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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)

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.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For	the 2	009 calendar year, or tax year beginning OCT 1, 2009		and endi	ing SEI	2 30	),	2010
B	Checi applic	cable	Please use IRS				D Empl	oyer i	dentification number
E	cha Na cha	dress inge me inge	label or print or BOYLE COUNTY FARM BUREAU FEDERATI	ON			61	L-6	032507
	Ilni	tial	Number and street (or P O box, if mail is not delivered to street address	s)	P	loom/suite	E Tele	phone	number
Г		rmın-	Specific P. O. BOX 216		1		( 8	359	748-9643
Ē	Ar	nended	Institut-	-			F Grou	ın Exe	mption
F		plication nding	DANVILLE, KY 40423-0216					ber 🕨	-
_			n 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attac	h a con	noleted	G Account			X Cash Accrual
	_		Schedule A (Form 990 or 990-EZ)		.,	Other (s			_
ī	Web	site:	▶ N/A						he organization is not
			pt status (check only one) — X 501(c) ( 5 ) ◀ (insert no ) 4947(a)	(1) or	527	1			lule B (Form 990, 990-EZ or 990-PF)
	Chec		if the organization is not a section 509(a)(3) supporting organization and its						
			Form 990 return is not required, but if the organization chooses to file a return						
L	Add	lines 5	5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form					<b>&gt;</b> \$	58,810.12
	art		Revenue, Expenses, and Changes in Net Assets or Fund				ctions		
	1		intributions, gifts, grants, and similar amounts received					1	
	2		ogram service revenue including government fees and contracts				Ī	2	
	3		embership dues and assessments				Γ	3	34,807.26
	4	Inv	vestment income					4	12,436.44
	5	a Gro	oss amount from sale of assets other than inventory	5a					
			ss cost or other basis and sales expenses	5b			$\neg$		
			in or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c	
e	6		ecial events and activities (complete applicable parts of Schedule G). If any amount	is from	n gaming, ch	neck here			
ē			oss revenue (not including \$ of contributions		J J.				
Revenue	İ		ported on line 1)	6a					
_		•	ss direct expenses other than fundraising expenses	6b					
			t income or (loss) from special events and activities (Subtract line 6b from line 6a)		•			6c	
	7		oss sales of inventory, less returns and allowances	7a					
		b Les	ss cost of goods sold	7b					·
		<b>c</b> Gro	oss profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8			SEE	STATE	MENT 2	2 ) [	8	11,566.42
	g	To	tal revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				<b>•</b>	9	58,810.12
	10	Gra	ants and similar amounts paid (attach sदिविद्यार् EIVED	STM	1T 4	•		10	7,445.40
	11	Be	enefits paid to or for members					11	15,940.96
S	12	Sa	laries other compensation and employee benefits					12	1,725.17
penses	13	Pro	ofessional fees and other payments independent contractors				L	13	1,495.00
ă	14	Oc	ccupancy, rent, utilities, and maintenance	SEE	STATE	MENT 3	3 [	14	10,477.03
Ē	15	Prı	inting, publications, postage, and shipping GDEN, UT				ļ	15	
2011	16	Oth	her expenses (describe	SEE	STATE	MENT :	<u>1</u> )	16	16,957.11
~	17	' To	ntal expenses Add lines 10 through 16				<b>&gt;</b>	17	54,040.67
4	18	Ex	cess or (deficit) for the year (Subtract line 17 from line 9)					18_	4,769.45
Set	19	Ne	et assets or fund balances at beginning of year (from line 27, column (A))						
TSE VSE		(m	nust agree with end-of-year figure reported on prior year's return)					19	164,201.50
퇃	20	) Oti	her changes in net assets or fund balances (attach explanation)				L	20	
בַּ	21	Ne	et assets or fund balances at end of year. Combine lines 18 through 20					21	168,970.95
₩F	art	<b>II</b> :	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or m	nore, file	<del></del>			-EZ	
Z			(See the instructions for Part II )		(A)	Beginning of		_	(B) End of year
Q2		Cash, s	savings, and investments		<u> </u>	14,013			27,404.52
<u>ဟ</u> 2	3 i	and ar	nd buildings			50,18			141,566.43
			assets (describe PHASE ONE ACCOUNTS			41,48			63,746.10
		rotal a				05,689			232,717.05
			abilities (describe ► PHASE ONE CLEARING ESCROW			41,48			63,746.10
			sets or fund balances (line 27 of column (B) must agree with line 21)	_		64,20	1.5	J  27	168,970.95
02	32171 2-08-1	<sub>o</sub> L	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate ins	tructio	ns.				Form <b>990-EZ</b> (2009)

