



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

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 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

JEFFERSON COUNTY FARM BUREAU

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

1316 GARDINER LANE

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

LOUISVILLE, KY 40213

D Employer identification number

61-6025339

E Telephone number

(502)458-0295

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 ☐ 527H 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 ▶ \$ 515,363.

**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	
	3	Membership dues and assessments	3	364,226.
	4	Investment income	4	124,690.
	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 1)	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 4 )	8	26,447.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	515,363.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5	10	28,210.
	11	Benefits paid to or for members	11	16,706.
	12	Salaries, other compensation, and employee benefits	12	104,234.
	13	Professional fees and other payments to independent contractors	13	17,291.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	29,575.
	16	Other expenses (describe) ▶ SEE STATEMENT 1 )	16	326,751.
	17	Total expenses. Add lines 10 through 16	17	522,767.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,404.
	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	1,264,375.
	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	1,256,971.

**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	22	241,448.	22	284,611.
23	Land and buildings	23	1,067,503.	23	1,015,343.
24	Other assets (describe) ▶ SEE STATEMENT 2 )	24	7,843.	24	7,521.
25	Total assets	25	1,316,794.	25	1,307,475.
26	Total liabilities (describe) ▶ SEE STATEMENT 3 )	26	52,419.	26	50,504.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	1,264,375.	27	1,256,971.

832171  
12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED MAR 30 2010

21



**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	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. <u>KY</u>		
42a The books are in care of <u>BARBARA J. MAYS</u> Telephone no. <u>502-459-0320</u>		
Located at <u>1316 GARDINER LANE, LOUISVILLE, KY</u> ZIP + 4 <u>40213</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <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	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.

- 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."

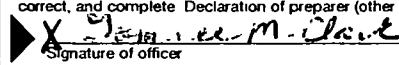
	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000 N/A	(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
Total number of other employees paid over \$100,000	0			

- 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 N/A	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		0

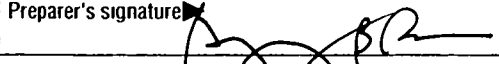
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here:  Signature of officer

Date: 3/11/10

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: 


Date: 3/10/10

Check if self-employed: ☐

Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed): CHILTON & MEDLEY PLC

Address and ZIP + 4: 462 S. FOURTH ST., 2000 MEIDINGER TOWER LOUISVILLE, KY 40202-3471

EIN: 

Phone no.: (502) 749-1900

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

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

OMB No 1545-0047

**2008**  
**Open to Public**  
**Inspection**

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

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

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

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

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

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

Name of organization

**JEFFERSON COUNTY FARM BUREAU**

Employer identification number

**61-6025339**

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ► \$

3 Volunteer hours ..... ►

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

See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

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

b If "Yes," describe in Part IV

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

See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ► \$

3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on  
Form 1120-POL, line 17b ..... ► \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made  
Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and  
promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).  
If additional space is needed, provide information in Part IV.

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

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details.

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
b Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
c Total lobbying expenditures (add lines 1a and 1b) .....			
d Other exempt purpose expenditures .....			
e Total exempt purpose expenditures (add lines 1c and 1d) .....			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f) .....			
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a			
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

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

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b> X	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	X
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	X

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.



FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
AGENCY MANAGERS AD REIMBURSEMENT		35,400.	
LOBBYING EXPENSES		18,377.	
BOARD OF DIRECTORS EXPENSE		5,371.	
BOARD OF DIRECTORS ALLOWANCES		15,450.	
CLASSROOM EVENTS		2,219.	
EDUCATIONAL TOURS		5,983.	
MISCELLANEOUS		4,772.	
TAXES & LICENSES		39.	
INSURANCE		744.	
TRAVEL		19,850.	
CONFERENCES, CONVENTIONS, MEETINGS		36,329.	
DEPRECIATION		6,979.	
OFFICE EXPENSES		11,243.	
EQUIPMENT MAINTENANCE		1,680.	
ALARM SYSTEM		1,630.	
FLAG MAINTENANCE		898.	
INSURANCE		8,540.	
JANITOR EXPENSE		9,069.	
LAWN CARE		10,413.	
MANAGER		4,800.	
OTHER		214.	
REAL ESTATE TAXES		28,862.	
REPAIRS & MAINTENANCE		9,532.	
SNOW AND GARBAGE REMOVAL		3,021.	
UTILITIES		35,005.	
DEPRECIATION		50,331.	
TOTAL TO FORM 990-EZ, LINE 16		326,751.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	7,843.	7,521.	
TOTAL TO FORM 990-EZ, LINE 24	7,843.	7,521.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
-------------	-------------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	52,419.	50,504.
TOTAL TO FORM 990-EZ, LINE 26	52,419.	50,504.

