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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 11-01-2008, and ending 10-31-2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
KENTUCKY FARM BUREAU FEDERATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 1136

City or town, state or country, and ZIP + 4
BOWLING GREEN, KY 42102

D Employer identification number
61-0401849

E Telephone number
(270) 781-4664

F Group Exemption Number

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

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

I Website: www.kyfbins.com

J Organization type (check only one): ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527

H 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 98,088

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	2,415
	3	Membership dues and assessments	3	68,167
	4	Investment income	4	
	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) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6c	
	6a	Gross revenue (not including \$ of contributions reported on line 1)		
	6b	Less direct expenses other than fundraising expenses		
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	
	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)	8	27,506
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	98,088
	10	Grants and similar amounts paid (attach schedule)	10	12,000
	11	Benefits paid to or for members	11	7,370
	12	Salaries, other compensation, and employee benefits	12	13,000
	13	Professional fees and other payments to independent contractors	13	1,100
Net Assets	14	Occupancy, rent, utilities, and maintenance	14	34,662
	15	Printing, publications, postage, and shipping	15	302
	16	Other expenses (describe)	16	34,753
	17	Total expenses (add lines 10 through 16)	17	103,187
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-5,099
	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	497,844
	20	Other changes in net assets or fund balances (attach explanation)	20	8,332
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	501,077

Part II Balance Sheets

If Total assets on line 25, column (B) are \$2,500,000 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 257,160 22 254,621

23 Land and buildings 240,684 23 246,456

24 Other assets (describe) 24

25 Total assets 497,844 25 501,077

26 Total liabilities (describe) 0 26 0

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 497,844 27 501,077

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

Cat No 10642I

Form 990-EZ (2008)


Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? FARM BUREAU IS A VOLUNTARY ORGANIZATION OF FARM FAMILIES AND THEIR ALLIES DEDICATED TO SERVING AS THE VOICE OF AGRICULTURE BY IDENTIFYING PROBLEMS, DEVELOPING SOLUTIONS AND TAKING ACTIONS WHICH WILL IMPROVE NET FARM INCOME, ACHIEVE BETTER ECONOMIC OPPORTUNITIES AND ENHANCE THE QUALITY OF LIFE FOR ALL			
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, or other relevant information for each program title			
28 PROVIDED TRACTOR ACCIDENTAL DEATH POLICY FOR MEMBERS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	4,876
29 SUPPORTED YOUTH DEVELOPMENT PROGRAMS AND AWARDED 3 SCHOLARSHIPS TO LOCAL YOUTH (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	14,962
30 MEETINGS AND CONVENTIONS REQUIRED TO KEEP MEMBERS CURRENT ON AGRICULTURAL PROGRAMS AND BENEFITS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	25,050
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)		32	44,888

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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		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	No		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No		
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 your reason for not reporting the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b			
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <table><tr><td>37a</td><td>0</td></tr></table>	37a	0		
37a	0				
b	Did the organization file Form 1120-POL for this year?	37b			
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 unpaid at the start of the period covered by this return?	38a	No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	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 (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b			
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0				
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No		
41	List the states with which a copy of this return is filed ▶ KY				
42a	The books are in care of ▶ GAIL DYCUS Telephone no ▶ (270) 781-4664				
	1911 SCOTTSVILLE ROAD				
	Located at ▶ BOWLING GREEN, KY ZIP + 4 ▶ 42104				
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)?	Yes	No		
	If "Yes," enter the name of the foreign country ▶ _____	42b	No		
	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	No		
	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 ▶ <input type="checkbox"/>				
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <table><tr><td>43</td><td></td></tr></table>	43			
43					
		Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No		
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	No		

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating 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(s) a section 527 organization?		
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
Total number of other employees paid over \$100,000 				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