	m 990-EZ (2009) BOYLE COUNTY FARM BUREAU			61-	<u>60325</u>	07 Page 2
	art III Statement of Program Service Accomplishme		Part III )		Ex	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	r 7				r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pu		ise manner, descri	be	) organizations and	
	services provided, the number of persons benefited, and other relevan			~~	for others )	7(a)(1) trusts, optional
	SUPPORT OF AGRICULTURAL EDUCATION A				1	
20	COMMUNITY	IND INODUCTION	IN HOUSE			
	COMMONTIT					
				<del></del>		
	(Grants \$ ) If this amount includes foreign	grants, check here			28a	
29						
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>		29a	
30						
		- ,				
	(Grants \$ ) If this amount includes foreign	grants, check here	•	<u> </u>	30a	
21	Other program services (attach schedule)	grants, check here				
31		avanta abankhara	_		21.	
00	(Grants \$ ) If this amount includes foreign	grants, cneck nere		<u> </u>	31a	
	Total program service expenses (add lines 28a through 31a)	Employage			32	
P	art IV List of Officers, Directors, Trustees, and Key I	EIIIPIOYEES. List each one ev	en if not compensated			or Part IV)
		(b) Title and average hours	(c) Compensation		ontributions employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	,	eferred	other allowances
				com	pensation	
JC	OHN HELM	PRESIDENT		•		
Ρ.	O. BOX 34, PERRYVILLE, KY 40468	0.50	0.00		0.00	0.00
BF	RYAN SHEPPERSON, 217 N. BRAGG	VICE PRESIDEN	$\mathbf{r}$			
SI	REET, PERRYVILLE, KY 40468	0.50	0.00		0.00	0.00
	ERRY GILBERT, 1173 HIGHWAY 33	SEC/TREAS				
	OUTH, HARRODSBURG, KY 40330	5.00	1,725.17	]	0.00	0.00
	TOTAL TOTAL	3.00	1,723.17	$\vdash$	0.00	0.00
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932	172 38-10	<u></u>			Form	990-EZ (2009)
UZ-1	DO- 10				1 (1111	(2009)

PE	IT Y   Other Information (Note the statement requirements in the instructions for Part V.)			т
			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	_33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of 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			
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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 $\blacktriangleright$ N/A , section 4912 $\blacktriangleright$ N/A , section 4955 $\blacktriangleright$ 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	40b	N/	Α
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 N/A			
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	40e		Х
41	List the states with which a copy of this return is filed NONE			
42 a		48-		
	Located at $\triangleright$ P. O. BOX 216, DANVILLE, KY ZIP+4 $\triangleright$ 4	042	3-0	216
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		Yes	No
	account)?	42b		X
	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.?	42c		X
	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	N/A		
			r	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
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	45		X
	· · · · · · · · · · · · · · · · · · ·	orm 9	90-E7	(2009)

