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Form 990-EZ

Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds 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

OMB No 1545-1150

2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **NOV 1, 2008** and ending **OCT 31, 2009****B** Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

CHRISTIAN COUNTY FARM BUREAU ASSOCIATION

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

215 EAST 21ST STREET

Room/suite

3

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

HOPKINSVILLE, KY 42240-3654

D Employer identification number

61-0457362

E Telephone number

(270) 889-9777

F Group Exemption

Number ▶ 1631

• 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 ▶ N/A**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 ▶ \$ 146,369.**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	
	2	Program service revenue including government fees and contracts	2	5,584.
	3	Membership dues and assessments	3	96,207.
	4	Investment income	4	2,554.
	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"/>		
	6a	Gross revenue (not including) of contributions reported on line	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
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 3)	8	42,024.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	146,369.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5 STMT 4	10	8,545.
	11	Benefits paid to or for members	11	5,839.
	12	Salaries, other compensation, and employee benefits	12	19,980.
	13	Professional fees and other payments to independent contractors	13	0.
	14	Occupancy, rent, utilities, and maintenance	14	35,918.
	15	Printing, publications, postage, and shipping	15	1,876.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	44,149.
	17	Total expenses. Add lines 10 through 16	17	116,307.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	30,062.
	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	471,417.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	501,479.

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	161,204.	22 178,721.
23 Land and buildings	369,900.	23 362,650.
24 Other assets (describe ▶)		24 0.
25 Total assets	531,104.	25 541,371.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	59,687.	26 39,892.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	471,417.	27 501,479.

SCANNED APR 02 2010

17

Expenses

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

for others)

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28a

29a

30a

31a

32

[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		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		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		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		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		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (270) 889-9777 Located at ▶ 215 EAST 21ST STREET, HOPKINSVILLE, KY ZIP + 4 ▶ 42240-3654		
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)?		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.?		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 ▶ <input type="checkbox"/> 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		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		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: *Gary Haile* President Date: *3-10-10*

Signature of officer: *Gary Haile* President

Paid Preparer's Use Only: Preparer's signature: *D. G. L.* Date: *3-4-10* Check if self-employed: ☐ Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed): *YORK, NEEL & CO.-HOPKINSVILLE, LLP* EIN: *270-886-0206*

1113 BETHEL STREET Phone no: *270-886-0206*

HOPKINSVILLE, KY 42240

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

☒ Yes ☐ No

Form 990-EZ (2008)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
SUPPLIES & OTHER EXPENSES	3,517.
CONVENTIONS, CONFERENCES & MEETINGS	19,749.
INTEREST	1,970.
AGRICULTURE EDUCATION PROGRAMS	15,902.
TAXES & LICENSES	995.
FEES & OTHER CHARGES	300.
MISCELLANEOUS	1,716.
TOTAL TO FORM 990-EZ, LINE 16	44,149.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
MORTGAGE PAYABLE	48,390.	39,551.
PAYROLL TAX LIABILITIES	477.	341.
OTHER PAYABLES	10,820.	0.
TOTAL TO FORM 990-EZ, LINE 26	59,687.	39,892.

FORM 990-EZ	OTHER REVENUE	STATEMENT	3
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DESCRIPTION	AMOUNT
OTHER INCOME	527.
COMMERCIAL BUILDING, HOPKINSVILLE, KY	41,497.
TOTAL TO FORM 990-EZ, LINE 8	42,024.

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	4
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AFFILIATE'S NAMEAFFILIATES ADDRESS

KENTUCKY FARM BUREAU FEDERATION

9201 BUNSEN PARKWAY
LOUISVILLE, KY 40250PURPOSE OF PAYMENTAMOUNT

NATIONAL & STATE AFFILIATE DUES

6,517.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

6,517.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESSDONEE'S
RELATIONSHIPAMOUNTAGRICULTURE EDUCATION AWARDS & SPONSORSH
VARIOUS YOUTH & LOCAL YOUTH ACTIVITIES
VARIOUS
HOPKINSVILLE, KY 42240

NONE

2,028.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

2,028.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- 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

