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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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 \$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.

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

KENTUCKY FARM BUREAU FEDERATION-SHELBY COUNTY

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

1201 MT. EDEN ROAD

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

SHELBYVILLE, KY 40065

D Employer identification number

61-0468751

E Telephone number

502-633-2310

F Group Exemption

Number

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 Tax-exempt status (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 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 \$ 260,721.

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	228,960.
	4	Investment income	4	58.
	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	4,726.
	6b	Less: direct expenses other than fundraising expenses	6b	4,826.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<100.>	
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 2)	8	26,977.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	255,895.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	114,647.
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	7,517.
	14	Occupancy, rent, utilities, and maintenance	14	66,443.
	15	Printing, publications, postage, and shipping	15	390.
	16	Other expenses (describe SEE STATEMENT 1)	16	32,278.
	17	Total expenses. Add lines 10 through 16	17	221,275.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,620.
	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	138,712.
	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	173,332.

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	48,901.	80,490.
23 Land and buildings	189,537.	180,744.
24 Other assets (describe)		
25 Total assets	238,438.	261,234.
26 Total liabilities (describe MORTGAGES PAYABLE)	99,726.	87,902.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	138,712.	173,332.

932171
02-08-10

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

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Expenses

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

28 SEE STATEMENT 5

28a	194,243.
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ATTENDING A KENTUCKY COLLEGE AND PURSUING A FOUR-YEAR DEGREE IN AGRICULTURE OR A RELATED FIELD.

29a	3,000.
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30

30a

31a

32	197,243.
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[illegible]

**KENTUCKY FARM BUREAU FEDERATION-
SHELBY COUNTY**

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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
- 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
- 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.

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?

b If "Yes," has it filed a tax return on Form 990-T for this year?

- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

b Did the organization file Form 1120-POL for this year?

- 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?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

- 39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 N/A; section 4912 N/A; section 4955 N/A

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

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

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

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

- 41 List the states with which a copy of this return is filed. KY

42a The organization's books are in care of PAT HARGADON Telephone no. 502-633-2310

Located at 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY ZIP + 4 40065

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

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

- 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

	Yes	No
33		X
34		X
35a	X	
35b	X	
36		X
37a	0.	
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40b	N/A	
40c		
40d		
40e		X

	Yes	No
42b		X
42c		X

43 ☐ N/A

	Yes	No
44		X
45		X

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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 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 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
N/A				

- 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
N/A		

- 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.

Signature of officer: *PAT HARGADON* Date: 1/10/11

PAT HARGADON, AGENCY MANAGER

Type or print name and title

Paid Preparer's Use Only Preparer's Signature: *Deming Malone* Date: 1-11-11 Check if self-employed: ☐ Preparer's identifying number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: DEMING MALONE LIVESAY & OSTROFF PSC 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187

EIN: Phone no. (502) 426-9660

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

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
SCHOLARSHIPS	3,000.
DEPRECIATION	2,328.
CONFERENCES AND MEETINGS	20,556.
DUES	484.
D & O INSURANCE	297.
MISCELLANEOUS	5,613.
TOTAL TO FORM 990-EZ, LINE 16	32,278.

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
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DESCRIPTION	AMOUNT
RENTAL INCOME - NOT-FOR-PROFIT	3,150.
ACHIEVEMENT AWARDS	1,200.
MISCELLANEOUS	1,452.
COMMERCIAL RENTAL REAL ESTATE-SIMPSONVILLE	8,400.
COMMERCIAL RENTAL REAL ESTATE-SHELBYVILLE	12,775.
TOTAL TO FORM 990-EZ, LINE 8	26,977.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- 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

4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT
GENE WITT, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	PRESIDENT 1.00	0.	0. 0.
JOHN WILLS, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	VICE PRESIDENT 1.00	0.	0. 0.
LARRY WILLIAMS, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	SECRETARY 1.00	0.	0. 0.
JUDY WHITE, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	TREASURER 1.00	0.	0. 0.
KATHERINE TINGLE, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY	DIRECTOR 1.00	0.	0. 0.
PAT HARGADON, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.
BETH FLOYD, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.
MATT GAJDZIK, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.
HAROLD TINGLE, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.
BOB ELLIS, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.
AMANDA GAJDZIK, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.
PHYLLIS KOCH, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.
DANIEL RUTLEDGE, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.
DAVID WHEELER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0. 0.

KENTUCKY FARM BUREAU FEDERATION- SHELBY

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DEBBIE ROTHENBURGER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY	DIRECTOR 1.00	0.	0.	0.
BRANDON QUIRE, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
RAY TUCKER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
STEPHANIE TUCKER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY	DIRECTOR 1.00	0.	0.	0.
PAT HORNBACK, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
SHANE COURTNEY, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
JOE LIPPS, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
CHARLES GRAFF, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
WAYNE ASHBY, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
COTY BAIN, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
CHARLES HUFFMAN, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
BILL MOFFETT, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
DARREN WILLS, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
JULIE HAMMOND, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
LANE TRUMBO, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
GLENN SAGESER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
JAMES TUCKER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.

KENTUCKY FARM BUREAU FEDERATION- SHELBY

61-0468751

JEREMY TUCKER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
DRU TERHUNE, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
GWYN TRUMBO, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
MARY COURTNEY, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
WALT REICHERT, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
SHARON LOTT, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
JACK TRUMBO, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
EDDIE MATHIS, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
DOUG LANGLEY, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
HARRY L. MORRIS, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
ALLEN PHILLIPS, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
PAUL HORNBACK, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
BOB HORNBACK, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
ROBERT WILSON, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
CLARENCE MILLER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
B.A. THOMAS JR., 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
GIL TUCKER, 1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40065	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

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STATEMENT 5

MONTHLY NEWSLETTERS, AGRICULTURAL AND SAFETY MEETINGS, REDUCED RATE INSURANCE COVERAGE AND LEGISLATIVE INTEREST MEETINGS ARE THE PRIMARY ACTIVITIES CONDUCTED FOR, AND IN THE INTEREST OF, THE ORGANIZATION'S OVER 7,700 MEMBERS.

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STATEMENT 6

IDENTIFYING AGRICULTURE PROBLEMS, DEVELOPING SOLUTIONS, IMPROVING NET FARM INCOME, ACHIEVING BETTER ECONOMIC OPPORTUNITIES AND ENHANCING QUALITY OF LIFE IS THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE.