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### Form 990-EZ

# 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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations 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

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For th	ne 2008 ca	lendar	year, or tax year beginning	Sep 1	, 2008,	and en	ding Aug	31		2009
		if applicable		C Name of organization						ployer ide	ntification number
Н	Addres	s change	Please use IRS	KENTUCKY FARM BUR	EAU FEDERA	TION			6	1-600	0653
Н	Name (	change	label or print or	Number and street (or P O box,			Roo	m/suite		ephone nu	
H	Initial r		type. See	P.O. BOX 457			- 1			•	348-6651
Н	Termin		Specific Instruc-	City or town, state or country, an	d ZIP + 4				<del></del>	0007	340-0031
Н		ed return ition pending	tions.	MONTICELLO		K	v 40	633		oup Exe mber	mption
щ		<del></del>	5014 14			<del> </del>		G Accountin			Cash Accrual
	•	Section : m	วบ ( c )( s านst atta	3) organizations and 4947(a)(1 ach a completed Schedule A	l) nonexempt ch (Form 990 or 99)	aritable trusts )-EZ).		Other (sp		n V	Cash McCrual
				<u> </u>				H Check ►		he orga	nization is <b>not</b>
ı	Webs	ite: ► <u>N</u>	/A								le B (Form 990,
		zation type			(insert no )	4947(a)(1) or	527	990-EZ, c		<u> </u>	
K	Check \$25.0	k► ∐if	the orga	anization is not a section 509( of required, but if the organization	(a)(3) supporting	organization ar	nd its gi	ross receipts a	are norm	ally <b>not</b>	more than
$\overline{}$									- Teluini		
	instea	ad of Form	o, and 7 1 990-E2	7b, to line 9 to determine gros: Z	s receipts; if \$1,	Juu,uuu or more	e, file F	orm 990		<b>►</b> \$	61,671.
Pa	rt I	Reve	enue,	Expenses, and Change	s in Net Asse	ts or Fund E	Baland	es (See th	e instri	ictions	
	1			fts, grants, and similar amoun						1	
	2	Program :	service	revenue including governmen	t fees and contra	acts			[	2	
	3	Membersl	hip due:	s and assessments						3	38,940.
	4	Investme	nt incon	ne						4	4,605.
	5a	Gross am	ount fro	om sale of assets other than in	nventory		5 a			- 1	
	b	Less cos	t or oth	er basis and sales expenses		ļ	5 b			ł	
R	С	=	-	ale of assets other than inventory (Su						5 c	
REVEXUE	6	Special ever	nts and ac	ctivities (complete applicable parts of	Schedule G) If any a	mount is from gam	ı <b>ng</b> , ched	k here	▶ 📙		
N	а	Gross rev	renue (r	not including \$	of con	tributions				**	
Ĕ		reported of		•			6a				
				enses other than fundraising e		i	6b			ù	
			•	from special events and activities (Su		ne 6a)				6c	
				ventory, less returns and allow	wances		7a	<u> </u>			
	1	Less' cos	-			[	7b			_	
				oss) from sales of inventory (S		rom line 7a)				7c	
	8			tibe ► See Other Revenue Sta					)	8	18,126.
	9	Total reve	enue (a	dd lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8)					9	61,671.
Š	10	Grants ar	nd simila	ar amounts paid (attach sched	lule)	S	ee L-	-10 Stmt		10	9,560.
æΕ	11			or for members						11	3,556.
e∯)	12			ompensation, and employee b						12	
,E	13			s and other payments to indep	endent contracto	ors				13	
JAN - 3 3- 2010	14		•	, utilities, and maintenance					ļ	14	15,117.
•	15	• • •		tions, postage, and shipping						15	
	16			See Other Expenses S	tatement				_) [	16	19,022.
OHANNED TO SANKED	17			(add lines 10 through 16)						17	47,255.
Ź,	18		•	t) for the year (Subtract line 1	-					18	14,416.
¶ŝ	19	Net asset	s or fun	nd balances at beginning of ye	ar (from line 27,	column (A)) (m	nust agr	ee with end-or	f∙year	10	104 707
SE SE	20			n prior year's return)					}	19	194,797.
Š	20			n net assets or fund balances						20	<del>-1,387.</del>
D-	rt II			nd balances at end of year. Conhects. If Total assets on line		<del>-</del>	Ar m	o filo Forms Of	<u></u>		207,826.
Г	rt II	Dala	iice 3			are \$2,500,000	Of THO				
22	C ~ ~	h cauna	s and	(See the instructions for	ганн)			(A) Beginnii	ng or yea 3,101		(B) End of year 131, 326.
23		sn, savings id and buil	-	nvestments					3,101 1,696		76,500.
		er assets		ne <b>&gt;</b>		)		°	1,696 0	$\overline{}$	70,300.
24 25		al assets	(uescrit	JC -		,		10	4,797		207,826.
26		ai assets al liabilitie	اطمعم	rihe ►		)		<u> </u>	0		0.
				alances (line 27 of column (B	) must agree wit	_ / th line 21)		19	4,797		207,826.

