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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 November 1, 2009, and ending October 31, 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 organizationUnion County Farm Bureau

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

POB 529

Room/suite

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

Morganfield KY 42437-0529**D** Employer identification number61-6024908**E** Telephone number270-389-9111**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: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (5) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**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 ► \$ 44837.10**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	<u>13026.05</u>
	3	Membership dues and assessments	3	<u>26292.76</u>
	4	Investment income	4	
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
c	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	<u>5518.29</u>	
b	Less: cost of goods sold	7b	<u>5975.84</u>	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u><457.55></u>	
8	Other revenue (describe ► _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>38861.26</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>1000.00</u>
	11	Benefits paid to or for members	11	<u>17179.33</u>
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	<u>4294.36</u>
	15	Printing, publications, postage, and shipping	15	<u>3108.97</u>
	16	Other expenses (describe ► _____)	16	<u>835.00</u>
	17	Total expenses. Add lines 10 through 16	17	<u>26417.66</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>12443.60</u>
	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	<u>11532.27</u>
	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	<u>23975.87</u>

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	<u>11532.27</u>	22 <u>23975.87</u>
23 Land and buildings	<u>248105.34</u>	23 <u>248105.34</u>
24 Other assets (describe ► _____)	<u>7720.00</u>	24 <u>7720.00</u>
25 Total assets	<u>267357.61</u>	25 <u>279801.21</u>
26 Total liabilities (describe ► _____)	<u>255825.34</u>	26 <u>255825.34</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>11532.27</u>	27 <u>23975.87</u>

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

Cat. No. 106421

Form **990-EZ** (2009)

SCANNED 11/17/2010

SCANNED DEC 17 2010

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28

— see attachment —

(Grants \$

) If this amount includes foreign grants, check here ▶ ☐

28a

29

(Grants \$

) If this amount includes foreign grants, check here ▶ ☐

29a

30

(Grants \$

) If this amount includes foreign grants, check here ▶ ☐

30a

31 Other program services (attach schedule)

(Grants \$

) If this amount includes foreign grants, check here ▶ ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)
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[illegible]

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

	Yes	No
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 Schedule N		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
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 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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. ▶ <u>Kentucky</u>		
42a The organization's books are in care of ▶ <u>Sharon Shirel</u> Telephone no. ▶ Located at ▶ <u>1575 US Hwy 60 West, Morganfield KY</u> ZIP + 4 ▶ <u>42437-0529</u>		
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		
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		☒

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 |
|---|-----|-------------------------------------|
| 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 | 46 | ☒ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | ☒ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | ☒ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | ☒ |
| b If "Yes," was the related organization a section 527 organization? | 49b | ☒ |
- 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."

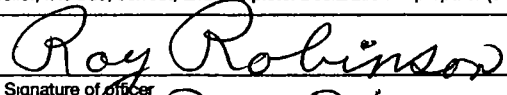
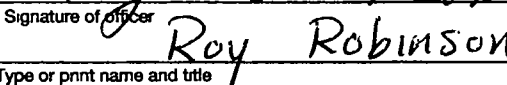
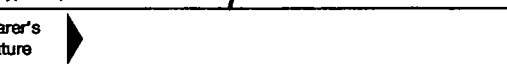
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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
None		

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		11/9/2010 Date	
Paid Preparer's Use Only	 Type or print name and title		President Title	
	Preparer's signature 	Date 11/9/2010	Check if self-employed ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		
Phone no.		May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No		

990EZ Attachment Part 1, line 10

61-6024908

11/1/2009 Through 10/31/2010

11/9/2010

Page 1

Date	Account	Num	Description	Memo	Category	Cl	Amount
1/5/2010	Checking	8733	Nick Hancock	2 of 4	Program:Scholarship	R	-250.00
1/26/2...	Checking	8739	Arlee Danhauer	4 of 4	Program:Scholarship	R	-250.00
7/29/2...	Checking	8791	Maddie White	1 of 4	Program:Scholarship	R	-250.00
7/29/2..	Checking	8794	Nick Hancock	3 of 4	Program:Scholarship	R	-250.00
TOTAL 11/1/2009 - 10/3...							-1,000.00
TOTAL INFLOWS							0.00
TOTAL OUTFLOWS							-1,000.00
NET TOTAL							-1,000.00

