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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 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 1-1-, 2009, and ending 12-31, 20**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  
Instruc-  
tions.**C** Name of organizationBlue Grass Farms Charities

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

340 Legion Dr.

Room/suite

20

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

Lexington KY 40504**D** Employer identification number20-0374962**E** Telephone number859 219 0910**F** Group ExemptionNumber ► N/A

• 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: ► www.bafcky.com**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (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. ► \$**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	<u>153193</u>
	2	Program service revenue including government fees and contracts	2	<u>-</u>
	3	Membership dues and assessments	3	<u>-</u>
	4	Investment income	4	<u>-</u>
	5a	Gross amount from sale of assets other than inventory	5a	<u>-</u>
	5b	Less: cost or other basis and sales expenses	5b	<u>-</u>
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>-</u>
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>		
	6a	Gross revenue (not including \$ <u>61755</u> of contributions reported on line 1)	6a	<u>61755</u>
	6b	Less: direct expenses other than fundraising expenses	6b	<u>-</u>
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>61755</u>	
7a	Gross sales of inventory, less returns and allowances	7a	<u>-</u>	
7b	Less: cost of goods sold	7b	<u>-</u>	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>-</u>	
8	Other revenue (describe ► )	8	<u>-</u>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>214943</u>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	<u>85541</u>
	11	Benefits paid to or for members	11	<u>-</u>
	12	Salaries, other compensation, and employee benefits	12	<u>65559</u>
	13	Professional fees and other payments to independent contractors	13	<u>29913</u>
	14	Occupancy, rent, utilities, and maintenance	14	<u>14905</u>
	15	Printing, publications, postage, and shipping	15	<u>4504</u>
	16	Other expenses (describe ► <u>INS., payroll taxes, supplies</u> )	16	<u>14315</u>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<u>214737</u>
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>211</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>80935</u>
20	Other changes in net assets or fund balances (attach explanation)	20	<u>-</u>	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<u>81146</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>80935</u>	22 <u>81146</u>
23 Land and buildings	<u>-</u>	23 <u>-</u>
24 Other assets (describe ► )	<u>-</u>	24 <u>-</u>
25 <b>Total assets</b>	<u>80935</u>	25 <u>81146</u>
26 <b>Total liabilities</b> (describe ► )	<u>-</u>	26 <u>-</u>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<u>80935</u>	27 <u>81146</u>

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

Cat. No 106421

Form **990-EZ** (2009)

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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? Financial and Counseling, Education  
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	CRISIS management, emergency financial aid, domestic violence assistance, medicine, food Bereavement costs, utilities, housing -200-	(Grants \$ ) If this amount includes foreign grants, check here	28a	39181
29	women + family services - summer camp, parenting classes, Christmas gifts, food, clothing, school supplies -750-	(Grants \$ ) If this amount includes foreign grants, check here	29a	25406
30	Welcome to the Farm - ESL + SSL classes, farm safety classes 300	(Grants \$ ) If this amount includes foreign grants, check here	30a	25348
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	89935

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

[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 . . . . .	33	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . <u>attached</u> . . . . .	34	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> <u>- 0 -</u>		
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	<input checked="" type="checkbox"/>
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? . . . . .	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	<input checked="" type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>-</u> ; section 4912 ▶ <u>-</u> ; section 4955 ▶ <u>-</u>		
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 . . . . . ▶ <u>- 0 -</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>- 0 -</u>		
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>Blue Glass Farm, Inc.</u> Telephone no. ▶ <u>857 619 6111</u> Located at ▶ <u>340 Leominster Rd., Leominster, MA 01454</u> ZIP + 4 ▶ <u>01454</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)? . . . . .	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u> <u>- 0 -</u> <input type="checkbox"/>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

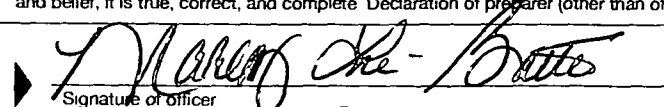
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

**f** Total number of other employees paid over \$100,000 . . . . . **N/A**

- 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
N/A		

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

<b>Sign Here</b>	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		5-13-10 Date	
<b>Paid Preparer's Use Only</b>	MARY LEE-BUTTE C.E.O. Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	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



**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .			N/A			
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .		N/A				
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> 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 G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open To Public  
Inspection

Name of the organization

*Blue Grass Farms Charities*

Employer identification number

*20-0374962*

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<i>N/A</i>						
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. *KY*



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 dinner/Auction (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	61755			61755
	2 Less: Charitable contributions . . . . .	11300			11300
	3 Gross income (line 1 minus line 2) . . . . .	50455			50455
Direct Expenses	4 Cash prizes . . . . .	-0-			-0-
	5 Noncash prizes . . . . .	-0-			-0-
	6 Rent/facility costs . . . . .	-0-			-0-
	7 Food and beverages . . . . .	10335			10355
	8 Entertainment . . . . .	500			500
	9 Other direct expenses . . . . .	2500			2500
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				(13355)
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				37100	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Raffle	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue . . . . .	N/A	N/A	2875	2875
Direct Expenses	2 Cash prizes . . . . .			-0-	-0-
	3 Noncash prizes . . . . .			1000	1000
	4 Rent/facility costs . . . . .			-0-	-0-
	5 Other direct expenses . . . . .			-0-	-0-
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				(1000)	
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				1875	

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: KY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a	Is the organization licensed to operate gaming activities in each of these states?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," explain:		
11	Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**13** Indicate the percentage of gaming activity operated in:

- a The organization's facility . . . . . **13a** -0- %
- b An outside facility . . . . . **13b** 100 %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:Name ▶ Mary Lee-BurkeAddress ▶ 340 Lexington St #20 Lexington 02174**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:Name ▶ Mary Lee-BurkeGaming manager compensation ▶ \$ -0-Description of services provided ▶ organization of volunteers☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . **17a** ☒
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 100%



0598055.09

mstratton

AMD

Trey Grayson, Secretary of State

Received and Filed

12/1/2009 3 14 PM

Fee Receipt \$8 00

**COMMONWEALTH OF KENTUCKY**  
**TREY GRAYSON, SECRETARY OF STATE**

Division of Corporations  
 Business Filings  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

Articles of Amendment  
 (Domestic Nonprofit Corporation)

NPA

Pursuant to the provisions of KRS Chapter 273, the undersigned applies to amend articles and, for that purpose, submits the following statements:

1. The name of the corporation on record with the Office of the Secretary of State is:

Blue Grass Farms Chapkancy, Inc.

(The name must be identical to the name on record with the Secretary of State.)

2. The text of each amendment adopted.

The name of the corporation  
shall be changed to Blue Grass Farms  
Charities, Inc.

3. The date of adoption of each amendment was 11-23-09

4. Check either a, b or c (whichever is applicable):

- a. ☐ The amendment(s) was (were) duly adopted by a quorum present at such meeting and that such amendment received at least two-thirds (2/3) of the votes which members present at such meeting or represented by proxy were entitled to cast.
- b. ☐ The amendment(s) was (were) duly adopted by consent in writing and was (were) signed by all members entitled to vote with respect thereto
- c. ☒ The amendment(s) was (were) duly adopted by the board of directors and such amendment(s) received the vote of a majority of the directors in office since there are no members or members entitled to vote.

5. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

(Delayed effective date  
and/or time)

I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Mary Lee-Butte

Signature of Officer or Chairman of the Board

Mary Lee-Butte, C.E.O.

Printed Name & Title

11-30-09

Date