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2009

OMB No 1545-1150

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)

Sponsoning 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 \$500,000 and total
assets less than \$1,250,000 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 Open to Public Inspection

	For the	2009 calend	lar vear.	or tax year beginning 07/01/09, and ending 06/30/	10				
В		ck if applicable Please C Name of organization D Employer identification number							
	Address	` '	use IRS	Traine of organization	Cint	noyer identification number			
<u></u>	Name ch	·	label or	arvey Co Farm Bureau Association 48-05589					
	Initial ret	-	print or	Number and street (or P O box, if mail is not delivered to street address)			ephone number		
			type See	305 N Meridian Rd, Box 126	Room/suite E		•		
-	Termina		Specific		<u> </u>		6-284-2123		
\vdash	Amende		Instruc-	City or town, state or country, and ZIP + 4			up Exemption		
LL		ion pending	trons.	Newton KS 67114			nber		
	• Sec	tion 501(c)(3)		rations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting m	nethod	Cash X Accrual		
_	100 1 11			npleted Schedule A (Form 990 or 990-EZ).	Other (specify)				
١.	Websit	· · <u> ·</u>		V	H Check P	If the	e organization is not hedule B (Form 990,		
<u>J</u>		empt status (ch			990-EZ, or 99	3U-PF}			
K	Check	<u> </u>		ganization is not a section 509(a)(3) supporting organization and its gross r	-		ore than \$25,000 A		
_				rum is not required, but if the organization chooses to file a return, be sure t			56.004		
				to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-E.		• \$			
	art I			penses, and Changes in Net Assets or Fund Balances (See the instruc	tions			
	1			ts, and similar amounts received		1	11,297		
9	2	Program ser	vice reve	enue including government fees and contracts		2			
)	3	Membership	dues an	d assessments See Stat	ement 1	3	30,748		
D	4	Investment i	ncome	1 1		4	14,899		
	5a	Gross amou	int from s	ale of assets other than inventory 5a		_			
	b	Less cost or	r other ba	asis and sales expenses 5b		_			
)	С	Gain or (loss)	from sale	of assets other than inventory (Subtract line 5b from line 5a)		5c			
⊇ 🖁	6	Special events	s and activ	ities (complete applicable parts of Schedule G). If any amount is from gaming, check	here 🕨 🗌				
₩ IJU	а	Gross reven	iue (not ii	ncluding \$ of contributions	_				
≥&		reported on	line 1)	6a					
<u> </u>	b	Less direct	expense	s other than fundraising expenses 6b					
~	С	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)		6с			
2010	7a	Gross sales	of invent	ory, less returns and allowances 7a					
	Ь	Less cost of	f goods s	old 7b					
	С			from sales of inventory (Subtract line 7b (runtine 7a)		7c			
	8	Other reveni	ue (desci	nbe ► See StatementV2)	8	50		
	9	Total reven	ue. Add I	ines 1, 2, 3, 4, 5c, 6c, 7c, and 8	▶	9	56,994		
	10	Grants and s	sımılar ar	nounts paid (attach so nedule) p 2 7 2010		10	800		
	11	Benefits paid	d to or fo	members \mathcal{L}		11			
Ó	12	Salaries, oth	er comp	ensation, and employee benefits		12	22,223		
nse	13	Professional	l fees and	other payments to independence that clors		13			
Expenses	14			ties, and maintenance		14	10,386		
ũ	15	Printing, pub	lications	postage, and shipping		15	1,422		
	16	Other expen	ses (des	cribe ▶ See Statement 3)	16	15,073		
	17	Total expen	ises. Add	l lines 10 through 16		17	49,904		
	18			the year (Subtract line 17 from line 9)		18	7,090		
Assets	19			llances at beginning of year (from line 27, column (A)) (must agree with					
Ass				ported on prior year's return)		19	147,159		
Net /	20			assets or fund balances (attach explanation)		20			
Z	21	•		lances at end of year Combine lines 18 through 20	•	21	154,249		
F	art II			ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file For	m 990 instead of Fo				
) Beginning of year		(B) End of year		
22	Cash. s	savings, and ii	nvestmer	· · · · · · · · · · · · · · · · · · ·	80,602	2 22	88,418		
		nd buildings			67,734		65,953		
		issets (descrit	be ▶	See Statement 4	<i>,,,</i>	24	1,000		
	Total a	•			148,336		155,371		
		abilities (des	cribe 🕨	See Statement 5	1,177		1,122		
					147,159		154,249		
	7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 147,159 27 154,249 The privacy Act and Paperwork Reduction Act Notice, see the separate instructions.								
	•								

