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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

2008

Open to Public Inspection

A **For the 2008 calendar year, or tax year beginning** November 1 , **2008, and ending** October 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: Union County Farm Bureau KENT

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: POB 529

City or town, state or country, and ZIP + 4: Morganfield KY 42437-0529

D **Employer identification number**: 61 6024908

E Telephone number: (270) 389-1911

F Group Exemption Number . . ▶

• ***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) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶

J **Organization type** (check only one)— ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 ▶ $ 47449.92

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	12410.52
	3	Membership dues and assessments		3	26003.30
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	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 9036.10		
	b	Less: cost of goods sold	7b 7999.21		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1036.89
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	39450.71
Expenses	10	Grants and similar amounts paid (attach schedule)		10	750.00
	11	Benefits paid to or for members		11	13699.76
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	16581.88
	15	Printing, publications, postage, and shipping		15	3597.31
	16	Other expenses (describe ▶ Programs)		16	783.40
	17	**Total expenses.** Add lines 10 through 16 ▶		17	35412.35
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4038.36
	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	7493.91
	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	11532.27

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	7493.91	22	11532.27
23	Land and buildings	248105.34	23	248105.34
24	Other assets (describe ▶ _____)	6800.00	24	7720.00
25	**Total assets**	262399.25	25	267357.61
26	**Total liabilities** (describe ▶ _____)	254905.34	26	255825.34
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	7493.91	27	11532.27

65 6

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? promote agriculture

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 See attachment

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

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

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment				

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		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
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		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X

41 List the states with which a copy of this return is filed. ▶ Kentucky

42a The books are in care of ▶ Sharon Shirel Telephone no. ▶ ( )

Located at ▶ 1575 US Hwy 60 West Morganfield KY ZIP + 4 ▶ 42437-0529

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
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

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.

		Yes	No
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		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
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."

(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
None				
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
None		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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.

Mary Nelle White — Signature of officer — 11-17-09 — Date

Mary Nelle White — Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶ ( )	

May the IRS discuss this return with the preparer shown above? See Instructions . . . ▶ ☐ Yes ☐ No

61-6024908

990 EZ Attachment Part I, line 10

11/1/2008 Through 10/31/2009

11/17/2009,

Cat/Sub	Date	Account	Num	Description	Memo	Cl	Amount
EXPENSES							
Program							
· Scholarship							
	1/9/2009	Checking	8645	Arlee Danhauer	2 of 4	R	-250.00
	7/15/2...	Checking	8680	Nick Hancock	1of4	R	-250.00
	8/13/2 ..	Checking	8700	Arlee Danhauer	3of4	R	-250.00
TOTAL Scholarship							-750.00
TOTAL Program							-750.00
TOTAL EXPENSES							-750.00
OVERALL TOTAL							-750.00

ATTACHMENT
990

Union County Farm Bureau
61-6024908

PART III

Union County Farm Bureau engaged in the following activities with the intention of promoting agriculture:
(number of participants in parentheses)

- Provide members an opportunity to attend Farm Bureau State & National Conventions to share ideas, participate in meetings and discussions, visit with farmers, politicians and those interested in success of the agricultural industry (30).
- Provide a forum for young people to demonstrate their talents and abilities on a local, state and national level (14)
- Provide members an opportunity to receive scholarship money to assist them with the costs of higher education (4)
- Provide members an opportunity to meet with local, state and federal elected officials to discuss agricultural issues (95)
- Sponsor a safety field day for fifth grade students in all schools in Union County (250)
- Food Check-Out Day Proclamation; donation of food to St. Vincent DePaul Society which was matched by three local grocery stores. (13)
- Donation of $300 for Relay for Life luminaries.
- Provide local newspapers, radio and television stations with information on events and issues relating to agriculture and activities and programs provided or sponsored by Union County Farm Bureau.
- We are providing all of our county schools and libraries with agricultural books through our Bushels for Books Project. (25)
- Additional money raised for agricultural books through the Highway 60 Yard Sale at our Farm Bureau – two days. A total of $552.30 will purchase additional agricultural books. (9)