FORM 990-EZ

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

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARY HAILE P.O. BOX 20, HERNDON, KY 42236	PRESIDENT 0.00	0.	0.	0.
JOE RIVES, 8339 BRADSHAW ROAD, HOPKINSVILLE, KY 42240	VICE PRESIDENT 0.00	0.	0.	0.
KEITH SHOLAR, 6151 COX MILL ROAD, HOPKINSVILLE, KY 42240	SECRETARY & TREASURER 0.00	0.	0.	0.
JENNIFER RIVES, 8339 BRADSHAW ROAD, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
MICAH LESTER P.O. BOX 111, GRACEY, KY 42232	DIRECTOR 0.00	0.	0.	0.
STEVE BOLINGER 6080 LONG POND RD, PEMBROKE, KY 42266	DIRECTOR 0.00	0.	0.	0.
KENT BOYD, 12357 OLD PALESTINE RD, CROFTON, KY 42217	DIRECTOR 0.00	0.	0.	0.
PAT COVINGTON, 1303 SHALLOW LAKE CIRCLE, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
DAVID DRAPER, 11135 BUTLER ROAD, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
TYLER DURHAM, 12632 OLD PALESTINE RD, CROFTON, KY 42217	DIRECTOR 0.00	0.	0.	0.
ROBERT GRAY, 400 W RIVERWOOD DRIVE, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
LLOYD HIGHT, 14423 FRUIT HILL RED BRIDGE RD, CROFTON, KY 42217	DIRECTOR 0.00	0.	0.	0.
CHUCK MINTON, 303 DAWN DRIVE, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
BRAD OUTLAND 3775 FOWLER RD, GRACEY, KY 42232	DIRECTOR 0.00	0.	0.	0.

CHRISTIAN COUNTY FARM BUREAU ASSOCIATION

61-0457362

WESLEY PARKER, 409 MARIETTA DRIVE, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
BATES PAYNE, 10550 PEMBROKE ROAD, PEMBROKE, KY 42266	DIRECTOR 0.00	0.	0.	0.
HELEN KNIGHT, 4515 LAYTONSVILLE ROAD, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
DALE SEAY, 629 PLEASANT GROVE ROAD, CROFTON, KY 42217	DIRECTOR 0.00	0.	0.	0.
BARBARA SMITH, 7855 PILOT ROCK ROAD, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
BEN WESTERFIELD, 124 MOORELAND DRIVE, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
BOBBY WAGONER, 14110 CROFTON MACEDONIA RD, CROFTON, KY 42217	DIRECTOR 0.00	0.	0.	0.
BRAD WILLIAMSON, 6905 MADISONVILLE ROAD, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
STEVE WILLIAMSON, 6905 MADISONVILLE ROAD, HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
GLENDA WRIGHT, 240 HICKORY SMOKEHOUSE RD, HOPKINSVILLE, KY	DIRECTOR 0.00	0.	0.	0.
TOM FOLZ 969 BODDIE ROAD, HERNDON, KY 42236	DIRECTOR 0.00	0.	0.	0.
MICHAEL HARTON HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
BRIAN FITZSIMMONS HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
JEFF MOORE HOPKINSVILLE, KY 42240	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>0.</u>	<u>0.</u>	<u>0.</u>

990-EZ PG 2

STATEMENT 8

TO PROMOTE INFORMATION ABOUT PROGRAMS AND AGRICULTURAL ACTIVITIES INCLUDING AGRICULTURE SAFETY AND HEALTH ISSUES AND EDUCATION ABOUT THE ROLE OF AGRICULTURE IN SOCIETY AND OTHER SERVICES OF BENEFIT TO THE AGRICULTURE COMMUNITY.

KENTUCKY FARM BUREAU IS A VOLUNTARY ORGANIZATION OF FARM FAMILIES AND THEIR ALLIES DEDICATED TO SERVING AS THE VOICE OF AGRICULTURE BY IDENTIFYING PROBLEMS, DEVELOPING SOLUTIONS AND TAKING ACTIONS WHICH WILL IMPROVE FARM OPERATIONS, ACHIEVE BETTER ECONOMIC OPPORTUNITIES AND ENHANCE THE QUALITY OF LIFE FOR ALL.