Form 990-EZ (2008)

Form 990-EZ (2008) KENTUCKY FARM	BUREAU FEDERATION			-600	0653 Page 2
Part III Statement of Program S			ons.)		Expenses
What is the organization's primary exempt purpose? A Describe what was achieved in carrying out to describe the services provided, the number of program title	G SERVICES & SCHOLA he organization's exempt purpor f persons benefited, or other re	ARSHIPS  oses In a clear and concelevant information for e	cise manner, ach	ànd ( 4947	uired for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)
28 SCHOLARSHIPS					
				Į	
(Grants \$ 3,000.) If	this amount includes foreign gr	ants, check here	<b>&gt;</b>	28 a	3,000.
	this amount includes foreign gr	ants, check here		29 a	
30				!	
(Grants \$ ) If	this amount includes foreign gr	ants check here	<del>-</del>	30 a	
31 Other program services (attach schedu		ants, check here		30 a	
	this amount includes foreign gr	ants, check here	<u> </u>	31 a	
32 Total program service expenses (add Part IV List of Officers, Director			<u></u>	32	3,000.
Part IV   List of Officers, Director	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plai deferred compensa	ns and	and other allowances
JACK C. ROBERTS					
9074 HWY 1275N	PRESIDENT			^	7.4
MONTICELLO KY 42633	1.00	0.		0.	74.
RT 1, BOX 273	- V. PRESIDENT				
MONTICELLO KY 42633	1.00	0.		ο.	26.
RI 42055	11.00	0.		<u> </u>	20.
KAREN BURNETT	_				
1230 STEELE HOLLOW ROAD	BOARD MEMBER				
MONTICELLO KY 42633	1.00	0.		0.	123.
SHELBY BERTRAM					
HC_71, BOX_230 WINDY KY 42655	BOARD MEMBER	0.		^	4.0
WINDY KY 42655 ROBERT VICKERY	11.00	0.		0.	48.
407 BOB VICKERY ROAD	BOARD MEMBER				
MONTICELLO KY 42633	1.00	0.		0.	58.
GRADY STEELE					
2351 HWY 1546	SEC/TREASURER				
MONTICELLO KY 42633	1.00	0.		0.	58.
WENDELL MASSENGALE					
1746 TWYFORDS POINT ROAD	BOARD MEMBER				
MONTICELLO KY 42633	1.00	0.		0.	58.
MARK MASSENGALE	_				
4788 W HWY 92	BOARD MEMBER				
MONTICELLO KY 42633	1.00	0.		0.	52.
JACOB KEETON	-				
76 KEETON FARMS ROAD	BOARD MEMBER	0.		0	15
MONTICELLO KY 42633	11.00	1.	<del> </del>	0.	15.
RAY LEWIS COFFEY 1175 HWY 1619	BOARD MEMBER				
MONTICELLO KY 42633	<del>-</del>	0.		Ο.	23.
See List of Officers, Directors, Trustees, & Key Employees S				<u> </u>	
	]				
			L		l

