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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization MORGAN COUNTY FARM BUREAU	D Employer identification number 61-6029816
Number and street (or P O box, if mail is not delivered to street address) 661 MAIN STREET	Room/suite
E Telephone number (606) 743-7191	
F Group Exemption Number ►	

G Accounting Method Cash Accrual Other (specify) ► _____**H** Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I** Website: ► _____**J** Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) ► (insert no) 4947(a)(1) or 527**K** Form of organization Corporation Trust Association Other _____**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 56,238**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this 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 41,181
	4 Investment income	4 36
	5a 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 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 15,021
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 56,238
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 6,149
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 15,651
	13 Professional fees and other payments to independent contractors	13 1,020
	14 Occupancy, rent, utilities, and maintenance	14 7,004
	15 Printing, publications, postage, and shipping	15 3,547
	16 Other expenses (describe in Schedule O)	16 6,434
	17 Total expenses. Add lines 10 through 16 ►	17 39,805
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 16,433
	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)	19 218,762
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	21 235,195

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	30,277	22	50,647
23 Land and buildings	188,616	23	184,756
24 Other assets (describe in Schedule O)		24	
25 Total assets	218,893	25	235,403
26 Total liabilities (describe in Schedule O)	131	26	208
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	218,762	27	235,195

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

ADVANCE/IMPR THE ART OF AGRICUL

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

PROMOTED AND PROTECTED THE INTEREST OF KY FARMERS AND COOPERATED WITH OTHER

28 AGENCIES IN AGRICULTURE PROVIDE EDUCATION TO FARMERS/HOMEMAKE

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

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

29

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

30

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

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a)

35,948

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Emanuel Hampton President	2	0		405
Alden Collins Vice President	2	0		405
Eva Hampton Secretary	20	9,177		
Pam Williams Director	2	0		270
David Adkins Director	2	0		270
Chris Lindon Director	2	0		360
Ottis Jean Lane Director	2	0		405
DeAnna Collins Director/Treasurer	2	0		225
Linda Allen Director	2	0		90

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33		No
34		No
35a		No
35b		
35c		No
36		No
37a	37a	
b	37b	
38a		No
b	38b	
39		
a	39a	
b	39b	
40a		
section 4911		
section 4912		
section 4955		
b	40b	No
c		
d		
e	40e	
41		
42a		
Telephone no	(606) 743-7191	
Located at	1319 HWY 2 WEST LIBERTY, KY	ZIP + 4 41472
b	42b	
If "Yes," enter the name of the foreign country		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	42c	
If "Yes," enter the name of the foreign country		
43		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a		
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
b	44a	No
Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		
c	44b	No
Did the organization receive any payments for indoor tanning services during the year?		
d	44c	No
If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a		No
45b		No
Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		No
48		No
49a		No
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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.

Sign Here	***** Signature of officer Emanuel Hampton President Type or print name and title	2016-04-04 Date
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Paid Preparer Use Only	Print/Type preparer's name BRENDA K MORGAN CPA	Preparer's signature	Date 2016-03-29	Check <input type="checkbox"/> if self-employed	PTIN P01347282
	Firm's name ► MORGAN-FRANKLIN LLC			Firm's EIN ► 32-0034770	
	Firm's address ► 749 BROADWAY STREET WEST LIBERTY, KY 41472			Phone no (606) 743-1884	

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
MORGAN COUNTY FARM BUREAU**Employer identification number**

61-6029816

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART 1 LINE 8 OTHER REVENUE	RENTAL INCOME \$14,400 MISCELLANEOUS INCOME \$621
PART 1 LINE 10 GRANTS AND SIMILAR AMOUNTS PAID	SCHOLARSHIPS TO 11 HIGH SCHOOL STUDENTS \$3,000 DONATIONS TO LOCAL ORGANIZATIONS \$3,149
PART 1 LINE 16 OTHER EXPENSES	MEETINGS AND TRAINING \$3,982 SUPPLIES \$1,658 MISCELLANEOUS \$794
PART 11 LINE 26 LIABILITIES	PAYROLL TAXES \$208