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
-------------	---------------	-----------	---

DESCRIPTION	AMOUNT
INSURANCE PREMIUM REBATE	24,947.
JANITOR REIMBURSEMENT	900.
MISCELLANEOUS	600.
TOTAL TO FORM 990-EZ, LINE 8	26,447.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EDUCATION MISCELLANEOUS  STATE OF KENTUCKY	NONE	2,000.
EDUCATION MISCELLANEOUS  COUNTIES OF KENTUCKY	NONE	9,710.
YOUTH EDUCATION STATE FAIR "SALE OF CHAMPION"  LOUISVILLE, KENTUCKY	NONE	3,000.
EDUCATION JEFFERSON COUNTY  LOUISVILLE, KENTUCKY	NONE	2,500.
YOUTH EDUCATION JEFFERSON COUNTY 4-H DEPARTMENT  LOUISVILLE, KENTUCKY	NONE	4,000.
YOUTH EDUCATION REBECCA ROBBINS  LOUISVILLE, KENTUCKY	NONE	500.
YOUTH EDUCATION PATRICK LANCASTER  LOUISVILLE, KENTUCKY	NONE	500.
YOUTH EDUCATION PRISCILA DA ROCH  LOUISVILLE, KENTUCKY	NONE	500.
YOUTH EDUCATION JENNIFER MEYER  LOUISVILLE, KENTUCKY	NONE	500.

JEFFERSON COUNTY FARM BUREAU

61-6025339

YOUTH EDUCATION KYLE SCHULER	NONE	1,000.
LOUISVILLE, KENTUCKY		
YOUTH EDUCATION RACHEL WILHELM	NONE	1,000.
LOUISVILLE, KENTUCKY		
YOUTH EDUCATION EMMALEE GAGEL	NONE	500.
LOUISVILLE, KENTUCKY		
YOUTH EDUCATION PHILIP MASON	NONE	500.
LOUISVILLE, KENTUCKY		
YOUTH EDUCATION SPENCER COUNTY	NONE	2,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

28,210.

FORM 990-EZ	RENTAL INCOME	STATEMENT	6
-------------	---------------	-----------	---

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
NON-RESIDENTIAL RENTAL PROPERTY	1	123,127.
TOTAL INCUDED ON FORM 990-EZ, PART I, LINE 4		<u>123,127.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

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

FORM 990-EZ

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

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
ALLEN BASKETT, 503 DAWSON HILL RD, LOUISVILLE, KY 40299	DIRECTOR 0.00	0.	0. 700.
ALMA MEISNER, 9801 WHIPPS MILL RD, LOUISVILLE, KY 40223	DIRECTOR 0.00	0.	0. 400.
ALMERINE STOUT 7704 THIXTON LN, LOUISVILLE, KY 40229	DIRECTOR 0.00	0.	0. 700.
ANNA BASKETT, 503 DAWSON HILL RD, LOUISVILLE, KY 40299	DIRECTOR 0.00	0.	0. 700.
ANTHONY MEISNER, 9801 WHIPPS MILL RD, LOUISVILLE, KY 40223	DIRECTOR 0.00	0.	0. 400.
ARLENE MILES 5529 MINORS LN, LOUISVILLE, KY 40219	DIRECTOR 0.00	0.	0. 450.
BARBARA GAGEL, 2400 LOWER HUNTERS TRACE, LOUISVILLE, KY 40216	DIRECTOR 0.00	0.	0. 700.
BILL BRYANT, 16401 SHELBYVILLE RD, LOUISVILLE, KY 40245	DIRECTOR 0.00	0.	0. 350.
BILL YOUNG, 9705 CEDAR CREEK RD., LOUISVILLE, KY 40228	DIRECTOR 0.00	0.	0. 0.
BECKY YOUNG, 9705 CEDAR CREEK RD., LOUISVILLE, KY 40228	DIRECTOR 0.00	0.	0. 0.
CALVIN SHAKE 9559 ROUTT RD, LOUISVILLE, KY 40299	DIRECTOR 0.00	0.	0. 0.
CLINTON KLINE 149 BEAN DR., LOUISVILLE, KY 40165	DIRECTOR 0.00	0.	0. 0.
DOYLE CUNNINGHAM, 7213 DEER RIDGE RD, PROSPECT, KY 40059	DIRECTOR 0.00	0.	0. 500.
ELSIE DEUTSCH 537 COTTON LANE, LOUISVILLE, KY 40071	DIRECTOR 0.00	0.	0. 650.