	1		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	22		,,
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	33	_	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and	25.5		v
Ŀ	proxy tax requirements?  If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 a 35 b		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36		х
<b>37</b> a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		х
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b			
<b>40</b> a	1 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►, section 4955 ►	ļ	ļ	
t	•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	40 b		х
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
c	I 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	40 e		x
41	List the states with which a copy of this return is filed >			
	Telephone no (606)  Located at N. MAIN STREET  MONTICELLO  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)?		-665  Yes	51  No X
	If 'Yes,' enter the name of the foreign country			
c	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.  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.	42 c		х
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		► []	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
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		х
BAA		orm <b>99</b>	0-EZ	(2008)

-orm	990-F7 (	20087	KENTHCKY	FARM	BUBEAU	FEDERATION
OHILL	990-L2 (	2000)	VENTOCKI	LWELL	DURLAU	EDUCKALION

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

BAA

Form 990-8	EZ (2008) KENTUCKY FARM BURE	AU_FEDERATION		61-600	0653 Page <b>4</b>
Part VI	Section 501(c)(3) organization	s only. All section 5	01(c)(3) organı	zations must answer q	uestions 46-49
	and complete the tables for line	es 50 and 51.			<del></del>
46 Did th	he organization engage in direct or indirecublic Sublic office? If 'Yes,' complete Schedule C	t political campaign acti	vities on behalf of o	or in opposition to candidates	
	he organization engage in lobbying activiti		chadula C Part II		46 X 47 X
	e organization operating a school as descri	· ·		molete Schedule F	48 X
	he organization make any transfers to an				49a X
	es,' was the related organization(s) a secti		oranou organización		49b
	plete this table for the five highest comper	J	than officers direc	tors trustoes and have amale	<del></del>
recei	ved more than \$100,000 of compensation	from the organization li	there is none, ente	er 'None '	yees) who each
(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 and deferred compensation	(e) Expense account and other allowances
NONE					
		}			
	<del></del>	·			
		·			
Total number	of other employees paid over \$100,000				
51 Comp from	plete this table for the five highest comper the organization. If there is none, enter 'N (a) Name and address of each independent cont	lone '	ractors who each re		
NONE	(a) Name and address of each independent cont	ractor para more man \$100,000		(b) Type of service	(c) Compensation
	<u> </u>				
Total numb	per of other independent contractors received	/ing over \$100,000	<b>&gt;</b>		
	Under penalties of perjury, I dectare that I have exan true, correct, and complete. Declaration of pregarer (	nined this return, including according to the than officer) is based on a	mpanying schedules and	statements, and to the best of my kno	wledge and belief, it is
	$\sim 0000$	+			
Sign	- Garl Jack	M)		01/15/10	
Here	Signature Mofficer	1 2		Date	•
	Tues of south agest and title	evis Pres	•	01/15/10	<u> </u>
	Type or print name and title	Λ.	0 10-1-	Pre	eparer's Identifying Number
Paid	Preparer's signature	Phillip PA	) 4   Date 01/15/	/10  Sell-	eparer's Identifying Number be instructions)
Pre-	Firm's name (or MICHELLE PHILLI	PS. CPA	1 101/13/	employed X X	υυσιτφ 3 31
parer's Use	yours if self- employed), P.O. BOX 787	20, 01.11		=====================================	16-0647879
Only	address, and ZIP + 4 MONTICELLO		KY 4263		3) 307-4528

►X Yes No Form 990-EZ (2008)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 **2008** 