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Form 990-EZ (2009) Harvey Co Farm Bureau Assoc		-0558966			Page 2
Part III Statement of Program Service Accomplishments	(See the instruct	ions for Part III)	Ex	penses
What is the organization's primary exempt purpose?					for section
Educate/improve life quality					and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt purposes. In manner, describe the services provided, the number of persons benefited, or other			I		ns and section trusts, optional
each program title	relevant information to			r others)	
28 All activities offered to educate and/or improve quality		· · · · · · · · · · · · · · · · · · ·	1 19	Tomers	'
of life for members. Programs offered to all members					
include health, safety, citizenship and marketing.			.	1	
(Grants \$) If this amount includes foreign grants,	check here		28a	<u> </u>	
29					
(Counts C	alora de la com	_			
(Grants \$) If this amount includes foreign grants,	cneck nere		29a	 	
(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	<u> </u>	31a	<u> </u>	
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 co (b) Title and average	mpensated (See the compensation (C)	he instructi (d) Contri		ent IV)
(a) Name and address	hours per week	(If not paid,	employee ber	nefit plans &	account and
SEE ATTACHED SCHEDULE	devoted to position	enter -0)	deferred con	pensation	other allowances
		o		o	o
			<u> </u>		
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	1	t			

Form **990-EZ** (2009)

	990-EZ (2009) Harvey Co Farm Bureau Association 48-05			Р	age 3
	the waste of the statement requirements in the instructions to	or Fait V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			163	NO
77	description of each activity		33		х
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy	nf	55		
	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 why the organization did not report the income on Form 990-T	.,			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section				
	6033(e) notice, reporting, and proxy tax requirements?		35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
	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 instr	37a			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or v	<i>e</i> re			
	any such loans made in a prior year and still outstanding at the end 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				
а	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 501(c)(4) organizations Did the organization engage in any section 4958 excess be	nefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	I			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b	ļ	<u> </u>
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958		_		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization	-	_		
0	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		<u></u>		<u> </u>
	transaction? If "Yes," complete Form 8886-T		40e		<u> X.</u>
41	List the states with which a copy of this return is filed None		16 00	4 0	100
42a	The organization's books are in care of	Telephone no > 3:	16-28	4-2	123
	305 N. Meridian Rd.		7114		
	Located at NEWTON, KS		7114		
þ	At any time during the calendar year, did the organization have an interest in or a signature or other author	=			г
	over a financial account in a foreign country (such as a bank account, securities account, or other financia		101	Yes	No X
	account)?		42b		
	If "Yes," enter the name of the foreign country	-1.	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	nk			
_	and Financial Accounts.		40-		v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	11	X
42	If "Yes," enter the name of the foreign country Section 4947(2)(1) page/empt charteble trusts files Form 900 F7 in liquid Form 1944. Check here		-		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	► 1 4a l			
	and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	_		
				V	N-
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			Yes	No
-	Form 990-EZ		44	1	x.
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	If	44		-
73	"Yes," Form 990 must be completed instead of Form 990-EZ	"	45	1	х

Form **990-EZ** (2009)