Par	Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51.					
46 E	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	candidates for public		Ye	s No
C	office? If "Yes," complete Schedule C, Part I				46	
47 [	Did the organization engage in lobbying activities? If "Yes," complete Sch	edule C, Part II			47	
48 I	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	s," complete Schedule E			48	
49a [	Did the organization make any transfers to an exempt non-charitable related	organization?			49a	
	f "Yes," was the related organization a section 527 organization?			Į	49b	
	Complete this table for the organization's five highest compensated employe han \$100,000 of compensation from the organization. If there is none, enter		s, trustees and key er	nployees) who ea	ich received	d more
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp	nt and
	Complete this table for the organization's five highest compensated independence organization. If there is none, enter "None"  N/A  (a) Name and address of each independent contractor paid more	*******	ved more than \$100,	, 	tion from t	
<b>d</b> 1	Total number of other independent contractors each receiving over \$100,000	0	<b>&gt;</b>			
Sign Here	Under penalties of penjury, I declare that I have examined this return, including accorrect, and complete Destagration of preparer (other than officer) is based on all its significance of officer  Significance of officer  TEKUR Cribert  Type or print rame and title	ccompanying schedules and statemen information of which preparer has any	its, and to the best of my knowledge	knowledge and bel	ef, it is true,	
Paid Prepa				arer s identifying nu	mber (See ins	str)
Use O	Firm's name (or yours if self-employed), address, and ZIP+4  ROBINSON, HUGHES & CHR  459 WEST M.L. KING BLV  DANVILLE, KY 40423-088	D	C . EIN D	e►	236-60	628
May th	ne IRS discuss this return with the preparer shown above? See instructions		-1	▶ []	Yes [	No

Department of the Treasury Internal Revenue Service (99)

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

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

Business or activity to which this form relates

Identifying number

1

BOYLE	COUNTY FARM BURE	AU FEDER	ATION			UREAU NG-DA	ANVILLE	, KY	61-6032507
	Election To Expense Certain Property					_			
	ım amount See the instructions f							1	250,000.00
	ost of section 179 property placed	•						2	
	old cost of section 179 property b	•	•					3	800,000.00
	ion in limitation. Subtract line 3 fro			er -0-				4	
	tation for tax year Subtract line 4 from line 1				e instruc	hons		5	
6	(a) Description of prop		- I mande in	(b) Cost (busin			(c) Elected	d cost	<del>111. 17.</del>
·									
7 Listed r	property. Enter the amount from I	ne 29				7	<del></del>		
	ected cost of section 179 propert		e in column (c	\ lines 6 and	7	L		8	
	ve deduction Enter the smaller o	•	, III 001011III (c	,, iiilos o aria	•			9	
	ver of disallowed deduction from I		008 Form 45	62				10	
•	ss income limitation. Enter the sm	•			ra) ar h	ıne 5		11	
	179 expense deduction. Add line					iiie J		12	<del></del>
	ver of disallowed deduction to 201					13		1 12	
	ot use Part II or Part III below for I					13			
Part II	Special Depreciation Allowane				de liste	ed prope	tv.)	· · · · · · · · · · · · · · · · · · ·	
	depreciation allowance for qualif	-	•	•		<del></del>	···		
the tax	·	ca property (oti	iei tilali liste	a property) pr	acedi	II Sel Vice	during	14	
	ry subject to section 168(f)(1) elec	tion						15	
•	lepreciation (including ACRS)	tion						16	2,797.01
Part III		include listed or	onerty ) (See	Instructions	١			10	2/13/101
7 4-1-1-1-1		molecu pi		ction A	·/				<del></del>
17 MACRS	S deductions for assets placed in	service in tax ve			<u> </u>			17	
	electing to group any assets placed in service	•	•	•		haak hasa	▶ [	¬	······································
io il you ale	Section B - Assets P						eral Deprecia	etion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/ir	r depreciation evestment use instructions)	(d)	Recovery period	(e) Convention	<u> </u>	(g) Depreciation deduction
<b>19a</b> 3-y	ear property								
	ear property				<del> </del>				
	ear property					··			
	year property								
	year property						1		
	year property				1				· · · · · · · · · · · · · · · · · · ·
	year property				2	5 yrs.		S/L	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-	1	' 5 yrs	ММ	S/L	
h Res	sidential rental property				T	' 5 yrs.	MM	S/L	
					1	9 yrs.	MM	S/L	·
i No	nresidential real property				†	- J. J.	MM	S/L	
	Section C - Assets Pla	ced in Service	During 2009	Tax Year U	sing tl	ne Altern			tem
<b>20a</b> Cla	ss life				Τ		1	S/L	
	year			···	1	2 yrs.		S/L	· <del></del>
	year	/				0 yrs.	ММ	S/L	
Part IV	Summary (See instructions )	•			·			· · · · · · ·	
	property Enter amount from line 2	28						21	
	Add amounts from line 12, lines 14		es 19 and 20	) in column (n	ı), and	line 21			
	ere and on the appropriate lines of	=						22	2,797.01
	ets shown above and placed in s	-		-					· · · · · · · · · · · · · · · · · · ·
	of the basis attributable to section					23			