Open to Public Inspection

Employer identification number

The organization is not a private foundation because it is: (Please check only one organization.)  A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V)). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A norganization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box that described in section 509(a)(1) or section 509(a)(2). (See section 509(a)	KENTUCKY FARM BU					_			000653		
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A nospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii).  A morganization operated solve a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part III)  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment of the section 170(b)(1)(A)(A)(vi). (Complete Part III)  An organization organization and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organizated and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organization and operated exclusively to the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization and complete lines 11e through 11h  a Type II b Type III c Type III reputation of the public section 509(a)(3). Check the box that describes the type of supp	Part I Reason for P	ublic Charity Statu	is (All organizations	must d	comple	te this	part.	(see	ınstruc	tions)	
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part III.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.)  An organization that normality receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part III.)  An organization that normality receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organization and operated exclusively to test for public safety. See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type II. — the Type III. — the through 11h  a Type II. — through 11h  a Type III. — through 11h  a Type III. — through 11h  a Type III. — through 11h  below, the governing body of the supported organi	The organization is not a pr	ivate foundation becau	se it is: (Please check on	ly <b>one</b> o	rganızat	ion.)					
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(A)(iii). (Complete Part II)  X An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part II)  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)  An organization organized and operated exclusively to test for public safety See section 509(a)(3). (see instructions)  An organization organizated and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization adcomplete lines 11e through 11h  a Type II b Type III c Type III or	1 A church, conven	tion of churches or asse	ociation of churches desc	ribed in :	section	1 <b>70(b)</b> (1	)(A)(i).				
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iii). (Complete Part III)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iii). (Complete Part III)  An organization that normally receives. (1) more than 33·1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33·1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 to through 111  a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person w	2 A school describe	d in <b>section 170(b)(1)(</b>	A)(ii). (Attach Schedule E	.)							
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(Viv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(Viv).  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(Viv).  A norganization that normally receives. (1) more than 33-1/3 % of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(Viv). (Complete Part II)  A norganization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 le through 11 le through 11 and (iii)  a Type II b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in (ii) and (iii) a family member of a person described in (i) above?  (i) a person who directly or indirectly control	3 A hospital or coop	perative hospital service	e organization described i	n <b>sectio</b>	n 170(b)	(1)(A)(ii	i). (Atta	ch Sche	dule H)		
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v)). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi)). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi)). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi) or section 151 (a) (2) (2) (3) (4) (4) (5) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	4 A medical research	ch organization operate	d in conjunction with a ho	spital de	scribed	ın <b>sect</b> i	on 170(	b)(1)(A)	(iii) Ente	er the hospital's	
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v)). (Complete Part II)  A community trust described in section 170(b)(1)(A)(v)). (Complete Part II)  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) in more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III — Functionally integrated d Type III — Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)  f If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) above?  (iv) Samuela (iv) Samuela (iv) Samuela (iv) Samue											
An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 et through 11h  a Type I b Type II c Type III – Functionally integrated d Type IIII – Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)  f the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) a family member of a person described in (ii) above?  (ii) a fami	5 An organization o	perated for the benefit (Complete Part II)	of a college or university	owned o	r operat	ed by a	governi	nental u	nıt descr	ibed in section	
In section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III Functionally integrated d Type III—Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) a 35% controlled entity of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) above?  (iv) Is the organization in coll (iv) III (iv											
An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  10	in section 170(b)	( <b>1)(A)(vi).</b> (Complete P	art II)			ernment	al unit o	or from t	he gener	ral public describ	ed
from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )  10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a											
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a	from activities religions investment incom June 30, 1975. Se	ated to its exempt function and unrelated busine section <b>509(a)(2).</b> (C	tions — subject to certain ss taxable income (less s complete Part III )	exception 5	ns, and 11 tax) f	(2) no r rom bus	nore tha inesses	an 33-1/3 acquire	3 % of its ed by the	s support from g organization aft	ross
more publicly supported organizations described in section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  a											
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  Yes Note (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) helow, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) above?  (ii) Name of Supported Organization  (iii) EIN  (iii) Type of organization in col (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) organization in col (ii) organization in col (iii) organization in col (iiii) organization in col (iiii) organization in col (iiiiii) organization in col (iiiiiiiii) organization in col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	more publicly sup	ported organizations d	escribed in section 509(a	)(1) or s	ection 5	09(a)(2)	ions of, See <b>s</b>	or carry ection 5	out the <b>09(a)(3).</b>	purposes of one Check the box	or that
than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of Supported Organization  (iv) Is the organization in colideration (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in colid (iv) organization in colid (iv	a 🗌 Type I	<b>b</b> Type II	c Type II	l – Fund	tionally	ıntegrat	ed		d $\square$	Type III- Other	r
If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (iv) Name of Supported Organization  (iv) EIN  (ivi) Type of organization in colid (ivi) of your support?  (vi) Is the organization in colid (ivi) organization in	than foundation m	oox, I certify that the or nanagers and other that	ganization is not controllen one or more publicly su	d directi pported	y or indi organiza	rectly by	y one or escribed	more d	ısqualıfıe on 509(a	ed persons other (1) or section	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii) 1  11g (iii) 2  11g (iii) 3  11g (iii) 2  11g (iii) 2  11g (iii) 3  1	f If the organization	received a written det	ermination from the IRS t	hat is a	Type I, 7	Гуре II о	r Type	II suppo	rting org	anızatıon,	
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii) 1  11g (ii) 1  11g (iii) 1		2006, has the organiza	tion accepted any gift or	contribu	tion fron	n any of	the foli	owing n	ersons?		
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  11g (ii)  11g (ii)  11g (iii)  11g (iii)  11g (iii)  (iv) Name of Supported Organization about the organization supports  (iv) Name of Supported Organization in (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) organization in col (ii) organization in col (iii) organization in col (iiii) organization in col (iiii) organization in col (iiii) organization in col (iiiii) organization in col (iiiiiii) organization in col (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<b>3</b>		p, g v.					og p	3,30,13	Yes	No
(ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (i) Name of Supported Organization  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) Isted in your governing document?  (v) Did you notify the organization in col (i) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (ii) organization in col (iii) organization in col (ii) organization in col (iii) org	(i) a person wh	o directly or indirectly	controls, either alone or to	ogether v	with pers	sons des	cribed	ın (ıı) an	d (III)		110
(iii) a 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the organizations the organization supports  (i) Name of Supported Organization  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) Isted in your governing document?  (vi) Did you notify the organization in col (i) Isted in your governing document?  (vii) Is the organization in col (i) organization in col (i) organization in the organization in col (ii) Isted in your governing document?			• •								<del> </del>
h Provide the following information about the organizations the organization supports  (i) Name of Supported Organization  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) of your support?  (vi) Did you notify the organization in col (i) organization in col (i) organization in col (i) organization in the US?	, ,	•	**								<del> </del>
(i) Name of Supported Organization Organization Organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col (i) is the organization in col (i) is the organization in col (i) organized in the your support?  (v) Did you notify the organization in col (i) organization in col (i) organized in the your support?	· ·	•	., ,,			_				[         (III)	⊥
Organization  (described on lines 1-9 organization in col the organization in col (i) listed in your governing document?  (described on lines 1-9 organization in col the organization in col (i) organization in col (i) organization in col (ii) organization in col (ii) organization in col (iii) organization in col (iv) or	<del></del>	T T	T T	1				r	1		
	(I) Name of Supported Organization	(ii) EIN	(described on lines 1-9 above or IRC section	organizat (i) listed	ion in col i in your irnina	the organ	iization în (i) of	organizat	ion in col zed in the	(vii) Amount of Su	pport
				_		Yes	No	Yes	No		
				1							
										·	
				1	<u></u>						
				<u> </u>							
				1							

