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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)**

► 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 \$1,250,000 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>B</b> <input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type See Specific Instructions	<b>C Name of organization, number and street, city, town, state, and ZIP code</b>  <b>MORGAN COUNTY FARM BUREAU</b>  <b>661 MAIN STREET</b> <b>West Liberty KY 41472</b>	<b>D Employer identification number</b>  <b>61-6029816</b>
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● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting method**  **Cash**  **Accrual**  
 Other (specify) ►

**I Website:** ►

**J Tax-exempt status** (check only one) -  501(c)(5) ► (insert no.) 4947(a)(1) or 527

**H Check**  if the organization is not required to attach Sch 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 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** ► \$ **51,872.**

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b>		(See the instructions)		
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1		
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3	34,348.	
	4 Investment income	4	141.	
	5 a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
b Less direct expenses other than fundraising expenses	6b			
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			
7 a Gross sales of inventory, less returns and allowances	7a	183.		
b Less cost of goods sold	7b	111.		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	72.		
8 Other revenue (describe ► <b>RENT INCOME</b> )		8	17,200.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	51,761.	
<b>Expenses</b>	10 Grants and similar amounts paid (attach schedule)	10	2,250.	
	11 Benefits paid to officers and members	11		
	12 Salaries, other compensation, and employee benefits	12	8,987.	
	13 Professional fees and other payments to independent contractors	13	1,020.	
	14 Occupancy, rent, utilities, and maintenance	14	11,926.	
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe ► <b>OPEN STATE STMT</b> )	16	15,674.	
	17 Total expenses Add lines 10 through 16		17	39,857.
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,904..	
	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	151,729.
	20 Other changes in net assets or fund balances (attach explanation)		20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20		21	163,633.

<b>Part II Balance Sheets.</b> 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)		
<b>Net Assets</b>	22 Cash, savings, and investments	(A) Beginning of year	(B) End of year	
	23 Land and buildings	14,170.	22	19,060.
	24 Other assets (describe ►	228,291.	23	224,366.
	25 Total assets		24	
	26 Total liabilities (describe ► <b>LOAN PAYABLE/PR LIAB</b> )	242,461.	25	243,426.
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,732.	26	79,793.
		151,729.	27	163,633.

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

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

What is the organization's primary exempt purpose? ADVANCE / IMPR THE ART OF AGRICUL

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 PROMOTED AND PROTECTED THE INTEREST OF KY FARMERS,  
COOPERATED WITH OTHER AGENCIES IN THE FIELD OF AGRI  
PROVIDED EDUCATION TO FARMERS/HOMEMAK

(Grants \$ ) If this amount includes foreign grants, check here .. ►

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(Grants \$ ) If this amount includes foreign grants, check here ▶

**31 Other program services (attach schedule)**

(Grants \$ ) If this amount includes foreign grants, check here  . . . ►

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

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated.

## **Part IV List of Officers, Directors, Trustees, and Key Employees.**

List each one even if not compensated (See instructions for Part IV )

## 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	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37b	
b	Did the organization file Form 1120-POL for this year?	38a	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?	38b	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39	Section 501(c)(7) organizations. Enter	39b	
a	Initiation fees and capital contributions included on line 9	40a	
b	Gross receipts, included on line 9, for public use of club facilities	40b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► , section 4955 ►	40c	
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	40d	
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 ►	40e	X
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41	List the states with which a copy of this return is filed ►		
42a	The organization's books are in care of ► EVA HAMPTON Located at ► 1319 HWY 2 KY Hazel Green	Telephone no ► 606-743-7191 ZIP + 4 ► 41332	
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
	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
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	X
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	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	
b If "Yes," was the related organization a section 527 organization?		
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"	49b	

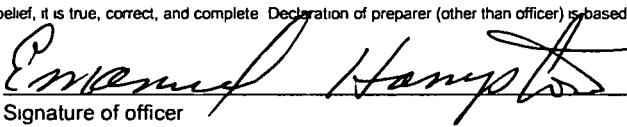
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				

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 ► \_\_\_\_\_

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 Signature of officer <b>EMANUEL HAMPTON</b> Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>
	<b>Brenda Morgan CP</b>	02/25/2010	Preparer's identifying no (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	MORGAN-FRANKLIN LLC 749 BROADWAY STREET West Liberty KY 41472	EIN ► 32-0034770
			Phone no. ► 606-743-1884
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

## Detail Sheet

2009

Name: MORGAN COUNTY FARM BUREAU

ID: 61-6029816

Description: OCCUPANCY

US 990	Gross Profit on Sales of Inventory 990-EZ: Page 1, Line 7; 990-PF: Page 12, Line 10			2009
	Description	Gross sales less returns	Cost of goods sold	
DEER ALERTS		183 . 183 .	111 . 111 .	72 . 72 .