orm 990-EZ (2009) harvey co farm bureau Associa	<u> </u>	<u> </u>		F	Page 4
Part VI	Section 501(c)(3) organizations and section 4947(a)	(1) nonexempt	charitable tru	sts only. All se	ction	
	501(c)(3) organizations and section 4947(a)(1) nonex	empt charitable	e trusts must a	nswer question	s 46-49b	
	and complete the tables for lines 50 and 51.					
6 Did the c	organization engage in direct or indirect political campaign activities on be	ehalf of or in opposi	tion to		Yes	No
candidat	es for public office? If "Yes," complete Schedule C, Part I				46	<u> </u>
7 Did the c	organization engage in lobbying activities? If "Yes," complete Schedule C	, Part II			47	
8 Is the org	ganization operating a school as described in section 170(b)(1)(A)(ii)? If	"Yes," complete Sc	hedule E		48	
9a Did the c	organization make any transfers to an exempt non-chantable related orga	anization?			49a	
b If "Yes,"	was the related organization a section 527 organization?				49b	
0 Complete	e this table for the organization's five highest compensated employees (o	other than officers,	directors, trustees a	and key		
	es) who each received more than \$100,000 of compensation from the or					
	(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) Exper account a other allowa	ınd
			<u> </u>	-		
<u> </u>						
f Total nui	mber of other employees paid over \$100,000	▶		_		
	O of compensation from the organization. If there is none, enter "None" Name and address of each independent contractor paid more than \$100,000.	(b)	Type of service	(c) C	ompensation	
-						
<u> </u>						
-						
d Total nui	mber of other independent contractors each receiving over \$100,000	-				
	Under penalties of perjury, I declare that I have examined this return, including ac					
	and belief, it is true, correct, and complete Declaration of preparer (other than of	ficer) is based on all in			lge	
Sign	39 Aulaha		1 9/20.	10		
lere	Signature of officer	0 1	Date			
İ	Signature of officer Fredrzh Schlender Type or print name and title	President				
	Preparer's	Date	Check if	Preparer's Iden	tifying Number (S	See instr)
Paid	signature		self- employed			
Preparer's	Firm's name (or yours This tax return			EIN ►		
Jse Only	if self-employed), prepared by a		. <u>.</u>	Phone		
Anualization 1	address, and ZIP + 4 non-paid preparer.		····	no 🕨		
viay ine iKS di	iscuss this return with the preparer shown above? See instructions			▶	Yes	No

Form **990-EZ** (2009)

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Identifying number

Attachment Sequence No

► See separate instructions.

► Attach to your tax return.

	Harvey	Co Farm Bu	reau Associat	tion		48-	<u>055</u>	8966
	ess or activity to which this form relates							
	perations Intl Election To Expen	oo Cortoin Bron	orte Undon Continu	470				
Fa	•	-	erty Under Section ty, complete Part V b		complete Pa	rt I		
1	Maximum amount See the instructi			elole you	complete r a	ı ı ı	1	250,000
2	Total cost of section 179 property p	•					2	
3	Threshold cost of section 179 prope			ns)			3	800,000
4	Reduction in limitation Subtract line	•	•	,			4	
5	Dollar limitation for tax year Subtract line	e 4 from line 1 If zero or	less, enter -0- If marned filing	separately, see	e instructions		5	
6	(a) Description			t (business use		lected cost		
					,			
7	Listed property Enter the amount fr	rom line 29			7			
8	Total elected cost of section 179 pr	•	in column (c), lines 6 and	7			8	
9	Tentative deduction Enter the sma						9	
10	Carryover of disallowed deduction f						10	
11 12	Business income limitation. Enter the				see instructions)		11	
13	Section 179 expense deduction Ad Carryover of disallowed deduction t	,		e 11	13	-	12	
	: Do not use Part II or Part III below			<u></u>	13			<u> </u>
		<u></u>	nd Other Depreciati	on (Do no	t include liste	d prope	ertv.)	(See instr.)
14	Special depreciation allowance for					и р.оро	1,7,7	1000 111011 /
	during the tax year (see instructions	· · · · · · · · · · · · · · · · · · ·	7 7 7 7 7				14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACRS	5)					16	3,064
Pa	ert III MACRS Depreciati	ion (Do not inclu	ide listed property.) (See instru	ictions.)			
	<u> </u>		Section A					
17	MACRS deductions for assets place	ed in service in tax ye	ears beginning before 2009)			17	213
18	If you are electing to group any assets pl							
	Section B—	(b) Month and year	ervice During 2009 Tax Ye (c) Basis for depreciation	T	General Depret	lation Sy	stem	T
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
<u>19a</u>	3-year property	į	27/		1/0	-	/+	
<u> </u>	5-year property	-	376	5.0	MQ	S/	<u> </u>	9
	7-year property	-		 				
<u>d</u>	10-year property	1				-		
<u>е</u> f		1		 				
_ <u>'</u> _g	20-year property 25-year property	1		25 yrs				
	Residential rental			27 5 yrs	MM	S/L		
•••	property			27 5 yrs	MM	S/L		
	Nonresidential real	04/21/10	1,135		MM	S/L		6
	property			1	ММ	S/L		
	Section C—A	ssets Placed in Ser	vice During 2009 Tax Yea	r Using the A	Alternative Depr	eciation S	ysten	1
20a	Class life					S/L		
b	12-year			12 yrs		S/L		
С	40-year			40 yrs	ММ	S/L		
Pe	irt IV Summary (See ins							_
21	Listed property Enter amount from						21	
22	Total. Add amounts from line 12, lii	-			Enter here			
	and on the appropriate lines of your	· ·		nstructions			22	3,292
23	For assets shown above and place	_	e current year, enter the		23			
	portion of the basis attributable to s	CUIUII ZOJA COSIS			43			I .