PART III

Union County Farm Bureau engaged in the following activities with the intention of promoting agriculture:

(number of participants in parentheses)

- Provide members an opportunity to attend Farm Bureau State & National Annual Meetings to share ideas, participate in meetings and discussions, visit with farmers, politicians and those interested in success of the agricultural industry (30).
- Provide a forum for young people to demonstrate their talents and abilities on a local, state and national level (3)
- Provide members an opportunity to receive scholarship money to assist them with the costs of higher education (4)
- Provide members an opportunity to meet with local, state and federal elected officials to discuss agricultural issues (95)
- Sponsor a safety field day for fifth grade students in all schools in Union County (250)
- Food Check-Out Day Proclamation; donation of food to Audubon Area Services which was matched by three local grocery stores, for a total of \$450. (13) Also, due to urgent need we donated \$300 to Audubon Area Services for food.
- Donation of \$300 for Relay for Life luminaries.
- Provide local newspapers, radio and television stations with information on events and issues relating to agriculture and activities and programs provided or sponsored by Union County Farm Bureau. Information also on Union County Farm Bureau Website.
- We are providing all of our county schools and libraries with agricultural books through our Bushels for Books Project. Also, we provided Lesson Plans and Teacher Guides to the School Libraries with mass emailing to teachers concerning agriculture materials. (25)
- Work with the local Senior Citizens Program and AARP to provide safety Driver Training. (30)

Attention : Rick Whobrey, Director
Organization Division
Kentucky Farm Bureau Federation
P. O. Box 20700
Louisville, KY 40250-070

RE. Union _____ County Farm Bureau _____
Second Tuesday of Month
Date of monthly director's meeting

Mailing Address P. O. Box 529 _____

Street Address 1575 U. S Highway 60 West _____ Date of annual meeting & election 7/23/09 _____

City Morganfield _____ Zip Code 42437 _____

Office Phone Numbers 389-1911 Area Code 270 Date term of office begins 1/1/10 _____

Fax Number 270-389-1913 Office Hours 8:00 to 4:30 P.M. Day Office Closed Sat/Sun

PLEASE FILL OUT ALL INFORMATION. WE MUST HAVE THE MEMBERSHIP NUMBER.

TITLE	FULL NAME	Membershi p #	ADDRESS (street, city, and ZIP)	Telephone
President Director	Roy Robinson	91589	1225 Adamson Rd, Morganfield 42437	270-389-3956
Vice Pres. Director	Gary Stenger	357227	1869 ST RT 130 N, Morganfield 42437	270-389-3563
Past President Director	Mary Nelle White	89153	7168 US Hwy 60 W, Sturgis 42459	270-333-5714
Secretary Treasurer Director	Sharron Shirel	92979	1462 ST RT 668, Sturgis 42459	270-333-5798
Agency Mgrs.	Mark Powell	1080545	PO Box 529 Morganfield 42437	270-389-1911
Co. Agriculture Agents	Rankin Powell Stephanie Thomas	414194 1349959	1938 US Hwy 60 W, Morganfield 42437	270-389-1400
Women's Chair Co-Chair Co-Chair Directors	Pat Rudd Brenda Stenger Barbara Wells	92967 357227 334811	709 Mary Anne Dr. Morganfield 42437 1869 ST RT 130 N, Morganfield 42437 7427 ST RT 758, Morganfield 42437	270-389-2625 270-389-3563 270-333-4436
Y.F. Co-Chair Y.F. Co-Chair Directors	Carrie Divine Jeremy White	2101644 1311023	405 Robinson Rd. Morganfield 42437 956 ST RT 923, Sturgis 42459	270-389-2979 270-333-5700

[illegible]