990 EZ Attachment Part IV 61-6024908

COUNTY FARM BUREAU OFFICERS & DIRECTORS

Attention : **Rick Whobrey, Director**
Organization Division
Kentucky Farm Bureau Federation
P. O. Box 20700
Louisville, KY 40250-070

RE. **Union** County Farm Bureau **Second Tuesday of Month**
Date of monthly directors meeting

Mailing Address **P. O. Box 529**

Street Address **1575 U.S. Highway 60 West** Date of annual meeting & election **7/31/08**

City **Morganfield** Zip Code **42437**

Office Phone Numbers **389-1911** Area Code **270** Date term of office begins **1/1/09**

Fax Number **270-389-1913** Office Hours **8:00 to 5:00 P.M.** Day Office Closed **Sat/Sun**

TITLE	FULL NAME	ADDRESS (street & city)	Zip Code	Telephone
President #89153	Mary Nelle White	7168 US Hwy 60 West, Sturgis	42459	270-333-5714
*Vice Pres. #91589	Roy Robinson	1225 Adamson Road, Morganfield	42437	270-389-3956
*Past Pres. #1051896	Bill Holbrook	401 S Mart Street, Morganfield	42437	270-389-0658
Sec/Director #92979	Sharron Shirel	1462 ST RT 668, Sturgis	42459	270-333-5798
Treasurer and Director	Sharron Shirel	Same As Above		
Office Contact #92979	Sharron Shirel Home 270-333-5798 Cell 270-952-4584	Same As Above	42437	270-389-1911
Agency Mgr.	Mark Powell	P.O. Box 529, Morganfield	42437	270-389-1911
Agri. Agent 4-H Agent	Rankin Powell Stephanie Thomas	1938 US Hwy 60, Morganfield Same As Above	42437	270-389-1400
Wom. Co-Chair #92967 Co-Chair #357227	Pat Rudd Brenda Stenger	709 Mary Anne Drive, Morganfield 1869 ST RT 130 North, Morganfield	42437 42437	270-389-2625 270-389-3563
Y.F. Co- Chair #2101644 Y.F. Co-Chair #1311023	Carrie Divine Jeremy White	7710 ST RT 56 East, Morganfield 956 ST RT 923, Sturgis	42437 42459	270-389-2979 270-333-5700

Page 2

PLEASE LIST COUNTY DIRECTORS ALPHABETICALLY AND WITH COMPLETE ADDRESS. IT IS NOT NECESSARY TO LIST THE OFFICER AGAIN.

FIRST NAME	LAST NAME	ADDRESSS (street & city)	Zip Code
Gene **#91341**	Brown	221 North Mart, Morganfield	42437
Don **#1070343**	Clements	1877 ST RT 359, Morganfield	42437
Greg & Hannah **#2034470**	Clifton	438 O'Nan Dyer Road, Sturgis	42459
Marion & Mary **#91371**	Crowdus	1799 ST RT 141 N., Morganfield	42437 44444
Curt **#2101644**	Divine	Same As Carrie Divine – First Page	
Amber & Ben **#1400759**	Dossett	650 Heavrin Road, Sturgis	42459
Todd **#1095753**	Robinson	2634 ST RT 130 South, Morganfield	42437
Johnny & Gwynn **#365449**	Royster	8385 US Hwy 60 East, Waverly	42462 424
Gilbert **#92967**	Rudd	Same as Pat Rudd – First Page	
Tanya **#1051856**	Shirel	264 ST RT 668, Sturgis	42459
William R. **#92999**	Sprague	280 ST RT 1177, Sturgis	42459
Gary **#357227**	Stenger	Same as Brenda Stenger – First Page	
Cory & Shanna **#1400732**	Thomas	1260 V. T Crowley Road, Morganfield	42437
Joe **#1349959**	Thomas	248 ST RT 2834, Sturgis	42459
Barbara & Ray **#334811**	Wells	7427 ST RT 758, Morganfield	42437
Dustin & Drew **#1414801**	White	8754 ST RT 130, Morganfield	42437
Tricia	White	Same as Jeremy White – First Page	