

### 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** 

#### 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

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

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 07/01/09 06/30/10 For the 2009 calendar year, and ending or tax year beginning Check if applicable Please C Name of organization Employer identification number use IRS Address change label or Wyandotte County Farm Bureau Assoc. 48-6110433 Name change print or Initial return Number and street (or P O box, if mail is not delivered to street address) type. Room/suite Telephone number See 9340 Parallel 913-299-0914 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-Kansas City . KS 66112 Application pending Number Cash X Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach Accounting method a completed Schedule A (Form 990 or 990-EZ). Other (specify) N/A Website: Check -X if the organization is not required to attach S 990-EZ, or 990-PF) Schedule B (Form 990, Tax-exempt status (check only one) -**X** 501(c) ( 5 ) **◀** (insert no ) 4947(a)(1) or 527 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 91,565 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 21 2 Program service revenue including government fees and contracts 2 See Statement 1. 3 38,022 Membership dues and assessments 3 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a SCANNED NOV Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

Special events and activities (somplete applicable parts of Schedule G). If any amount is from gaming, check here 5c Gross revenue (not including of contributions reported on 10 1 2010 Q 6a Less direct expenses other than the aising expenses Net income of floss) from special events and activities (Subtract line 6b from line 6a)

Goss sales of inventory, less returns and allowances C 6c 2,523 7a 7a 3.307 7b b Less cost of goods sold -784 Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 8 Other revenue (describe 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 88,258 9 2,500 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 42,753 12 Salanes, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 26,783 14 Occupancy, rent, utilities, and maintenance 14 2,216 15 Printing, publications, postage, and shipping 15 Other expenses (describe > See Statement 2 19,091 16 16 93,343 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -5,085 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 896,815 end-of-year figure reported on pnor year's return) 19 See Statement 3 5,059 20 Other changes in net assets or fund balances (attach explanation) 20 896,789 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 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 (B) End of year (See the instructions for Part II) (A) Beginning of year 491,347 476,003 22 Cash, savings, and investments 22 406,465 421,483 Land and buildings 23 Other assets (describe 24 897,486 897,812 25 Total assets 25 See Statement 4 1,023 Total liabilities (describe 671 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 896,789

896,815

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

DAA

	m 990-EZ (2009) Wyandotte County Farm Bureau		8-6110433				Page 2
	art III Statement of Program Service Accomplishments (S	see the instruct	ions for Part III	.)		-	oenses
	at is the organization's primary exempt purpose?						or section
	ducate/improve life quality						nd 501(c)(4)
	scribe what was achieved in carrying out the organization's exempt purposes. In a capper, describe the services provided the number of persons benefited or other reli-						ns and section
	nner, describe the services provided, the number of persons benefited, or other reli	evant information fo					trusts, optional
	h program title				for	others)	
28	All activities offered to educate and/or improve quality				1		
	of life for members. Programs offered to all members						
	include health, safety, citizenship and marketing.  (Grants \$ ) If this amount includes foreign grants, che	ak hara	_	$\neg$	28a		
29	(Grants \$ ) It this amount includes foreign grants, che	ck nere		<del>'</del> '-	20a		<del></del>
23							
	(Grants \$) If this amount includes foreign grants, che	ock here	•	$\sqcap$	29a		
30	The first amount includes foreign grants, one	- CONTINUE -		<del>!</del> '	234		<del></del>
•							
					]		
	(Grants \$ ) If this amount includes foreign grants, che	eck here	•	П	30a		
31	Other program services (attach schedule)						
	(Grants \$ ) If this amount includes foreign grants, che	eck here	•	$\Box$	31a		
32	Total program service expenses (add lines 28a through 31a)			<b>•</b>	32		
	art IV List of Officers, Directors, Trustees, and Key Employees. List each	ch one even if not co	mpensated (See ti	he ins	structio	ns for P	art IV )
		(b) Title and average hours per week	(c) Compensation		Contribu	tions to fit plans &	(e) Expense
	(a) Name and address	devoted to position	(If not paid, enter -0)		red comp		account and other allowances
SE	E ATTACHED SCHEDULE						
			0			0	0
				<u>L.</u> .			
		<u> </u>		<b>├</b> ─			
				ŀ			
		-		<b>├</b>			
				į			
		+		<u> </u>			<del></del>
							<del></del>
_		<del>                                     </del>		$\vdash$			
_		<del> </del>		<del> </del> -			
_				$I^-$			
_							
_						_	
_							
		<u> </u>		L			
				$oxed{oxed}$			
			1	1			

Form 990-EZ (2009)

and enter the amount of tax-exempt interest received or accrued during the tax year

