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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)

2009

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 \$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

B 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		C Name of organization Madison County Farmers Federation D Employer Identification number 63-0359440	
		E Telephone number (256) 379-2906	
		F Group Exemption Number ►	
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► N/A	J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 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 . . . ► \$ 212,805	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
R E V E N U E	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) #1 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 \$ _____ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7b Less: cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►) 9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	1 2 3 187,895 4 23,581 5c -10,071 6c 7c 8 9 201,405	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See attachment #2) 17 Total expenses. Add lines 10 through 16 ►	10 11 12 13 14 15 897 16 163,726 17 164,623	
N E T A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20. ►	18 36,782 19 722,094 20 21 758,876	

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.)			
ASSETS	22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ►) 25 Total assets 26 Total liabilities (describe ►) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year 722,094 22 23 24 722,094 25 0 26 722,094 27 758,876	

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

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? See attachment #3

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, & other relevant information for each program title and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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	X
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	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	X
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		
41 List the states with which a copy of this return is filed. ► NONE		
42a The organization's books are in care of ► See attachment #5 Telephone no. ► _____ Located at ► _____		
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
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	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization 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 a section 527 organization?	49b	X
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
NONE				

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
NONE		

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			
	► <i>Janice Hodge</i>	Date <i>11/14/2010</i>	Signature of officer	
Paid Preparer's Use Only	► <i>Janice Hodge, Executive Assistant</i>	Type or print name and title	Preparer's identifying no. (See instr)	
	Preparer's signature ► <i>Carol M. Kentieva</i>	Date <i>10/25/10</i>	Check if self-employed <input checked="" type="checkbox"/>	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>Morrison & Associates</i>
	► <i>PO Box 4067 Huntsville, AL 35815</i>	Phone no ►	256-882-3448	

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

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

For Calendar year 2009, or tax year period beginning 07-01-2009
Open to Public Inspection

Name of Organization Madison County Farmers Federation

Name of Security or Description of Property

and ending 06-30-2010

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Employer Identification Number
63-0359440

Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.
Name of Organization		Employer Identification Number	
Madison County Farmers Federation		63-0359440	
Description of Other Expenses		Amount	
Committe Expences			27,211
National, State and Area Meetings			39,348
Legislative Meetings			8,984
Insurance			22,411
Bank Fees			109
Contributions			16,499
Clerical Fees / State Office			19,003
President's Expense			4,147
Legal and Professional			1,500
Office Supplies			1,200
Gifts, Honorariums			4,256
Contract Labor			16,081
Marketing			277
Scholarships			2,700
		Total	163,726

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization Madison County Farmers Federation			Employer Identification Number 63-0359440	

Primary Purpose

Local chapter of Farmer's Federation which exists to promote agriculture and agricultural education. Organization also supports local farmers.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01-2009, and ending	06-30-2010.	
Name of Organization Madison County Farmers Federation			Employer Identification Number 63-0359440	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
Rex Vaughn 2339 Old Monrovia Rd. Huntsville, AL 35806	PRESIDENT 5.00		0	0
Charles Butler 147 Poplar Rd New Hope, AL 35760	Secretary / Treasurer 6.00		0	0
Michael Moore 10745 Pulaski Pike Toney, AL 35773	Vice President 5.00		0	0
Janice Hodge 379 School House Rd. New Market, AL 35761	Executive Assistant 20.00	15,698	0	0

BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	07-01	, and ending	06-30-2010.
Name of Organization Madison County Farmers Federation			Employer Identification Number 63-0359440	
Part V - Line 42a				

Individual Name Janice R. Hodge
or
Business Name.

Street Address 379 Schoolhouse Rd.

U.S. Address

Zip code 35761 City New Market State AL
cr

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number