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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning JUN 1, 2009 and ending MAY 31, 2010

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 Instructions

C Name of organization

KENTUCKY SMALL GRAIN GROWERS
ASSOCIATION, INC.

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

P.O. BOX 90

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

EASTWOOD, KY 40018

D Employer identification number

61-1171109

E Telephone number

(502) 243-4150

F Group Exemption Number

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

I Website: WWW.KYSMALLGRAINS.ORG

J Tax-exempt status (check only one) — ☒ 501(c) (5) (insert no.) ☐ 4947(a)(1) or ☐ 527H 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 \$ 243,553.

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	241,187.
	4	Investment income	4	2,366.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	243,553.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	164,065.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	6,250.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,554.
	16	Other expenses (describe _____)	16	30,934.
	17	Total expenses. Add lines 10 through 16	17	202,803.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	40,750.
Net Assets	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	395,073.
	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	435,823.

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	395,073.	435,823.
23 Land and buildings		
24 Other assets (describe _____)		
25 Total assets	395,073.	435,823.
26 Total liabilities (describe _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	395,073.	435,823.

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

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
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, and other relevant information for each program title.	
28 RESEARCH: CONDUCTED RESEARCH WITH UNIVERSITY AND THIRD PARTY RESEARCHERS ON SMALL GRAINS. AN ESTIMATED 4000 INDIVIDUALS BENEFITTED FROM THIS SERVICE. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 SEE STATEMENT 5 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 MARKETING: PROMOTED KENTUCKY SMALL GRAINS TO THE GENERAL PUBLIC TO INCREASE AWARENESS. AN ESTIMATED 4000 INDIVIDUALS BENEFITTED FROM THIS SERVICE. (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) <input type="checkbox"/>	32

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

(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 & deferred compensation	(e) Expense account and other allowances
LAURA KNOTH PO BOX 90, EASTWOOD, KY 40018	EXECUTIVE DIRECTOR 1.00	0.	0.	0.
SAM HANCOCK 245 HWY. 45, FULTON, KY 42041	PRESIDENT 0.50	0.	0.	0.
TOM FOLZ 969 BODDIE ROAD, HERNDON, KY 42236	VICE PRESIDENT 0.50	0.	0.	0.
RICHARD HUGHES, 750 SAM MASON ROAD, ADAIRVILLE, KY 42202	SECRETARY/TREASURER 0.50	0.	0.	0.
PAT CLEMENTS PO BOX 347, SPRINGFIELD, KY 40069	DIRECTOR 0.30	0.	0.	0.
LAWRENCE HUST PO BOX 128, SLAUGHTERS, KY 42456	DIRECTOR 0.30	0.	0.	0.
MICHAEL MCCAIN, 462 PLEASANT GROVE LOOP, SPRINGFIELD, KY 40069	DIRECTOR 0.30	0.	0.	0.
TODD PERRY, 315 QUINTIN COURT, HOPKINSVILLE, KY 42240	DIRECTOR 0.30	0.	0.	0.
DON HALCOMB, 343 SULPHUR SPRINGS RD., ADAIRVILLE, KY 42202	DIRECTOR 0.30	0.	0.	0.
STEVE HUNT 14120 PALMYRA RD., HERNDON, KY 42236	DIRECTOR 0.30	0.	0.	0.
CURTIS HANCOCK, 701 STATE ROUTE 94 E, FULTON, KY 42041	DIRECTOR 0.30	0.	0.	0.
HENRY SANGER, 1301 MYRON CORRY DRIVE, HICKMAN, KY 42050	DIRECTOR 0.30	0.	0.	0.
BERNARD PETERSON, 3247 POPLAR FLAT ROAD, BARDSTOWN, KY 40004	DIRECTOR 0.30	0.	0.	0.
CHRIS KUMMER 1875 KUMMER RD., FRANKLIN, KY 42134	DIRECTOR 0.30	0.	0.	0.
GARY LESTER PO BOX 129, GRACEY, KY 42232	DIRECTOR 0.30	0.	0.	0.

**KENTUCKY SMALL GRAIN GROWERS
ASSOCIATION, INC.**

61-1171109

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		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?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	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	N/A	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	N/A	
b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</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	N/A	
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	N/A	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
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		X
41	List the states with which a copy of this return is filed. <u>NONE</u>		
42a	The organization's books are in care of <u>LAURA KNOTH</u> Telephone no. <u>(502) 243-4150</u> Located at <u>PO BOX 90, EASTWOOD, KY</u> ZIP + 4 <u>40018</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)? If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		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: <u></u>		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Form 990-EZ (2009)

**KENTUCKY SMALL GRAIN GROWERS
ASSOCIATION, INC.**
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.

- 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 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."