"Yes," Form 990 must be completed instead of Form 990-EZ

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Yes

No

X

X

**▶** 43 |

Form 990-EZ

Form 9	990-EZ (	2009) Wyandot	te County	Farm Bureau	Assoc. 48	3-6110433			_	Page 4
Par	ŧŸl	Section 501(c)(3)	organizations	and section 4947(a	)(1) nonexempt	charitable tru	ısts or	ıly. Ali se	ection	
		501(c)(3) organiza	tions and secti	on 4947(a)(1) nonex	cempt charitable	e trusts must a	nswer	question	s 46-4	9b
		and complete the	tables for lines	50 and 51.						
46	Did the o	rganization engage in dire	ect or indirect politic	al campaign activities on t	pehalf of or in oppos	ition to			Y	es No
	candidat	es for public office? If "Yes	s," complete Sched	ule C, Part I					46	
47	Did the o	rganization engage in lobl	bying activities? If "	Yes," complete Schedule	C, Part II				47	
48	Is the org	ganization operating a sch	ool as described in	section 170(b)(1)(A)(ii)? I	f "Yes," complete Sc	hedule E			48	
49a	Did the o	rganization make any trar	nsfers to an exempt	non-charitable related org	ganization?				49a	
		was the related organization							49b	
50	Complete	e this table for the organiz	ation's five highest	compensated employees	(other than officers,	directors, trustees	and key			
	employe	es) who each received mo	ore than \$100,000 c	of compensation from the	organization If there	ıs none, enter "No	ne "			
		(a) Name and address	of each employee paid	d more	(b) Title and average hours per week	(c) Compensation	employee	ntributions to benefit plans &		int and
					devoted to position	1	deferred	compensation	other all	lowances
						:				
							<u> </u>			
					1					
		<del>_</del>					-			
					1	ļ				
	<del></del>	-			<del> </del>					
		<del> </del>		<del></del>						
		<u> </u>			<u> </u>					
f	i otal nur	mber of other employees p	paid over \$100,000		<b>-</b>		_			
		of compensation from th		·						· · · · · · · · · · · · · · · · · · ·
	(a) N	lame and address of each ind	ependent contractor p	aid more than \$100,000	(b)	Type of service		(c) C	ompensat	ion
						<u> </u>				
		<del> </del>								
	Total pur	wher of other independent	t contractors such s	2004 P. C.						
d	rotal nui	mber of other independent	i contractors each r	eceiving over \$ 100,000						
		Hadas sonaltion of society	l declare that I have a	amined this return, including a					.4.4	
				amined this return, including a aton of preparer (other than o						
Sign	1	1 Lead	Va A	10A	•	1 9-23	10	•	•	
Here		Signature of officer	100	<u>~~~</u>			<del>,                                    </del>			
		FILL	an rleot	President		Date				
		Type or print name and	4 - 1 - 1 - 1	170010000						
					Date	Check if		Preparer's Ident	trying Numb	er (See instr.)
Paid		Preparer's signature				self-	$-\Box$	•		, ,
	arer's		mb		L	employed				
	Only	Firm's name (or yours	This tax				EIN			
USE	City	if self-employed)	prepared			<del></del>	Pho	_		
Marria	ho IDC -	address, and ZIP + 4		preparer.		<del></del>	no	<u> </u>		
iviay t	מ כאו שוו	scuss this return with the	preparer snown ab	ove / See instructions					Yes	<del></del>
								Fo	m 330.	<b>-EZ</b> (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

➤ See separate instructions.

Attach to your tax return.