Pai	t II Support Schedule for (Complete only if you check!)				b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
Sec	tion A. Public Support	ed the box on line	5, 7, 01 8 01 Fart 1	<u>)                                    </u>			
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-3		***				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	Secretary sections of the secretary section of the		of the design of the control of the			
6	<b>Public support.</b> Subtract line 5 from line 4					4 1. 4x	·
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		, 2/4/8			*	
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3	<sup>)</sup> ▶∏
	tion C. Computation of Pu						r
	Public support percentage for 20	· · · · · · · · · · · · · · · · · · ·		e II, column (f)		14	%
15	Public support percentage for 20	•	•				<u> </u>
16	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported org	on line 13, and t ganization	he line 14 is 33-1	/3 % or more, che	eck this box ►
ı	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a publ	not check a box o licly supported org	n line 13, or 16a, janization	and line 15 is 33-	1/3% or more, ch	eck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	, Explain in Part I\	√how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-ar d-circumstances'	nd-circumstances' test The organiza	test, check this b ation qualifies as a	ox and <b>stop here.</b> a publicly support	. Explain in Part IV ed organization	how the
18	Private foundation. If the organi	zation did not ched	k a box on line, 1	ა, Iba, Ibb, 17a,	or 1/b, check this	box and see inst	ructions

