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Form **990**Department of the Treasury
Internal Revenue Service**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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **09/01/09**, and ending **08/31/10**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KENTUCKY FARM BUREAU FEDERATION-TAYLOR COUNTY FARM BUREAU		D Employer identification number 61-0491172
		Doing Business As		E Telephone number 270-465-2708
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
		P.O. BOX 187		
		City or town, state or country, and ZIP + 4		
CAMPBELLSVILLE KY 42719		G Gross receipts 99,051		
F Name and address of principal officer CHAD SULLIVAN 5000 SALOMA ROAD CAMPBELLSVILLE KY 42718				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶ 1631
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 TO PROMOTE FARM EDUCATION AND SAFETY.	
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
	Prior Year	Current Year
	90,639	90,162
	4,861	3,975
	6,264	4,914
101,764	99,051	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-4) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	
	Beginning of Current Year	End of Year
	69,028	66,591
	73,348	71,086
28,416	27,965	
602,293	630,258	
602,293	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 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>Angie Miller</i>		Date 12-20-10	
Paid Preparer's Use Only	Signature of preparer <i>Angie Miller</i>		Title Secretary/Treasurer	
	Firm's name (or yours if self-employed), address, and ZIP + 4 WISE, BUCKNER, SPROWLES & ASSOC., PLLC 301 E MAIN ST CAMPBELLSVILLE, KY 42718-1326		EIN ▶ 61-1007687 Phone no ▶ 270-465-6842	

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

☐ Yes ☐ No

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

Form **990** (2009)

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20

SCANNED JAN 20 2011