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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)

OMB No 1545-1150

2009

Open to Public
Inspection

► 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 Check if applicable	C Name of organization Saline County Farm Bureau Assoc.		D Employer identification number 48-0562177
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 328 N. Ohio		E Telephone number 785-823-0645
<input type="checkbox"/> Name change	Room/suite		F Group Exemption Number ►
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 Salina KS 67401-2400		
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

► 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**

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

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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.

L 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 ► \$ **54,584**

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	7,400
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	39,062
	4 Investment income	4	8,122
	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)		
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
	a Gross revenue (not including \$ _____ of contributions)	6b	
b Less direct expenses other than fundraising expenses			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
8 Other revenue (describe ►)	7c		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8		
	9	54,584	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	4,500
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	16,483
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	3,380
	15 Printing, publications, postage, and shipping	15	832
	16 Other expenses (describe ► See Statement 2)	16	19,089
	17 Total expenses. Add lines 10 through 16	17	44,284
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,300
	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	211,448
	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	221,748

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)

Assets	(A) Beginning of year	(B) End of year	
	22 Cash, savings, and investments	209,929	22 220,188
	23 Land and buildings	1,770	23 1,815
	24 Other assets (describe ►)	24	
	25 Total assets	211,699	25 222,003
	26 Total liabilities (describe ► See Statement 3)	251	26 255
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	211,448	27 221,748

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

Form 990-EZ (2009)



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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 Yes No

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 35a Yes No

a 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? 35b Yes No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Yes No

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 37a Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a Yes No

b Did the organization file Form 1120-POL for this year? 37b Yes No

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 outstanding at the end of the period covered by this return? 38a Yes No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations Enter 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities 40a Yes No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b Yes No

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 40c Yes No

c 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 40d Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e Yes No

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 40f Yes No

41 List the states with which a copy of this return is filed ► **None**42a The organization's books are in care of ► **OFFICE SECRETARY**
328 North OhioTelephone no ► **785-823-0645**Located at ► **SALINA, KS**ZIP + 4 ► **67401-2400**

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.

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 ► _____

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 No44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No45 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 Yes No

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.

46	Yes	No
46		
47		
48		
49a		
49b		

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 a section 527 organization?

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 ► _____

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		
	<i>Leslie Berndt</i>		<i>10-14-10</i>
► Signature of officer	Date		
► Type or print name and title	<i>Leslie Berndt President</i>		

Paid Preparer's Use Only	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) ► This tax return prepared by a non-paid preparer.			EIN ► <input type="checkbox"/> Phone no ► <input type="checkbox"/>

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

► Yes No

Form 990-EZ (2009)

Federal Statements

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

Description	Amount
County Dues	\$ 39,062
Total	\$ 39,062

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

Description	Amount
Operations	\$
Travel	3,433
4-H Promotion	200
Board Expense	1,835
Gifts & Flowers	310
Insurance: Master Group L	691
Office Expense - Supplies	867
Internet	240
Advertising	482
Taxes: Sec of State	40
Contributions	1,287
Expenses	
Committees: Kids Ag Awareness	1,568
Committees: Marketing	236
Committees: Policy Developmnt	70
Committees: Public Relations	270
Committees: Safety / Health	250
Committees: Womens	692
Committees: Young Frmrs & Rch	786
Meetings: County Annual	4,283
Meetings: President's Trip	1,416
Meetings: State Annual	133
Total	\$ 19,089

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 251	\$ 255
	<u>251</u>	<u>255</u>

Saline County Farm Bureau Assoc.
328 N. Ohio
Salina, KS 67401-2400

**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.

Form **4562**Department of the Treasury
Internal Revenue Service
(99)**Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

2009Attachment
Sequence No. **67**

Name(s) shown on return

Saline County Farm Bureau Assoc.Identifying number
48-0562177

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	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 (see instructions)	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	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
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	380

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	0
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 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		472	5.0	HY	S/L	47
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	427
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.

DAA

There are no amounts for Page 2

County	Committee Position	Member Name Number Address
85 Saline	County Board President	329532 LESLIE BERNDT 4801 N GERARD RD SALINA KS 67401-9395
85 Saline	County Board Vice-President	586228 JASON KERN 2309 SOUTH POWERS ROAD SALINA KS 67401
85 Saline	County Board Secretary	115496 LARRY BREER 7164 E CRAWFORD ST SALINA KS 67401-9609
85 Saline	County Board Treasurer	115496 LARRY BREER 7164 E CRAWFORD ST SALINA KS 67401-9609
85 Saline	County Board Board Member	126105 DENNIS SWENSON 5972 S CENTENNIAL RD SALINA KS 67401-2846
85 Saline	County Board Board Member	220361 PETER MEAGHER 10432 E COUNTRY CLUB RD SOLOMON KS 67480-9419
85 Saline	County Board Board Member	262516 JAMES HANSON 8873 SOUTH SUNNY CORNER ROAD ASSARIA KS 67416-8834
85 Saline	County Board Board Member	342549 JOHN SHORT 8461 S OHIO ST ASSARIA KS 67416-8829
85 Saline	County Board Board Member	582953 JUSTIN KNOFF 225 SEITZ DR SALINA KS 67401-3556
85 Saline	County Board Board Member	586228 JASON KERN 2309 SOUTH POWERS ROAD SALINA KS 67401
85 Saline	County Board Board Member	586265 JAMES KOMAREK 7400 WEST CLOUD SALINA KS 67401