For	m 4562 (2009)	BOY	LE COU	VTY F	ARM	BUR	EAU F	'EDE	RATIO	N		61-	<u>6</u> 032	507	Page 2
P	art V Listed Propert			ertain ot	her vehic	cles, ce	llular tele	phone	s, certain	compute	ers, and	property	used-fo	or enterta	unment
	recreation, or a			isina the	standari	d milea	nce rate o	r dedu	ctina lease	ernens	e como	leteonis	124a 24	b colum	ne (a)
	through (c) of S							0000		CAPCITO	c, comp		, 2 Tu, 27	D, COIGIT	1113 (a)
	Section A -	Depreciati	on and Othe	r Inform	ation (Ca	aution	: See the	ınstruc	ctions for l	mits for	passeng	er autoi	nobiles)		
<u>24a</u>	Do you have evidence to s	upport the bu	isiness/investm	ent use c	laimed?		Yes	No	24b If "Y	es," is th	ie evidei	nce writ	ten?	Yes [	No
	(a)	(b)	(c)	,	(d)		(e)		(f)	(	(g)	(	(h)		(i)
	Type of property (list vehicles first )	Date placed in	Business investmen	t l	Cost or	/r	asis for depri susiness/inve		Recovery		thod/ rention		eciation uction		cted n 179
	(list vehicles liist )	service	use percenta	ige <sup>0</sup>	ther basis	<u></u>	use only	()	penou	Conv	ention	ueu		CC	
25	Special depreciation allo	wance for c	qualified listed	propert	y placed	ın serv	rice during	g the ta	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
<u>26</u>	Property used more than	n 50% in a c	qualified busin	iess use						,					
_	· · · · ·			%											
				%			_								
		L		%											
<u>27</u>	Property used 50% or le	ess in a qual	ified business	use:										<b>,</b>	
				%						S/L -					
				%						S/L·					
		<u> </u>		%						S/L·	-1				
28	Add amounts in column	(h), lines 25	through 27.	Enter he	re and on	ı line 2	1, page 1				28	<u> </u>			
<u>29</u>	Add amounts in column	(ı), line 26. E	Enter here and	on line	7, page	1							29		
				Section	B - Infor	matio	n on Use	of Vet	nicles						
	mplete this section for ve		•						•		•				
_	ou provided vehicles to y	our employe	ees, first ansv	ver the q	uestions	ın Sec	tion C to	see If y	you meet a	an excep	otion to d	complet	ing this s	section fo	or
tno	se vehicles.														
					(a)		(b)	ĺ	(c)	(	d)	(	e)	(1	)
30	Total business/investment		luring the	Ve	hicle	V	ehicle	V	/ehicle	Vet	ncle	Vel	nicle	Veh	icle
	year (do not include comm					ļ									
	Total commuting miles of									<u> </u>					
32	Total other personal (no	ncommuting	g) miles												
	driven					ļ									
33	Total miles driven during	•													
	Add lines 30 through 32						T						1		
34	Was the vehicle available	le for persor	nal use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?					-		1					<del> </del>		
35	Was the vehicle used pr		more												
	than 5% owner or relate	•				<del> </del>				ļ			-		
36	Is another vehicle availa	ble for perso	onal					1							
	use <sup>7</sup>	040	0	<u> </u>		/L - D-			4		<u> </u>	L	L	l	
۸			- Questions		-										<b>50</b> /
	swer these questions to one of the contract of	setermine ii	you meet an	exceptio	n to com	piering	j Section	B IOI V	enicies us	ed by er	прюуее	s wno a	re not n	iore than	5%
	Do you maintain a writte	na policy sta	tomont that r	robibite	all porso	nal use	of vehicle	06 100	duding cor	mmutina	byyou			Yes	No
31	employees?	en policy sta	tement that p	HOHIDIES	ali persoi	nai use	or veriici	es, inc	iluding cor	moung	, by you	ſ		res	140
38	Do you maintain a writte	n policy sta	tement that r	robibite	nereonal	use of	vahiclas	94095	at commut	ina by v	(OUR			<u> </u>	1
30	employees? See the ins				•			-			, Oui				
30	Do you treat all use of v			•	•	1110613,	directors	, 01 17	o or more	OWITEIS					+
	Do you provide more that	•				ınform	ation from	VOUR	employee	s about					
70	the use of the vehicles.		•				ation non	ı you	ciripioyee	3 about					
41	Do you meet the require					monet	ration use	2							<del> </del>
7'	Note: If your answer to								covered ve	hicles					
P	art VI Amortization	37, 00, 03, 4	10, 01 71 13 1	cs, uo 1	ior comp	icie de	CHOILD IC	n the t	COVERCO VE	nucies					.t
L	(a)		Т.	(b)	1	(c)	)	<u> </u>	(d)	$\neg \neg$	(e)	T		(f)	
	Description o	f costs	Da	te amortization begins	י	Amortiz	able		Code section		Amortiza period or per		A fo	mortization or this year	
42	Amortization of costs th	at begins di	uring your 200		ar.						,			.,	
				,	1										_
				••••	1								- · · <del>-</del> ·		
43	Amortization of costs th	at began be	efore your 200	9 tax ve	ar							43			
	Total. Add amounts in o	-	•	•		o recoi	rt					44			

