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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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning November 1 , 2011, and ending October 31 , 20 12

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNION COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
POB 529

City or town, state or country, and ZIP + 4
MORGANFIELD, KY 42437-0529

D Employer identification number
61-6024908

E Telephone number
270-389-1911

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☑ 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 or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 43459 59

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	12687 10
	3	Membership dues and assessments		3	25378 49
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a	5394.00	
	b	Less cost of goods sold	7b	10411.50	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	<4917 50>
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	33348 09
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1000.00
	11	Benefits paid to or for members		11	16375.08
	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	4961 38
	15	Printing, publications, postage, and shipping		15	6115 70
	16	Other expenses (describe in Schedule O)		16	
	17	**Total expenses.** Add lines 10 through 16 ▶		17	28452.16
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4895 93
	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	29328 19
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	34224 12

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Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	29328.19	22	34224.12
23	Land and buildings	248105.34	23	248105.34
24	Other assets (describe in Schedule O)	7720.00	24	7720.00
25	**Total assets**	285153.53	25	290049.46
26	**Total liabilities** (describe in Schedule O)	255825.34	26	255825.34
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	29328.19	27	34224.12

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? _____

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses 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 (describe in Schedule O) . . . . . .

(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.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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	36		✓
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?	37b		
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 tax year covered by this return?	38a		✓
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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.	40e		✓
41	List the states with which a copy of this return is filed. ▶ KENTUCKY			
42a	The organization's books are in care of ▶ BARBARA WELLS Telephone no. ▶ 270-389-1911			
	Located at ▶ 1575 US HWY 60 WEST, MORGANFIELD, KY ZIP + 4 ▶ 42437-0529			
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)?	42b		✓
	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 the U.S.?	42c		✓
	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	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 . . ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ **Yes** ☑ **No**

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

Sign Here

X _____ 11-13-12
Signature of officer Date

WILLIAM HOLBROOK
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

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

990 EZ Attachment Part 1, line 10 (61-6024908) - Last year

11/1/2011 through 10/31/2012

Date	Account	Num	Description	Memo	Category	Tag	Clr	Amount
12/30/2011	Checking	8984	Duncan Taylor	2ndof4	Program Scho .		R	
1/5/2012	Checking	8987	Maddie White	4of4	Program:Scho .		R	
6/25/2012	Checking	9047	Cody Crowdus	1st of 4	Program:Scho..		R	
8/15/2012	Checking	9057	Duncan Taylor	3rd of 4	Program.Scho..		R	
11/1/2011 - 10/31/2012								
					TOTAL INFLOWS			**0.00**
					TOTAL OUTFLOWS			
					NET TOTAL			

ATTACHMENT
990

Union County Farm Bureau
61-6024908

PART I
line 19

A change in net assets of $10.00 was observed in the line 19, column A amounts from that reported in previously filed form 990 for the 2010 calender year November 1, 2010-October 31, 2011.
This amount reflects voiding two member dues refund checks which were issued but never cashed by payees:

12/17/2010	#8849	Alvin Moman	$5.00
12/22/2012	#8860	Mary Ann Baird	$5.00

The revised October 31, 2011 balance was $29328.19

ATTACHMENT
990

Union County Farm Bureau
61-6024908

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 (28).
- 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 (160)
- 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)
- Heritage Farms Project promoted Union County farms that had been family owned for 100+ years. Information presented statewide and nationally utilizing website. (40)

2013 COUNTY FARM BUREAU OFFICERS & DIRECTORS

Attention : **Matthew Ingram**
Organization Division
Kentucky Farm Bureau Federation
P. O. Box 20700
Louisville, KY 40250-070

RE. **Union** County Farm Bureau 2nd Tuesday of month
Date of monthly director's meeting

Mailing Address PO Box 529 Morganfield Ky. 42437

Street Address 1575 Hwy 60 W Date of annual meeting & election annual meeting-July

City Morganfield Zip Code 42437

Office Phone Numbers 389-1911 Area Code 270 Date term of office begins January 1st