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you chec	ked the box on lin	e 9 of Part I)	`			
<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in) >	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')		41,012.	48,339.	38,996.	38,940.	167,287.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose				·		
3	Gross receipts from activities that are not an unrelated trade or business under section 513			,			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				"		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
-	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified		41,012.	48,339.	38,996.	38,940.	167,287.
b	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b					-	
8	Public support (Subtract line						
	7c from line 6)						167,287.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6		41,012.	48,339.		38,940.	167,287.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources		2,767.	492.	5,317.	4,605.	13,181.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		2,707.	432.	3,317.	4,005.	13,101.
	Add lines 10a and 10b		2,767.	492.	5,317.	4,605.	13,181.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on			642.			642.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (add ins 9, 10c, 11, and 12)						181,110.
14	First five years. If the Form 990 is organization, check this box and s	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pub			10 1			
	Public support percentage for 200	•	•	13, column (f))		15	92.37%
	Public support percentage from 2			. <u>-</u>		16	92.95%
Sec	tion D. Computation of Inve						
17	Investment income percentage for			=	(f))	17	7.28%
18	Investment income percentage from					18	3.39%
	<b>33-1/3 support tests</b> – <b>2008.</b> If the more than 33-1/3%, check this bo	x and stop here.	The organization qu	ualifies as a publi	cly supported orga	anization	► <u>X</u>
	33-1/3 support tests – 2007. If the is not more than 33-1/3%, check the support tests – 1/4 the suppor	this box and <b>stop</b>	here. The organiza	tion qualifies as a	a publicly supporte	ed organization	and line 18
_20_	Private foundation. If the organization	ation did not ched	k a box on line 14,	19a, or 19b, chec	k this box and se	e instructions	

#### Form 4562

Department of the Treasury Internal Revenue Service (99)

#### **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545 0172

2008

Attachment Sequence No

Name(s) shown on return Identifying number KENTUCKY FARM BUREAU FEDERATION 61-6000653 Business or activity to which this form relates Form 990 / Form 990EZ 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 Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$250,000. Total cost of section 179 property placed in service (see instructions) 2 \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 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 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 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 2009 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 ) Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property ) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 4,968 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 2008 Tax Year Using the General Depreciation System (C) Basis for depreciation (a) (b) Month and (d) (e) (g) Depreciation (business/investment use Classification of property Convention Recovery period year placed in service deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property

Part IV | Summary (See instructions )