US 990	Other Expenses	2009		
Description	Expenses per books	Net investment income	Adjusted net income	Charitable purposes
TRAVEL	3,131.			
BILLING EXPENSE	2,775.			
OFFICE EXPENSE	385.			
PAYROLL TAXES	652.			
MEETINGS	2,602.			
SUPPLIES	213.			
CONVENTIONS	3,518.			
BONDS	146.			
BANK CHARGES	68.			
CONTRIBUTIONS	1,825.			
MISCELLANEOUS	359.			
	15,674.			

**Grants and Similar Amounts Paid****US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	C
Donee's name	FELIX WRIGHT
Donee's address	41472 - KY WEST LIBERTY
Relationship	NONE
FMV	500.
Book value	500.
Date of gift	01/2009

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USSTX221

**Grants and Similar Amounts Paid****US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	C
Donee's name	LACY MAY
Donee's address	41472 - KY WEST LIBERTY
Relationship	NONE
FMV	250.
Book value	250.
Date of gift	01/2009

**Grants and Similar Amounts Paid****US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity ..	C
Donee's name ..	COURTNEY LACY
Donee's address ..	41472- KY WEST LIBERTY
Relationship ..	NONE
FMV ..	250.
Book value ..	250.
Date of gift ..	01/2009

**Grants and Similar Amounts Paid****US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	C
Donee's name	CORY BANKS
Donee's address	41472- KY WEST LIBERTY
Relationship	NONE
FMV	250.
Book value	250.
Date of gift	08/2009

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**Grants and Similar Amounts Paid****US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	C
Donee's name	COURTNEY LACY
Donee's address	41472- KY WEST LIBERTY
Relationship	NONE
FMV	250.
Book value	250.
Date of gift	08/2009

**Grants and Similar Amounts Paid****US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	C
Donee's name	LACY MAY
Donee's address	41472- KY WEST LIBERTY
Relationship	NONE
FMV	250.
Book value	250.
Date of gift	08/2009

**Grants and Similar Amounts Paid****US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	C
Donee's name	FELIX WRIGHT
Donee's address	41472 - KY WEST LIBERTY
Relationship	NONE
FMV	250.
Book value	250.
Date of gift	10/2009

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USSTX221

**Grants and Similar Amounts Paid****US 990-EZ****990-EZ: Page 1, Line 10****2009**

Class of activity	C
Donee's name	ASHLEY CARROLL
Donee's address	41472- KY WEST LIBERTY
Relationship	NONE
FMV	250.
Book value	250.
Date of gift	01/2009

**MORGAN COUNTY FARM BUREAU**  
**61-6029816**

**LIST OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES**

Name & Address	Title/ Avg Hrs	Compens- ation	Cont to EBP & DC	Exp Acct
Ottis Lane 2216 Hwy 1569 Wellington, KY 40387	Director 2	\$ 0	\$ 0	\$360.00
Pam Williams 6155 Hwy. 589 West Liberty, KY 41472	Director 2	\$ 0	\$ 0	\$315.00
Emory Smith 12154 Hwy. 7 West Liberty, KY 41472	Director 2	\$ 0	\$ 0	\$405.00
Chris Lindon 10216 Hwy 191 Cannel City, KY 41408	Director 2	\$ 0	\$ 0	\$405.00
Emanual Hampton 1319 Hwy. 203 Hazel Green, KY 41332	President 2	\$ 0	\$ 0	\$495.00
Alden Collins PO Box 5004 Wrigley	Director 2	\$ 0	\$ 0	\$405.00
Eva Hampton 1319 Hwy. 203 Hazel Green, KY 41332	Secretary 10	\$ 0	\$ 0	\$ 0
Hazel Steele 103 Steele Branch Road West Liberty, KY 41472	Treasurer 2	\$ 0	\$ 0	\$225.00
David Adkins PO Box 1 Mize, KY 41352	Member 2	\$ 0	\$ 0	\$225.00

MORGAN COUNTY FARM BUREAU  
61-6029816

LIST OF OFFICERS, DIRECTORS, TRUSTEES & KEY EMPLOYEES

Name & Address	Title/ Avg Hrs	Compen- sation	Cont to EBP & DC	Exp Acct
Linda Allen 159 Meeting House Road White Oak, KY 41472	Member 2	\$ 0	\$ 0	\$270.00

## **Mission Statement**

**Kentucky Farm Bureau is a voluntary organization of farm families and their allies dedicated to serving as the voice of agriculture by identifying problems, developing solutions and taking action which will improve net farm income, achieve better economic opportunities and enhance the quality of life for all.**