Fax Number 389-1913 Office Hours 8:00-4:30 Day Office Closed Sat & Sun

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

TITLE	FULL NAME	Membership #	ADDRESS (street, city, and ZIP)	Telephone
President	**William R Holbrook**	1051896	401 S. Mart St. Morganfield, Ky 42437	270-952-3574
1st Vice Pres.	**Jerad Day**	2243543	93 Hart Huckabee Sturgis, Ky. 42459	618-302-0989
2nd Vice Pres.				
Secretary	**Barbara Wells**	334811	7427 St. Rt. 758 Morganfield, Ky.	270.333.4436
Treasurer	**Barbara Wells**	334811	7427 St. Rt. 758 Morganfield, Ky.	270.333.4436
Office Secretary				
Agency Mgrs.	**Mark Powell**	1080545	179 Bob Hite Rd Morganfield, Ky. 42437	270.389.1911
Co. Agriculture Agent	**Rankin Powell**	414194	5396 Housebridge Rd Corydon, KY 42406	270-533-9895
Women's Chair	**Brenda Stenger,** **Barbara Wells**	357227 334811	7869 ST RT 130 N Morganfield, Ky. 7427 St. Rt. 758 Morganfield, Ky.	270-389-3563 270.333.4436
Y.F. Chair	**Dustin White**	1414801	8754 ST RT 130 S Morganfield, Ky. 42437	270-952-1105

Form O-138 B 4/03 **by**

PLEASE LIST COUNTY DIRECTORS **ALPHABETICALLY** AND WITH **COMPLETE ADDRESS** AND **MEMBERSHIP #**. **IT IS NOT NECESSARY TO LIST THE OFFICERS AGAIN.**

91341	Brown	Gene Brown	221 N Mart St	Morganfield, KY 42437	270-389-3001
2243543	Day	Jared Day	93 Hart Huckabee	Sturgis, Ky. 42459	
1400759	Dossett	Ben Dossett	650 Heavrin Rd	Sturgis, Ky. 42459	270-333-5458
501973	Henshaw	Diane Henshaw	1423 ST RT 668	Sturgis, Ky. 42459	270-333-6114
501973	Henshaw	Paul Henshaw	1423 ST RT 668	Sturgis, Ky. 42459	270-333-6114
000213274	Hendrickson	Bryan Hendrickson	906 Seven Gums Rd	Morganfield, KY 42437	270-952-3344
1051896	Holbrook	Bill Holbrook	401 S Mart St	Morganfield, KY 42437	270-389-0658
1414862	Mills	Greg Mills	1043 Hilltop Rd	Morganfield, Ky. 42437	270-836-9330
1080545	Powell	Mark Powell	179 Bob Hite Rd	Morganfield KY 42437	270-389-1877
414194	Powell	Rankin Powell	5396 Housebridge Rd	Corydon, KY 42406	270-533-9895
91589	Robinson	Roy Robinson	1225 Adamson Rd	Morganfield KY 42437	270-389-3956
357227	Stenger	Gary Stenger	7869 ST RT 130 N	Morganfield KY 42437	270-389-3563
357227	Stenger	Brenda Stenger	7869 ST RT 130 N	Morganfield KY 42437	270-389-3563
1051898	Thomas	Tim Thomas	125 Ben Dyer Road	Sturgis, Ky. 42459	270-952-1505
1349959	Thomas	Joe Thomas	248 ST RT 2834	Sturgis, Ky. 42459	270-389-9170
1349959	Thomas	Stephanie Thomas	248 ST RT 2834	Sturgis, Ky. 42459	270-389-9170
334811	Wells	Barbara Wells	7427 ST. RT.758	Morganfield KY 42437	270.333.4436
334811	Wells	Ray Wells	7427 ST. RT.758	Morganfield KY 42437	270.333.4436
1414819	White	Drew White	8754 ST RT 130 S	Morganfield, KY 42437	270-952-1107
1414801	White	Dustin White	8754 ST RT 130 S	Morganfield, KY 42437	270-952-1105
1311023	White	Jeremy White	956 ST RT 923	Sturgis, Ky. 42459	270-333-5700
89153	White	Mary Nelle White	7168 US HWY 60W	Sturgis, Ky. 42459	270-333-5714
1311023	White	Tricia White	956 ST RT 923	Sturgis, Ky. 42459	270-333-5700