h Residential rental

i Nonresidential real property

property

20 a Class life

b 12-year

c 40-year

Listed property Enter amount from line 28

Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

MM

MM

MM

MM

MM

27.5 yrs

27.5 yrs

39 yrs

12 yrs

40 vrs

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

S/L

S/L

S/L

S/L

S/L S/L

S/L

21

22

4,968.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

	Note: Fo	or any vehicle fo (a) through (c)	r which you ar of Section A,	e using ti all of Sec	he standa tion B, a	ard mile and Sect	age rate	e or c	leductii icable	ng lea	ase exp	ense, co	mplete	only 24a	a, 24b,	
	Sectio	n A — Deprecia	tion and Othe	r Informa	tion (Cau	ution: S	ee the n	nstru	ctions	for lin	nits for	passeng	er auto	mobiles )		
24 a	Do you have eviden	ce to support the bu	isiness/investmen	t use claim	ed?	[	Yes	Д	No 24	If 'Ye	es,' is the	evidence v	written?		Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	<b>(d)</b> Cost other b	or	(busine	(e) or deprecia ss/investm se only)	ition ient	(f Reco peri	very	Me	g) thod/ rention	Depr	( <b>h)</b> eciation uction	Ele sect	(i) ected ion 179 cost
25	Special depreci	ation allowance 50% in a quali	for qualified l	isted propuse (see	perty plac	ced in sons)	ervice d	uring	the ta	x yea	r and	25				
26	Property used r	more than 50%	ın a qualıfıed b	ousiness	nse.	<del></del>										
			-					{			-					
										_	1					
_27	Property used 5	0% or less in a	qualified busi	ness use				$\neg \neg$				T			1	
															_	
		<u> </u>	<u> </u>		<del></del>	<u></u>					<u> </u>				4	
	Add amounts in	• •	_				e 21, pa	ige 1				28		29	-	
	Add amounts in	Column (i), inte	20 Liller her	Section			on Use	of V	ehicles							
Com	plete this section	n for vehicles us	sed by a sole p							-	or relat	ted perso	on If yo	u provid	ed vehi	cles
	ur employees, f															
30	Total business/	invoctment mile	s drivon	(	a)	(t			(c)		(d	· I		e)	(	f)
30		(do not include		Veh	cle 1	Vehi	cle 2		/ehicle	3	Vehic	cle 4	Vehi	cle 5	Vehi	cle 6
31	Total commuting m	iles driven during th	he year	ļ												
· 32	Total other pers miles driven	sonal (noncomm	nuting)						_						_	
33	Total miles driv lines 30 through		ear Add													
				Yes	No	Yes	No	Ye	s N	lo	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty		ersonal use													
35	Was the vehicle than 5% owner	e used primarily or related perso	by a more			i									_	
36		cle available for														
		Section	C - Question	s for Em	oloyers V	Vho Pro	vide Ve	hicle	s for U	se by	/ Their	Employe	es			
Ansv 5% d	ver these question	ons to determine d persons (see i	e if you meet a	n except	ion to co	mpleting	g Sectio	n B f	or vehi	cles ı	ised by	employe	ees who	are not	more t	han
37	Do you maintai by your employ		cy statement th	nat prohib	its all pe	rsonal ι	use of v	ehicle	es, incl	udıng	comm	uting,			Yes	No
38	Do you maintai employees? Se	n a written police the instruction	cy statement th	nat prohib used by	its perso	nal use e officer	of vehic	cles, tors,	except or 1%	comr	muting, ore own	by your ers				
39	Do you treat all	use of vehicles	by employees	s as pers	onal use	7								[		
40	Do you provide vehicles, and re	more than five	vehicles to you	ur employ	ees, obt	aın ınfoi	rmation	from	your e	mplo	yees ab	out the i	use of t	he		
41	Do you meet th	e requirements	concerning qu	alified au	itomobile	demon	stration Section	use? B fo	See r the co	instru overe	ctions) d vehicl	es				
Pai		ization														
		(a) scription of costs		Date a	(b) mortization egins		(c) Amortizab amount			(d Coo sect	de	Amor	e) tization od or entage		(f) mortization or this year	
42	Amortization of	f costs that begi	ıns durına volu	2008 tax	vear (se	l ee instri	uctions)							L		
_=																
													1			
43		of costs that beg ounts in column	-		-	ere to re	enort						43			
44	rutar Aud affi	ounts in Column	. (1) 366 116 11	13 はしにし	S IOI WILL	5, C (O 10	7 <del>7</del> 910						777			

Form 990-EZ, Part I, Line 8 Other Revenue Statement	
Other revenue (describe) RENTAL FARM CREDIT INCENTIVE AWARD MINERAL PROGRAM INSURANCE REFUND FRUIT SALES	3,330. 1,200. 450. 9,908. 13. 3,225.
Form 990-EZ, Part I, Line 16 Other Expenses Statement	18,126.
Other expenses (describe) OFFICE TRAVEL DISTRICT DUES ADVERTISING MINERAL PROGRAM FRUIT Depreciation	1,636. 7,805. 149. 337. 782. 3,345. 4,968.
Total	19,022.

# Form 990-EZ, Page 2. Part IV List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribu- tions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business Person X  SHARON DENNEY  RT. 4, BOX 301  MONTICELLO KY 42633	Title BOARD MEMBER			
Foreign city Foreign country Business Person X	Hours/Week		0.	86.
JIMMY MARTIN 4660 HWY 1275N MONTICELLO KY 42633	Title BOARD MEMBER			
Foreign country	Hours/Week	0.	0.	43.

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Paymen	t SCHOLARSHIPS & DONAT	TIONS						
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given					
GRANTEE	Business Person X  GRANTEE  GRANTEE ADDRESS  MONTICELLO KY 42633	NONE	9,560.					
f property other that Description of Proposite of Gift	an cash was given, the following additional i	nformation needs to be	provided.					
Book Value	How Book Value	Determined						
FMV	How FMV Determined							
			<del> </del>					