	Yes	No
46		
47		
48		
49a		
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
N/A				

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
N/A		

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 <i>Laura Knott</i>		Date <i>10/8/2010</i>	
	LAURA KNOTH, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature <i>Jon A. Meyer</i>	Date <i>9/8/10</i>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.) <i>00072-2433 90672-2433</i>
	Firm's name (or yours if self-employed), address, and ZIP + 4 JONES, NALE & MATTINGLY PLC 642 SOUTH FOURTH AVENUE, SUITE 300 LOUISVILLE, KY 40202	EIN <i>65-0583-0248</i>	Phone no. <i>(502) 583-0248</i>	

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

☒ Yes ☐ No

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
TRAVEL		8,319.	
INSURANCE		1,791.	
ANNUAL MEETING		476.	
NATIONAL ASSOCIATION OF WHEAT GROWERS		14,200.	
EDUCATIONAL PROJECTS		2,799.	
PROMOTIONS		1,559.	
SUBSCRIPTIONS		48.	
KENTUCKY FFA FOUNDATION		1,000.	
KENTUCKY YOUNG FARMERS ASSOCIATION		500.	
BANK FEES		100.	
OFFICE SUPPLIES		142.	
TOTAL TO FORM 990-EZ, LINE 16		30,934.	

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	2
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AFFILIATE'S NAME

AFFILIATES ADDRESS

KENTUCKY CORN GROWERS ASSOCIATION

PO BOX 90
EASTWOOD, KY 40018

PURPOSE OF PAYMENT

AMOUNT

MANAGEMENT FEE

30,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

30,000.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	3
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS

GRANTEE'S
RELATIONSHIP

AMOUNT

INVESTIGATION OF OAT PRODUCTION AND ALTE
MILES ENTERPRISES
2760 KELLER ROAD
OWENSBORO, KY 42301

NONE

9,000.

ASSESSMENT AND IMPROVEMENT OF YIELD POTE
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIV
1880 PRATT DR, SUITE 2006
BLACKSBURG, VA 24060

NONE

10,000.

WHEAT YIELD IN 15-IN ROWS
UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION
109 KINKEAD HALL 172 FUNKHOUSER DR.
LEXINGTON, KY 40506-0057

NONE

9,000.

WHEAT YIELD RESPONSE TO OLD CORN ROWS
UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION
109 KINKEAD HALL 172 FUNKHOUSER DR.
LEXINGTON, KY 40506-0057

NONE

14,000.

WINTER WHEAT DEVELOPMENT, GRAIN YIELD AN
UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION
109 KINKEAD HALL 172 FUNKHOUSER DR.
LEXINGTON, KY 40506-0057

NONE

6,000.

KENTUCKY SMALL GRAIN GROWERS ASSOCIATION

61-1171109

MANAGING GIANT RAGWEED AND MARESTALL IN UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION 109 KINKEAD HALL 172 FUNKHOUSER DR. LEXINGTON, KY 405060057	NONE	6,000.
IMPROVING NITROGEN APPLICATION TECHNOLOG UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION 109 KINKEAD HALL 172 FUNKHOUSER DR. LEXINGTON, KY 40506-0057	NONE	5,000.
SOFT RED WINTER WHEAT BREEDING AND VARIE UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION 109 KINKEAD HALL 172 FUNKHOUSER DR. LEXINGTON, KY 40506-0057	NONE	45,188.
PERFORMANCE OF SMALL GRAIN VARIETIES IN UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION 109 KINKEAD HALL 172 FUNKHOUSER DR. LEXINGTON, KY 40506-0057	NONE	6,000.
EVALUATION OF EARLY FLOWERING CHIA LINES UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION 109 KINKEAD HALL 172 FUNKHOUSER DR. LEXINGTON, KY 40506-0057	NONE	5,000.
MANAGING NO-TIL WHEAT TO OPTIMIZE HARVES UNIVERSITY OF KENTUCKY - RESEARCH FOUNDATION 109 KINKEAD HALL 172 FUNKHOUSER DR. LEXINGTON, KY 40506-0057	NONE	3,877.
CONTRIBUTION TO THE UNIVERSITY UNIVERSITY OF KENTUCKY COLLEGE OF AGRICULTURE LEXINGTON, KY 40546	NONE	15,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		134,065.

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

EDUCATION: FUNDED EDUCATIONAL PROJECTS THAT ASSIST SMALL GRAIN PRODUCERS WITH LEADERSHIP, AGRONOMIC PRACTICES AND PROFITABILITY. AN ESTIMATED 4000 INDIVIDUALS BENEFITTED FROM THIS SERVICE.

TO INCREASE PROFITABILITY FOR KENTUCKY'S SMALL GRAIN PRODUCERS.