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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)

OMB No 1545-1150

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- ▶ 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 \$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.

**A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C. Name of organization</b>		<b>D Employer identification number</b>
		Cloud County Farm Bureau Assoc.		48-0562124
		Number and street (or P O box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		101 East 9th St, PO Box 632		785-243-1330
City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>		
Concordia KS 66901-0632				

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Website: N/A

Tax-exempt status (check only one) — ☒ 501(c) ( 5 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**G Accounting method** ☐ Cash ☒ Accrual  
Other (specify) ▶

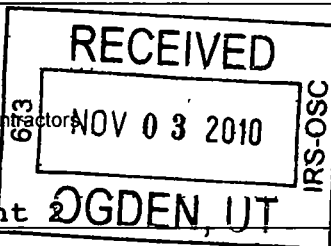
**H Check** ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 32,082**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	7,853
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	14,824
	4	Investment income	4	9,213
	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)	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	192	
7b	Less cost of goods sold	7b	222	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-30	
8	Other revenue (describe ▶ )	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	31,860	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	14,870
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	10,268
	15	Printing, publications, postage, and shipping	15	460
	16	Other expenses (describe ▶ See Statement 2)	16	12,304
	17	<b>Total expenses.</b> Add lines 10 through 16	17	37,902
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,042
	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	80,289
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3	20	2,860
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	77,107

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$1,250,000 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	59,159	58,461
23 Land and buildings	21,536	19,352
24 Other assets (describe ▶ )		
25 <b>Total assets</b>	80,695	77,813
26 <b>Total liabilities</b> (describe ▶ See Statement 4)	406	706
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	80,289	77,107

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Page 2

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

▶ ☐

**28a**

▶ ☐

**29a**

▶ 

**30a**

▶ ☐

31a

32

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
<b>35</b> 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		
<b>a</b> 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?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> 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 outstanding at the end of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified 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		
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>None</b>		
<b>42a</b> The organization's books are in care of <b>OFFICE SECRETARY</b> Telephone no <b>785-243-1330</b> <b>101 East 9th St, PO Box 632</b> Located at <b>CONCORDIA, KS</b> ZIP + 4 <b>66901</b>		
<b>b</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.		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>43</b> 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		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>45</b> 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		<b>X</b>

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's 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."

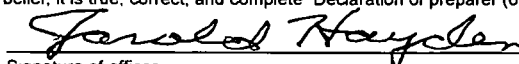

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's 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

**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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.			
	 Signature of officer		Date <b>10-25-10</b>	
Type or print name and title <b>JAROLD HAYDEN SEC.-TREAS.</b>				
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<b>This tax return prepared by a non-paid preparer.</b>		EIN <span style="float: right;">▶</span> Phone <span style="float: right;">▶</span> no <span style="float: right;">▶</span>
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶</span> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Form **4562**  
Department of the Treasury  
Internal Revenue Service

(99)

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

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**Cloud County Farm Bureau Assoc.**

Identifying number

**48-0562124**

Business or activity to which this form relates

**Operations****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	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
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 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2010 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.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>1,636</b>

**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 2009	17	<b>548</b>
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 ▶ <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 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 2009 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 instructions	22	<b>2,184</b>
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**There are no amounts for Page 2**

48-0562124

**Federal Statements**

FYE: 6/30/2010

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

<u>Description</u>	<u>Amount</u>
County Dues	\$ 14,824
Total	\$ 14,824

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Operations	\$
Supplies - Cleaning	236
Travel	195
4-H Promotion	1,456
Awards & Prizes	378
Board Expense	836
Committees: Ag in the Cla	690
Committees: Citizenship	130
Committees: Farm & City D	50
Committees: Marketing	250
Committees: Policy Develo	86
Committees: Political Edu	73
Committees: Public Relati	782
Committees: Womens	375
Contracted Labor	30
Fair Expense	453
Gifts & Flowers	59
Insurance: Master Group L	269
Kids Ag Day	-17
Meetings: County Annual	2,335
Meetings: President's Tri	225
Meetings: State Annual	283
Meetings: YF & R Conferen	750
Office Expense	913
Pedal Pull	408
Rent: Post Office Box	58
Safety Deposit Box	25
Seminars: Safety	36
Reimbursed Exp: Other	14
Advertising	725
Taxes: Personal Property	5
Taxes: Sales Tax	6
Taxes: Sec of State	40
Contributions	150
Total	\$ 12,304

**Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Unrealized Invest. Gain/Loss	\$ 2,860
Total	\$ 2,860

**Federal Statements****Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accounts Payable and Accrued Expenses	\$ 406	\$ 706
	<u>406</u>	<u>706</u>



County	Committee Position	Member Number	Name Address
15 Cloud	County Board President	527772	BRENDA MORGAN 1796 N 230TH ROAD CONCORDIA KS 66901-1547
15 Cloud	County Board Vice-President	582919	CASEY RICHARD 159 N 200TH RD MILTONVALE KS 67466-9353
15 Cloud	County Board Secretary	11527	JAROLD HAYDEN 1650 UNION RD CONCORDIA KS 66901-8035
15 Cloud	County Board Treasurer	11527	JAROLD HAYDEN 1650 UNION RD CONCORDIA KS 66901-8035
15 Cloud	County Board Board Member	171936	STEPHEN RICHARD 340 N 150TH RD DELPHOS KS 67436-9306
15 Cloud	County Board Board Member	223092	THOMAS FORSHEE 1649 GOLD RD AURORA KS 67417-9119
15 Cloud	County Board Board Member	284453	RAYMOND KINDEL 999 N 180TH RD AURORA KS 67417-9120
15 Cloud	County Board Board Member	454678	DAVID FORSHEE 1141 CLOUD RD DELPHOS KS 67436-9301
15 Cloud	County Board Board Member	516006	KENN LACY 289 N 290TH RD MILTONVALE KS 67466-9368
15 Cloud	County Board Board Member	627759	CARRIE FRASER 1463 MILO RD CONCORDIA KS 66901-7178
15 Cloud	County Board Board Member	651003	TERRY COLLINS 1473 TRAIL RD CONCORDIA KS 66901