Please 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				
	*****		2010-03-08		
	Signature of officer		Date		
	GAIL DYCUS SECRETARY TO THE BOARD Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ▶ Pamela J Elrod		Date 2010-03-08	Check if self-employed ▶ <input type="checkbox"/>	Preparer's PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Holland CPAs PSC 927 College Street Bowling Green, KY 421020104		EIN ▶		
			Phone no ▶ (270) 782-0700		

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

Additional Data

Software ID:
Software Version:
EIN: 61-0401849
Name: KENTUCKY FARM BUREAU FEDERATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
DENNY PAGE PO BOX 1136 BOWLING GREEN, KY 42102	PRESIDENT 10 00	0	0	0
DANNY ELKIN PO BOX 1136 BOWLING GREEN, KY 42102	VICE PRESIDENT 10 00	0	0	0
DAN DUVALL PO BOX 1136 BOWLING GREEN, KY 42102	SEC/TREASURER 10 00	0	0	0
CARL CHANEY PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
DEBRA CHANEY PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
RICHARD CHAPMAN PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
WANDA CHAPMAN PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
JASON CLARK PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
AMANDA CLARK PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
DARRELL COHRON PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
NORMA COHRON PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
JOANNA COLES PO BOX 1136 BOWLING GREEN, KY 42102	EXTENSION AGENT 5 00	0	0	0
ROBERT DONOHO PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
SUE DONOHO PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
DONALD ELKIN PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
LINDA ELKIN PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
RONNIE HARGETT PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
TINA HARGETT PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
MAURICE HEARD PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
ROSE HEARD PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
FELISCHA PAGE PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
CHRIS RAGAN PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
HEATHER RAGAN PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
JO ROGAN PO BOX 1136 BOWLING GREEN, KY 42102	PROGRAM DIRECTOR 5 00	0	0	0
BILLY RAY SMITH PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
ROGER THOMAS PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
DORIS THOMAS PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
DALE TUCKER PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
PEGGY TUCKER PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
TOM TUCKER PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
JOHN WESTBROOK PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
ELIZABETH WESTBROOK PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
TIM WESTBROOK PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0
BELINDA WESTBROOK PO BOX 1136 BOWLING GREEN, KY 42102	DIRECTOR 5 00	0	0	0

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172
2008
Attachment
Sequence No **67**

Name(s) shown on return KENTUCKY FARM BUREAU FEDERATION	Business or activity to which this form relates Form 990-EZ Page 1	Identifying number 61-0401849
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	14,000
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	3,302

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	4,809
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		14,000	15 0	HY	S/L	117
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	22,228
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2008 Grants and Similar Amounts Paid Schedule**Name:** KENTUCKY FARM BUREAU FEDERATION**EIN:** 61-0401849

Item No.	1
Class of Activity	YOUTH SCHOLARSHIP
Donee's Name	MARY KAYLEN ESTES
Donee's Address	
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH SCHOLARSHIP
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	YOUTH SCHOLARSHIP
Donee's Name	MATTHEW RYAN KING
Donee's Address	
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH SCHOLARSHIP
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	YOUTH SCHOLARSHIP
Donee's Name	JOHN T TURLEY
Donee's Address	
Amount (FMV)	4,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH SCHOLARSHIP
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Changes in Net Assets Schedule

Name: KENTUCKY FARM BUREAU FEDERATION

EIN: 61-0401849

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	8,332

TY 2008 Other Expenses Schedule**Name:** KENTUCKY FARM BUREAU FEDERATION**EIN:** 61-0401849

Description	Amount
YOUTH DEVELOPMENT PROGRAM	2,962
INSURANCE	2,943
PROGRAM COSTS	25,202
SPONSORSHIPS	1,697
MISCELLANEOUS	1,949

TY 2008 Other Revenues Schedule**Name:** KENTUCKY FARM BUREAU FEDERATION**EIN:** 61-0401849

Description	Amount
interest	4,461
dividends	2,337
MISCELLANEOUS	1,325
RENT	19,383

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: KENTUCKY FARM BUREAU FEDERATION

EIN: 61-0401849

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.