## JEFFERSON COUNTY FARM BUREAU

61-6025339

FRANKLIN DEUTSCH, 1316 GARDINER LANE, LOUISVILLE, KY 40213	DIRECTOR 0.00	0.	0.	700.
GEORGE DEUTSCH 537 COTTON LANE, LOUISVILLE, KY 40071	DIRECTOR 0.00	0.	0.	700.
GEORGE GAGEL, 2400 LOWER HUNTERS TRACE, LOUISVILLE, KY 40216	VICE PRESIDENT 1.00	600.	0.	700.
GUY RAYMOND, 8203 JOHNSON SCHOOL RD, LOUISVILLE, KY 40291	DIRECTOR 0.00	0.	0.	700.
JEANINE RAYMOND, 8203 JOHNSON SCHOOL RD, LOUISVILLE, KY 40291	DIRECTOR 0.00	0.	0.	650.
JIM MILES 5529 MINORS LN, LOUISVILLE, KY 40219	DIRECTOR 0.00	0.	0.	700.
KENNY MASON, 11004 CEDAR CREEK RD, LOUISVILLE, KY 40229	DIRECTOR 0.00	0.	0.	650.
LARRY BUTLER, 8301 OLD HEADY RD, LOUISVILLE, KY 40299	DIRECTOR 0.00	0.	0.	350.
MARGARET MASON, 11004 CEDAR CREEK RD, LOUISVILLE, KY 40229	DIRECTOR 0.00	0.	0.	650.
MATT MICHAUD, 1316 GARDINER LANE, LOUISVILLE, KY 40213	EXECUTIVE DIRECTOR 40.00	44,661.	1,317.	0.
PAM MILES 5529 MINORS LN, LOUISVILLE, KY 40219	SECRETARY 0.00	0.	0.	650.
PAUL MCCARTHY, 7416 OLD HEADY RD, LOUISVILLE, KY 40299	DIRECTOR 0.00	0.	0.	700.
BUNNY ROSENBERGER, 8506 RIVER TERRICE DRIVE, LOUISVILLE, KY 40258	DIRECTOR 0.00	0.	0.	0.
RUTH MCCARTHY, 7416 OLD HEADY RD, LOUISVILLE, KY 40299	DIRECTOR 0.00	0.	0.	700.
SAMMY MCNAY 6516 ECHO TRAIL, LOUISVILLE, KY 40299	DIRECTOR 0.00	0.	0.	700.
SANDI DEUTSCH, 6301 MT WASHINGTON RD, LOUISVILLE, KY 40229	DIRECTOR 0.00	0.	0.	700.
SHERYL STOUT 7704 THIXTON LN, LOUISVILLE, KY 40229	DIRECTOR 0.00	0.	0.	700.

JEFFERSON COUNTY FARM BUREAU

61-6025339

TAMMY BUTLER, 8301 OLD HEADY RD,  
LOUISVILLE, KY 40299

TREASURER  
0.00

0.

0. 450.

TOMMIE CLARK  
6516 ECHO TRAIL, LOUISVILLE, KY 40229

PRESIDENT  
5.00

6,600.

0. 0.

TOTALS INCLUDED ON FORM 990-EZ, PART IV

51,861.

1,317.

15950.



---

990-EZ PG 2

STATEMENT 9

---

TO PROMOTE AND PROTECT THE INTERESTS OF FARMERS.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**Depreciation and Amortization RENT**  
(Including Information on Listed Property)

1

OMB No 1545-0172

**2008**Attachment  
Sequence No 67

▶ See separate instructions.

▶ Attach to your tax return.

Business or activity to which this form relates

Identifying number

**NON-RESIDENTIAL RENTAL  
PROPERTY****61-6025339****JEFFERSON COUNTY FARM BUREAU****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.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	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
7	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	
9	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	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.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	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**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

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

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28	21	
22	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 instr.	22	50,331.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L			
		%			S/L			
		%			S/L			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

**42** Amortization of costs that begins during your 2008 tax year.

--	--	--	--	--	--

**43** Amortization of costs that began before your 2008 tax year

43

**44** Total. Add amounts in column (f). See the instructions for where to report

44