Identifying number

	Wyandot	tte County	Farm Bureau .	Assoc.			48-	611	0433
	ess or activity to which this form relates								
	perations							_	
Pa			erty Under Section						
			y, complete Part V I	petore you	com	olete Pa	rt I.	Г.	250 000
1	Maximum amount. See the instruct	•						1_	250,000
2	Total cost of section 179 property p			,				2	900 000
3	Threshold cost of section 179 prop	=	•	ns)				3	800,000
4	Reduction in limitation Subtract line		•					4	
5	Dollar limitation for tax year Subtract lin  (a) Description			<u>ą separately, sec</u> st (business use			Elected cost	5	
6	(a) Description	in or property	(6) 00	st (Dusiness use	Offig)	(0)	lected cost		
7	Listed property. Enter the amount f	rom line 20			7				
8	Listed property Enter the amount f		in column (a) lines 6 and	7				8	
9	Total elected cost of section 179 pr Tentative deduction Enter the sma		in column (c), imes o and	•				9	
9 10	Carryover of disallowed deduction		009 Form 4562					10	
11	Business income limitation Enter t	•		ro) or line 5 (e	00 100	a cotions)		11	
12	Section 179 expense deduction Ad		•	•	ee iiis	il delions)		12	
13	Carryover of disallowed deduction	•		- II	13			12	
	e: Do not use Part II or Part III below				13				
			nd Other Depreciat	ion (Do no	t incl	ude liste	d prope	rtv )	(See instr.)
14	Special depreciation allowance for					uuo noto	и ріоро		Coo mon.
• •	during the tax year (see instruction		ior triair noted property) pro	2000 III 001 110	•			14	
15	Property subject to section 168(f)(1	•						15	
16	Other depreciation (including ACRS							16	15,018
	····		ide listed property)	(See instru	ction	s.)			
			Section A	(					
17	MACRS deductions for assets place	ed in service in tax ye	ars beginning before 2009	 9				17	0
18	If you are electing to group any assets p	•	5 5		ounts. c	heck here	. $\square$		
			rvice During 2009 Tax Y					stem	
	(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) C	onvention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property								
b	5-year property	]							
С	7-year property	]		1					
d	10-year property								
е	15-year property								
f	20-year property							•	
g	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs		ММ	S/L		
	property			27 5 yrs		MM	S/L		
i	Nonresidential real			39 yrs	<u>L</u>	MM	S/L		
	property					MM	S/L		
	Section C—A	ssets Placed in Serv	vice During 2009 Tax Yea	r Using the A	Alterna	tive Depr	eciation S	ystem	
20a	Class life				<u> </u>		S/L		
b	12-year			12 yrs			S/L		
С	40-year			40 yrs		ММ	S/L		
D	art IV Summary (See ins	structions.)							
F \		line 29	-					21	l = ==================================
21	Listed property Enter amount from	11116 20						_	
	Listed property Enter amount from Total. Add amounts from line 12, li		es 19 and 20 in column (g	j), and line 21	Enter	here			
21	Total. Add amounts from line 12, li and on the appropriate lines of you	nes 14 through 17, lin r return Partnerships	and S corporations—see		Enter	here		22	15,018
21	Total. Add amounts from line 12, li	nes 14 through 17, lin r return Partnerships ed in service during the	and S corporations—see		Enter	here			15,018

# WYAND Wyandotte County Farm Bureau Assoc. 48-6110433 Federal S

Federal Statements

FYE: 6/30/2010

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

Description	 Amount
County Dues Membership Dues	\$ 38,352 -330
Total	\$ 38,022

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

Description	Amount
Supplies Meals & Tips Travel Board Expense Dues Fair Expense Gifts & Flowers Insurance: Master Group L Office Expense Safety Deposit Box Subscriptions Reimbursed Exp: Other Penalties Taxes: Sec of State Contributions	\$ 122 360 17 25 150 1,375 1,079 946 726 15 61 -180 17 40 552
Expenses  Committees: Ag in the Classrm Committees: Day Camp Committees: Other Committees: Policy Developmnt Committees: Public Relations Committees: Womens Committees: Young Frmrs & Rch Meetings: County Annual Meetings: Other Meetings: President's Trip Meetings: State Annual Total	500 1,879 54 70 87 1,035 730 6,089 1,256 1,513 573

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

Description	/	Amount
Unrealized Investment Gain/Loss	\$	5,059
Total	\$	5,059

WYAND Wyandotte County Farm Bureau Assoc.
48-6110433 Federal Statements

FYE: 6/30/2010

48-6110433

9/13/2010 12:06 PM

## Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	gınning f Year	 End of Year
Accounts Payable and Accrued Expenses	\$ 671	\$ 1,023
	 671	1,023

Leadership

	County	Committee Position	Member Number	Name Address	
105	Wyandotte	County Board	80517	ARTHUR VANFLEET	
		President		9460 PARALLEL PKWY KANSAS CITY KS 66109-4328	
105	Wyandotte	County Board	244290	JERRY SIPES	
	•	Vice-President		14427 KREIDER RD	
				BONNER SPRINGS KS 66012-7646	
105	Wyandotte	County Board	489191	KIMBALL BACKUS	
	•	Secretary		4300 N 97TH ST	
		•		KANSAS CITY KS 66109-3215	
105	Wyandotte	County Board	489191	KIMBALL BACKUS	
	•	Treasurer		4300 N 97TH ST	
				KANSAS CITY KS 66109-3215	
105	Wyandotte	County Board	89349	FLOYD EBERTH	
		Board Member		16826 DONAHOO RD	
				BASEHOR KS 66007-5233	
105	Wyandotte	County Board	298611	ORAN EDDY	
	•	Board Member		24320 159TH ST	
				LEAVENWORTH KS 66048-7710	
105	Wyandotte	County Board	547933	AMY O'ROURKE	
	•	Board Member		12340 161ST STREET	
				LINWOOD KS 66052	
105	Wyandotte	County Board	574247	GARY WOHLFORTH	
	•	Board Member		3225 HUTTON RD	
				KANSAS CITY KS 66109-5105	