

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)

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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.

A For the 2009 calendar year, or tax year beginning , **2009**, and ending ,

B Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending. **Please use IRS label or print or type. See Specific Instructions.**

C Name of organization
KNOX COUNTY AGRICULTURAL SOCIETY

D Employer identification number
47-6013294

E Telephone number
(402) 388-4235

F Group Exemption Number ►

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► **N/A**

J Tax-exempt status (check only one) — ☒ 501(c) (5) (insert no) ☐ 4947(a)(1) or ☐ 527

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 ► \$ **168,558.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received .	1	18,836.
2	Program service revenue including government fees and contracts	2	80,116.
3	Membership dues and assessments	3	
4	Investment income	4	31.
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 <input type="checkbox"/>		
a	Gross revenue (not including \$ 0. of contributions reported on line 1)	6a	439.
b	Less: direct expenses other than fundraising expenses	6b	48.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	391.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► See Other Revenue Statement)	8	69,136.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	168,510.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	11,776.
13	Professional fees and other payments to independent contractors	13	2,701.
14	Occupancy, rent, utilities, and maintenance	14	2,536.
15	Printing, publications, postage, and shipping	15	4,350.
16	Other expenses (describe ► See Other Expenses Statement)	16	143,565.
17	Total expenses. Add lines 10 through 16	17	164,928.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,582.
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	35,036.
20	Other changes in net assets or fund balances (attach explanation) gift/land + adj	20	19,541.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	58,159.

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	27,007.	30,170.
23 Land and buildings	0.	20,000.
24 Other assets (describe ► County Treasurer)	8,029.	7,989.
25 Total assets	35,036.	58,159.
26 Total liabilities (describe ►)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,036.	58,159.

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

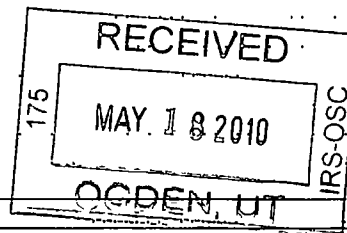
Form 990-EZ (2009)

SCANNED JUL 09 2010

KCMC:MR

S MORGAN

ASSETS



12

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? Agricultural Improvement/Education

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

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, or other relevant information for each program title

28	The Fair is a showcase for 4-H and open class agricultural projects to be viewed and judged by the community. It leads to improved ag products and knowledge.	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	142,730.
29		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		32	142,730.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Craig Vanness 87027 546th Avenue Wausa NE 68786	President 1.00	200.	0.	
Loyal McFarland 54728 Highway 84 Bloomfield NE 68718	Vice-President 1.00	200.	0.	
Jerry Nipp PO Box 14 Bloomfield NE 68718	Secretary 4.00	3,200.	0.	
David Merchen 89258 548th Avenue Crofton NE 68730	Treasurer 2.00	1,400.	0.	
Scott Adams 61534 872nd Road Orchard NE 68764	Director 0.00	200.	0.	
Milton Bell 311 W Lincoln Bloomfield NE 68718	Director 0.00	200.	0.	
Mike Crosley 52930 Highway 12 Niobrara NE 68760	Director 0.00	200.	0.	
Steve Kumm 87161 547th Avenue Wausa NE 68786	Director 0.00	200.	0.	
Eric Miller 409 E Main Street Bloomfield NE 68718	Director 0.00	200.	0.	
Duane Schumacher 54584 Highway 84 Bloomfield NE 68718	Director 0.00	200.	0.	
Jody Stark 101 S Verdel-Glick Street Niobrara NE 68760	Director 0.00	200.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes.		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?		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
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 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		X
41 List the states with which a copy of this return is filed ▶		

42a The organization's books are in care of ▶ Riesberg Law Office Telephone no. ▶ (402) 388-4363
 Located at ▶ 1102 Second Street Crofton NE ZIP + 4 ▶ 68730

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 ▶

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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 **44**

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**

	Yes	No
44		X
45		X

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	
49b 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 and deferred compensation	(e) Expense account and other allowances

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

d Total number of other independent contractors each receiving over \$100,000 ▶

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 ☒ David Merchen 5-10-2010
 Signature of officer Date

David Merchen, Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature <u>[Signature]</u>	Date <u>5/6/10</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	RIESBERG LAW OFFICE. 1104 W 2ND ST CROFTON NE 68730		
EIN	47-0598128		
Phone no			

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

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

Beer Garden	5,580.
Camping	1,155.
Fair Ads	5,340.
Vendors & Concessions	1,545.
Taxes	53,671.
Miscellaneous	1,845.

Total 69,136.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Advertising	5,027.
Bank Charges	269.
Capital Expenditures	11,015.
Conventions & Meetings	1,085.
Donations	200.
Dues & Fees	321.
Fair Entertainment	92,812.
Insurance	6,026.
Judging & Awards	18,772.
Meals for Help	1,208.
Office Supplies	186.
Supplies	5,966.
Telephone	173.
Miscellaneous	505.

Total 143,565.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Gary Wagner 52591 875th Road Winnetoon NE 68789 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.00	200.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ron Walton 88296 520th Avenue Verdigre NE 68783 Foreign city _____ Foreign country _____	Title Director Hours/Week 0.00	200.	0.	

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Cathy Warriner</u> <u>53153 HW 84</u> <u>Center</u> <u>NE</u> <u>68724</u> Foreign city _____ Foreign country _____	Title <u>Director</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>0.00</u>	<u>200.</u>	<u>0.</u>	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Jim Wurdeman</u> <u>88009 516th Avenue</u> <u>Verdigre</u> <u>NE</u> <u>68783</u> Foreign city _____ Foreign country _____	Title <u>Director</u>			
Foreign city _____ Foreign country _____	Hours/Week <u>0.00</u>	<u>200.</u>	<u>0.</u>	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	Title			
Foreign city _____ Foreign country _____	Hours/Week			