## 4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# **Depreciation and Amortization** 990-EZ (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

2009 Attachment

Attachment Sequence No 6

Business or activity to which this form relates

Identifying number

вс	YLE COUNTY FARM BURE	AU FEDER	ATION FO	RM 9	90-E	Z PAGE	1	61-6032507
P	art   Election To Expense Certain Propert	y Under Section 1	79 Note: If you have any	listed pr	operty, c	omplete Part	V before y	ou complete Part I
1	Maximum amount See the instructions						1	250,000.00
	Total cost of section 179 property place	•					2	
	Threshold cost of section 179 property	•	•				3	800,000.00
4	Reduction in limitation Subtract line 3 fi	om 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 instruct	tions		5	
6	(a) Description of pro			isiness use	ı	(c) Elected	cost	
						-		
						=		
7	Listed property. Enter the amount from	line 29			7			
8	Total elected cost of section 179 proper	ty. Add amounts	in column (c), lines 6 a	nd 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 2	008 Form 4562				10	
11	Business income limitation. Enter the sn	naller of business	income (not less than	zero) or li	ine 5		11	
12	Section 179 expense deduction. Add lin	es 9 and 10, but	do not enter more than	line 11			12	
13	Carryover of disallowed deduction to 20	10. Add lines 9 a	and 10, less line 12	<b>&gt;</b>	13			
Not	te: Do not use Part II or Part III below for	listed property I	nstead, use Part V.					
P	art II Special Depreciation Allowar	ice and Other D	epreciation (Do not Inc	lude liste	ed prope	erty.)		
14	Special depreciation allowance for quali	fied property (oth	ner than listed property)	placed I	n service	during		
	the tax year						14	
15	Property subject to section 168(f)(1) election	ction					15	
16	Other depreciation (including ACRS)						16	3,621.43
P	art III MACRS Depreciation (Do not	include listed pr	operty) (See instructio	ns)				
			Section A					
17	MACRS deductions for assets placed in	service in tax ye	ears beginning before 2	009			17	
18	If you are electing to group any assets placed in servi	ce during the tax year	into one or more general asset	accounts, c	heck here	▶ _		
	Section B - Assets	Placed in Servic	e During 2009 Tax Yea	r Using	the Gen	eral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property	]						·
b	5-year property							
c	7-year property	]						
	10-year property							
е	15-year property							
f	20-year property			_				
	25-year property			2	5 yrs.		S/L	
	h Residential rental property			27	5 yrs	MM	S/L	
	nesidential rental property	/		27	7.5 yrs	MM	S/L	
j	Nonresidential real property	/		3	9 yrs	MM	S/L	
