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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2009

Open to Public  
InspectionUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)  
► 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 09/01/09 and ending 08/31/10

|   |   |                     |  |
|---|---|---------------------|--|
| B Check if applicable   | C Name of organization<br>KENTUCKY FARM BUREAU FEDERATION-<br>TAYLOR COUNTY FARM BUREAU                 |                     | D Employer identification number<br>61-0491172   |
| <input type="checkbox"/> Address change   | Doing Business As   |                     | E Telephone number<br>270-465-2708   |
| <input type="checkbox"/> Name change  | Number and street (or P O box if mail is not delivered to street address)<br>P.O. BOX 187               |                     | G Gross receipts<br>99,051   |
| <input type="checkbox"/> Initial return   | City or town, state or country, and ZIP + 4<br>CAMPBELLSVILLE KY 42719                                  |                     | H(a) Is this a group return for<br>affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Termination  | F Name and address of principal officer<br>CHAD SULLIVAN<br>5000 SALOMA ROAD<br>CAMPBELLSVILLE KY 42718 |                     | H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| <input type="checkbox"/> Amended return   |   |                     | If "No," attach a list (see instructions)  |
| <input type="checkbox"/> Application pending  |   |                     | H(c) Group exemption number ► 1631   |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 5 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                      |   |                     |  |
| J Website: ► N/A  |   |                     |  |
| K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► |   | L Year of formation | M State of legal domicile  |

## Part I Summary

|                             |   |
|-----------------------------|---|
| Activities & Governance     | 1 Briefly describe the organization's mission or most significant activities<br>TO PROMOTE FARM EDUCATION AND SAFETY.                       |
| Revenue                     | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
|                             | 3 Number of voting members of the governing body (Part VI, line 1a) 3   |
|                             | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4   |
|                             | 5 Total number of employees (Part V, line 2a) 5   |
|                             | 6 Total number of volunteers (estimate if necessary) 6  |
|                             | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 39,802   |
|                             | 7b Net unrelated business taxable income from Form 990-T, line 34 7b 9,547  |
|                             | 8 Contributions and grants (Part VIII, line 1h) 90,639  |
|                             | 9 Program service revenue (Part VIII, line 2g) 90,162   |
|                             | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,861  |
|                             | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,264   |
|                             | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 101,764   |
| Expenses                    | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) RECEIVED  |
|                             | 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,320  |
|                             | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,495  |
|                             | 16a Professional fundraising fees (Part IX, column (A), line 11e) 69,028  |
|                             | b Total fundraising expenses (Part IX, column (D), line 25) 66,591  |
|                             | 17 Other expenses (Part IX, column (A), lines 11f-24) 73,348  |
|                             | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 71,086   |
|                             | 19 Revenue less expenses. Subtract line 18 from line 12 28,416  |
| Net Assets or Fund Balances | Beginning of Current Year 27,965  |
|                             | End of Year 630,258   |
|                             | 20 Total assets (Part X, line 16) 602,293   |
|                             | 21 Total liabilities (Part X, line 26) 602,293  |
|                             | 22 Net assets or fund balances. Subtract line 21 from line 20 630,258   |

## Part II Signature Block

|                              |   |  |   |
|------------------------------|---|--|---|
| 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's true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |   |
|                              | Signature of officer<br>Angie Miller  | Date<br>12-20-10                       |   |
|                              | Signature of officer<br>Angie Miller  | Secretary/Treasurer                    | 12-20-10  |
| Type or print name and title |   |  |   |
| Paid Preparer's Use Only     | Preparer's signature  | Date<br>12/06/10                       | Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions)<br>P00024476 |
|                              | Firm's name (or yours if self-employed), address, and ZIP + 4 ►   | WISE, BUCKNER, SPROWLES & ASSOC., PLLC | EIN ► 61-1007687  |
|                              |   |  | Phone no ► 270-465-6842   |

May the IRS discuss this return with the preparer shown above? (see instructions)

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

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