONT ROUTE 166, STARKSBORO, VT 05487	TRUSTEE 0.00	0.	0. 0.
BILL WICKS 3347 WEST ROAD, BENNINGTON, VT 05201	TRUSTEE 0.00	0.	0. 0.
SHIRLEY WARDEN 521 WARDEN ROAD, BARNET, VT 05821	TRUSTEE 0.00	0.	0. 0.
ELIZABETH GREENE 7D RACEWAY ROAD, JERICHO, VT 05465	TRUSTEE 0.00	0.	0. 0.
GUY PALARDY 207 MIDDLE ROAD, ALBURG, VT 05440	TRUSTEE 0.00	0.	0. 0.

VERMONT FARM BUREAU, INC.

03-0185056

CHARLES DAVIS, 1065 GARFIELD ROAD, HYDE PARK, VT 05655	TRUSTEE 0.00	0.	0.	0.
LAWRENCE HOWRIGAN, 375 HOWRIGAN ROAD, FAIRFIELD, VT 05455	TRUSTEE 0.00	0.	0.	0.
LEONARD KORZUN, 780 LOTTERY ROAD, CUTTINGSVILLE, VT 05738	TRUSTEE 0.00	0.	0.	0.
BEVERLY MCMULLIN 170 OLD ROUTE 100, MORETOWN, VT 05660	TRUSTEE 0.00	0.	0.	0.
KATRINA HAMILTON, 311 HAMILTON ROAD, BRATTLEBORO, VT 05301	TRUSTEE 0.00	0.	0.	0.
CHRISTOPHER O'KEEFE, 2083 EAST MAIN STREET, RICHMOND, VT 05477	FINANCE DIRECTOR 40.00	53,517.	7,997.	0.
TIM BUSKEY, 2083 EAST MAIN STREET, RICHMOND, VT 05477	ADMINISTRATOR 40.00	92,054.	15,245.	0.
WILLIAM SCOTT, 79 QUAKER STREET, NORTH FERRISBURG, VT 05473	TRUSTEE 0.00	0.	0.	0.
IVAN BEATTIE, 17696 BARNUMVILLE RD., MANCHESTER CTR., VT 05255	TRUSTEE 0.00	0.	0.	0.
THEODORE FARIS BOX 86 TOWN ROAD 74, GROTON, VT 05046	TRUSTEE 0.00	0.	0.	0.
RICK PARIZO 416 CADERACT ROAD, MILTON, VT 05201	TRUSTEE 0.00	0.	0.	0.
RICHARD MARTIN 1066 ROUTE 102, GUILDHALL, VT 05905	TRUSTEE 0.00	0.	0.	0.
RICHARD SHELDON, 1020 SHELDON ROAD, FAIR HAVEN, VT 05743	TRUSTEE 0.00	0.	0.	0.
ROSINA WALLACE, 1903 BLUSH HILL ROAD, WATERBURY, VT 05676	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		145,571.	23,242.	22649.

990-EZ PG 2

STATEMENT 9

GOVERNMENT RELATIONS: EXPENSES RELATED TO LOBBYING AND ADVOCACY EFFORTS IN THE STATE LEGISLATURE THAT ARE OF CONCERN, OR SUPPORT VERMONT FARMERS IN LINE WITH THE EXEMPT PURPOSE OF THE VERMONT FARM BUREAU.

COMMUNICATIONS: EXPENSES RELATED TO THE VERMONT FARM BUREAU'S PUBLICATIONS AND CORRESPONDENCE IN SUPPORT OF VERMONT FARMERS DIRECTLY FOR THE EXEMPT PURPOSE OF THE VERMONT FARM BUREAU.

EDUCATION & LEADERSHIP DEVELOPMENT: EXPENSES RELATED TO EDUCATIONAL AND LEADERSHIP DEVELOPMENT PROGRAMS WHICH SUPPORT VERMONT FARMING AND PROMOTE THE EXEMPT PURPOSES OF THE VERMONT FARM BUREAU.

THE VERMONT FARM BUREAU REPRESENTS FARMERS FOR THE PURPOSE OF ANALYZING PROBLEMS AND FORMULATING ACTIONS TO ACHIEVE ECONOMIC, EDUCATIONAL AND SOCIAL ADVANCES.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 13

DESCRIPTIONGRANTSEXPENSES

BOARDS & COMMITTEES: EXPENSES RELATING TO THE VERMONT
FARM BUREAU BOARD AND COMMITTEE MEETINGS THAT HELP
INFLUENCE AND MAKE DECISIONS AFFECTING VERMONT
FARMERS.

0. 260,392.

TOTAL TO FORM 990-EZ, LINE 31

260,392.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization VERMONT FARM BUREAU, INC.	Employer identification number 03-0185056
	Number, street, and room or suite no. If a P.O. box, see instructions. 117 WEST MAIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RICHMOND, VT 05477	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

CHRISTOPHER O'KEEFE

- The books are in the care of ▶
- 117 WEST MAIN STREET - RICHMOND, VT 05477**

Telephone No ▶ **(802) 434-5646**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or▶ ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)