						MM	S/L	· · · · · · · · · · · · · · · · · ·
	Section C - Assets P	aced in Service	During 2009 Tax Year	Using t	he Alteri	native Depre	iation Sys	tem
<u> 20</u> a	a Class life						S/L	<b></b>
	b 12-year			1	2 yrs.		S/L	
_	c 40-year	/		4	0 yrs.	MM	S/L	
P	art IV Summary (See instructions)	· <del>-</del>						
21	Listed property. Enter amount from line	28					21	
22	Total. Add amounts from line 12, lines 1	4 through 17, lin	es 19 and 20 in column	(a), and	line 21			
	Total. Add amounts from the 12, titles	3,		(3),	O L 1.			
	Enter here and on the appropriate lines	of your return. P	artnerships and S corpo	rations -		r	22	3,621.43
		of your return. Paservice during the	artnerships and S corpo	rations -		r	22	3,621.43

					_							_
•												
Form 4562 (2009)	BOYL	LE COUNT	Y FARM	BU	REAU	FEDE	RATIO	N		61-603	3250	7 Page <b>2</b>
Part V Listed Propert		tomobiles, cert	ain other vehic	cles,	cellular tel	ephone	s, certain o	computer	s, and p	roperty use	d for ent	ertainment
recreation, or a  Note: For any v  through (c) of S	ehicle for whi	ch you are usir	ng the standar	d mil f aon	leage rate	or dedu	cting lease	expense,	, compl	ete <b>only</b> 24a,	24b, cc	ılumns (a)
		n and Other Ir				e instruc	tions for li	mits for pa	assenge	er automobile	es)	
24a Do you have evidence to s					Yes					ce written?	Ye	s No
(a)	(b)	(c)	(d)		(e)		(f)	(g		(h)		(i)
Type of property (list vehicles first )	Date placed in service	Business/ investment use percentage	Cost or	3	Basis for der (business/in use or	vestment	Recovery period	Meth Conve	od/	Depreciatio deduction		Elected ection 179 cost
25 Special depreciation allo	owance for qu	alified listed pr	operty placed	In se	ervice duri	ng the ta	ax year an	d				
used more than 50% in	a qualified bu	siness use					-		25			
26 Property used more tha	n 50% in a qu	alified busines	s use									
		%										
		%										<del></del> -
		%										
27 Property used 50% or le	ess in a qualifi	ed business us	se		•		•					
		%						S/L·				
		%						S/L·				
		%						S/L·				
28 Add amounts in column	(h), lines 25 tl	hrough 27. Ent	er here and or	ı line	21, page	1			28			
29 Add amounts in column	(i), line 26 En	iter here and o	n line 7, page	1						2	29	
		Se	ction B - Info	rmat	ion on Us	e of Veh	nicles			•	•	
Complete this section for ve if you provided vehicles to y those vehicles.									•	ompleting th	ıs sectic	n for
			(a)		(b)		(c)	(d)		(e)		(f)
30 Total business/investment	miles driven du	ring the	Vehicle		Vehicle	V	ehicle	Vehic	1	Vehicle		Vehicle
year (do not include com	muting miles)											
31 Total commuting miles	driven during t	the year										