HARV Harvey Co Farm Bureau Association 48-0558966 **Feder**

Federal Statements

FYE: 6/30/2010

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	 Amount		
Membership Dues County Dues	\$ -583 31,331		
Total	\$ 30,748		

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	A	mount
Other Income	\$	50
Total	\$	50

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Operations	\$
Supplies	156
Travel	400
Vote FBF	5
4-H Promotion	669
Board Expense	317
Contracted Labor	1,357
Taste of Newton	-417
Dues	157
Gifts & Flowers	31
Insurance: Master Group L	496
Office Expense	708
Rent: Post Office Box	70
Subscriptions	99
Internet	300
Advertising	176
Taxes: Personal Property	43
Taxes: Sec of State	40
Contributions	3,709
Expenses	
Ag Fest/Pedal Pull	594
Programs	25
Committees: Ag in the Classrm	50
Committees: Other	508
Committees: Policy Developmnt	1,047
Committees: Safety / Health	624
Committees: Womens	128
Committees: Young Frmrs & Rch	725
Meetings: County Annual	2,899
Meetings: Other	51
Meetings: State Annual	106
Total	\$ 15,073

HARV Harvey Co Farm Bureau Association
48-0558966 Federal Statements

8/30/2010 1:31 PM

FYE: 6/30/2010

Description	Beginning of Year	End of Year
Accounts Receivable	\$	\$ 1,000
		 1,000

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year		
Accounts Payable and Accrued Expenses	\$ 1,177	\$	1,122
	 1,177		1,122

Year Ended: June 30, 2010

48-0558966

Harvey Co Farm Bureau Association 305 N Meridian Rd, Box 126 Newton, KS 67114

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.

County	Committee	Member	Name Address
. — — — —	Position	Number	Address
40 Harvey	County Board	314190	FREDRICK SCHLENDER
	President		20326 NW 12TH ST
			BURRTON KS 67020-9031
40 Harvey	County Board	595597	PATRICK WENDLING
•	Vice-President		806 S ESSEX HEIGHTS RD
			HALSTEAD KS 67056
40 Harvey	County Board	127484	BEVERLY FAST
	Secretary		17901 W DUTCH AVE
			MOUNDRIDGE KS 67107-8048
40 Harvey	County Board	127484	BEVERLY FAST
	Treasurer		17901 W DUTCH AVE
			MOUNDRIDGE KS 67107-8048
40 Harvey	County Board	142912	DAVID WENDLING
	Board Member		6713 S OLD SETTLERS RD
			HALSTEAD KS 67056-9299
40 Harvey	County Board	321468	MIKE HIEBERT
	Board Member		822 NE 72ND ST
			NEWTON KS 67114-9214
40 Harvey	County Board	604313	CONNIE OLSON
	Board Member		303 UNRUH ST
			MOUNDRIDGE KS 67107-7535
40 Harvey	County Board	609027	WARREN NUSS
	Board Member		1324 NW 60TH ST
			NEWTON KS 67114-9705
40 Harvey	County Board	651525	STEVEN MCCLOUD
	Board Member		7110 N KANSAS RD
			NEWTON KS 67114
40 Harvey	County Board	651964	DWIGHT LORENZ
	Board Member		15014 NW 60TH ST
			BURRTON KS 67020-9093