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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

2008

Open to Public
Inspection

► 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 \$1,000,000 and total assets less than \$2,500,000 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

A For the 2008 calendar year, or tax year beginning JUN 1, 2008 and ending MAY 31, 2009

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
KENTUCKY FEDERATION OF WOMEN'S CLUBS, INC.
 Number and street (or P O box, if mail is not delivered to street address)
1228 CHEROKEE ROAD
 City or town, state or country, and ZIP + 4
LOUISVILLE, KY 40204

D Employer identification number
61-0489923
 E Telephone number
502-451-8435
 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 Organization type (check only one) — 501(c) (3) ► (insert no) 4947(a)(1) or 527K 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 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **143,496.****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	20,465.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	92,603.
	4 Investment income	4	3,029.
	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) (attach schedule)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	18,569.
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	13,994.
	b Less direct expenses other than fundraising expenses	6c	4,575.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	8,830.
	8 Other revenue (describe ► SEE STATEMENT 2)	9	129,502.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	8,217.
Expenses	10 Grants and similar amounts paid (attach schedule)	11	92,294.
	11 Benefits paid to or for members	12	9,007.
	12 Salaries, other compensation, and employee benefits	13	5,700.
	13 Professional fees and other payments to independent contractors	14	26,585.
	14 Occupancy, rent, utilities, and maintenance	15	643.
	15 Printing, publications, postage, and shipping	16	5,497.
	16 Other expenses (describe ► SEE STATEMENT 1)	17	147,943.
Net Assets	17 Total expenses. Add lines 10 through 16	18	-18,441.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	95,564.
	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)	20	
	20 Other changes in net assets or fund balances (attach explanation)	21	77,123.
	21 Net assets or fund balances at end of year Combine lines 18 through 20		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	43,864.	22,630.
23 Land and buildings		23
24 Other assets (describe ► ANNUITY CONTRACT)	51,700.	54,493.
25 Total assets	95,564.	77,123.
26 Total liabilities (describe ► 0.)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,564.	77,123.

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

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

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 SEE STATEMENT 5

(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	92,294.
29 SCHOLARSHIPS AND GRANTS TO OTHER CHARITABLE ORGANIZATIONS, PER SCHEDULE 2				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	8,217.
30 ART AWARD				
(Grants \$	) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	475.
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	100,986.

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

**KENTUCKY FEDERATION OF WOMEN'S
CLUBS, INC.**

Form 990-EZ (2008)

61-0489923

Page 3

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

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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T

	Yes	No
33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

35a	X
35b	N/A

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

36	X
37b	X

36 Was there a liquidation, dissolution, termination, or substantial contraction 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 ► 37a 0.

37a	0.
38a	X

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

38a	X
38b	N/A

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 unpaid at the start of the period covered by this return?

38b	N/A
39a	N/A

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

39a	N/A
39b	N/A

39 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.

40a	X
40b	X

b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I

40b	X
40c	X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.

40c	X
40d	X

d Enter amount of tax on line 40c reimbursed by the organization ► 0.

40d	X
40e	X

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	X

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

42a The books are in care of ► **KENTUCKY FEDERATION OF WOMEN'S CLUB** Telephone no ► **502-451-8435**
 Located at ► **1228 CHEROKEE ROAD, LOUISVILLE, KY** ZIP + 4 ► **40204**

42a	X
42b	X

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	X
42c	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.

42c	X
43	X

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	X
44	X

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 N/A

44	X
45	X

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

45	X
Form 990-EZ (2008)	

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

KENTUCKY FEDERATION OF WOMEN'S
CLUBS, INC.

Form 990-EZ (2008)

CLUBS, INC.

61-0489923

Page 4

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 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	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the 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"		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None".

NONE

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, the information contained therein is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

✓04/12/2010
Date

Suzette Redwine 04/12/2010
 Suzette Redwine, Treasurer
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>J. Leon Thomas</i>	Date 4/8/10	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► HAMILTON, THOMAS & CO., PLLC 4360 BROWNSBORO ROAD, SUITE 320 LOUISVILLE, KY 40207	EIN ►	Phone ►	no. (502) 893-0337

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization **KENTUCKY FEDERATION OF WOMEN'S CLUBS, INC.** Employer identification number **61-0489923**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organization's supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?	(vii) Amount of support
			Yes	No	Yes	No		
Total								

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

KENTUCKY FEDERATION OF WOMEN'S

Schedule A (Form 990 or 990-EZ) 2008 CLUBS, INC.

61-0489923 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	107,193.	121,563.	102,836.	102,077.	119,116.	552,785.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	107,193.	121,563.	102,836.	102,077.	119,116.	552,785.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						552,785.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	107,193.	121,563.	102,836.	102,077.	119,116.	552,785.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,116.	2,866.	644.	1,685.	2,898.	10,209.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,659.	573.	1,920.	1,838.	2,780.	8,770.
11 Total support. Add lines 7 through 10						571,764.
12 Gross receipts from related activities, etc. (see instructions)				12		105,678.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.68	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.87	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input checked="" type="checkbox"/>	
16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>	
17b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
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DESCRIPTION	AMOUNT
MISCELLANEOUS	2,928.
PROGRAM SERVICES	475.
BOARD EXPENSES	2,094.
TOTAL TO FORM 990-EZ, LINE 16	<u>5,497.</u>

FORM 990-EZ	OTHER REVENUE	STATEMENT 2
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DESCRIPTION	AMOUNT
STUDENT LOAN REPAYMENTS	1,223.
RENTALS	6,050.
MISCELLANEOUS	1,557.
TOTAL TO FORM 990-EZ, LINE 8	<u>8,830.</u>

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CONTRIBUTIONS VARIOUS	NONE	3,166.
SCHOLARSHIPS VARIOUS	NONE	5,051.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>8,217.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

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

990-EZ PG 2

STATEMENT 5

PAYMENT OF FEDERAL ASSOC. DUES & PARTICIPATION IN STATE AND NATIONAL CONVENTIONS. CONVENTIONS PROVIDE LEADERSHIP TRAINING, OPPORTUNITIES TO EXCHANGE IDEAS FOR COMMUNITY IMPROVEMENTS & OPPORTUNITIES TO NETWORK

990-EZ PG 2

STATEMENT 6

THE OBJECT AND PURPOSE OF THIS ORGANIZATION IS TO PROVIDE VOLUNTEER SERVICE TO PROMOTE COMMUNITY IMPROVEMENTS THROUGH SIX EDUCATIONAL DEPARTMENTS. EACH OF THESE ACTIVITIES--ARTS, CONSERVATION, EDUCATION, HOME LIFE, INTERNATIONAL AFFAIRS, AND PUBLIC AFFAIRS--IS ON GOING.

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT 7

EXPLANATION

DUE TO TRAVEL AND WORK COMMITMENTS OF VOLUNTEER OFFICERS OF THE ORGANIZATION, ADDITIONAL TIME IS NEEDED TO OBTAIN AND COMPILE ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print	Name of Exempt Organization KENTUCKY FEDERATION OF WOMEN'S CLUBS, INC.	Employer identification number 61-0489923
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. 1228 CHEROKEE ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40204	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KENTUCKY FEDERATION OF WOMEN'S CLUB

- The books are in the care of ► **1228 CHEROKEE ROAD - LOUISVILLE, KY 40204**
Telephone No. ► **502-451-8435** FAX No. ► **502-451-8435**

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **APRIL 15, 2010**.
- 5 For calendar year _____, or other tax year beginning **JUN 1, 2008**, and ending **MAY 31, 2009**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____
SEE STATEMENT 7

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

Form 8868 (Rev. 4-2009)