		(6	a)	(t	o)	(4	c)	(0	d)	(4	e)	(1	7)
30	Total business/investment miles driven during the	Veh	ıcle	Veh	ıcle	Veh	ncle	Veh	ıcle	Veh	ıcle	Veh	ıcle
	year (do not include commuting miles)												
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles							ł					
	driven												
33	Total miles driven during the year												
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No										
	during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	ls another vehicle available for personal												
	1100?	i											

# Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% award or related persons.

<u>ow</u>	ners or related persons						
37	Do you maintain a written policy statement th	at prohibits all	l personal use of vehicles	s, including commi	ıtıng, by your	Yes	No
	employees?						
38	Do you maintain a written policy statement th	at prohibits pe	ersonal use of vehicles, e	except commuting,	by your	1	
	employees? See the instructions for vehicles	used by corpo	orate officers, directors, o	or 1% or more own	ers	ŀ	
39	Do you treat all use of vehicles by employees	as personal u	se <sup>?</sup>				
40	Do you provide more than five vehicles to you	ır employees,	obtain information from y	your employees ab	out		
	the use of the vehicles, and retain the information	ation received	7				L
41	Do you meet the requirements concerning qu	alified automo	bile demonstration use?				
	Note: If your answer to 37, 38, 39, 40, or 41 is	s "Yes," do no	t complete Section B for	the covered vehic	es		
P	art VI Amortization						
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) ortization this year	
42	Amortization of costs that begins during your	2009 tax year	r.				

43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

43

44

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MEETINGS, CONFERENCES		5,587.88
POSTAGE, INSURANCE, SUPPLIES		1,445.44
PAYROLL TAXES		271.18
DEPRECIATION		2,797.01
UTILITIES		3,553.87
REPAIRS		2,712.62
PROPERTY TAXES		4,480.56
LAWN MAINTENANCE		1,881.50
INSURANCE		1,082.65
50% OCCUPANCY EXPENSES		<6,855.60
TOTAL TO FORM 990-EZ, LINE 16		16,957.11
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
KY FARM BUREAU FEDERATION INCOME	र	5,010.27
SOIL TEST INCOME	-	3,429.50
FRUIT ORDER INCOME		1,508.00
OTHER INCOME		1,618.65
TOTAL TO FORM 990-EZ, LINE 8		11,566.42
FORM 990-EZ OCCUPANCY, RENT,	, UTILITIES AND MAINTENANCE	STATEMENT 3
DESCRIPTION		AMOUNT
DEDDECTAMION		2 (21 42
DEPRECIATION		3,621.43
OTHER EXPENSES		6,855.60
TOTAL TO FORM 990-EZ, LINE 14		10,477.03

FORM 990-EZ	CASH GRANTS AND ALLOCA	TIONS	STATEMENT	4
CLASS OF ACTIVITY/GRANTE	E'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	T
UNITED WAY, SCHOOL PROGRAVARIOUS SUPPORTED PROGRA		NONE	7,445	.40
DANVILLE, KY 40422				
TOTAL INCLUDED ON FORM 9	90-EZ, LINE 10		7,445	.40
FORM 990-EZ	RENTAL INCOME		STATEMENT	5
KIND AND LOCATION OF PRO	PERTY	ACTIVITY NUMBER	GROSS RENTAL INC	OME
FARM BUREAU BUILDING-DAN	VILLE, KY	1	12,436	.44
TOTAL INCUDED ON FORM 99	0-EZ, PART I, LINE 4		12,436	.44

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT			
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[	]	YES	[X]	NO
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [	]	YES	[X]	NO

STATEMENT 7 990-EZ PG 2

IMPROVEMENT IN QUALITY AND EFFICIENCY OF AGRICULTURAL PRODUCTION IN THE LOCAL COMMUNITY.