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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)

Open to Public

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

Inspection

A	For the	2010 calendar year, or tax year beginning OCT 1, 2010 and ending	<u>SEP 30, 2011</u>	·
В	Check if applicable	C Name of organization  KENTUCKY FARM BUREAU FEDERATION-	D Employer identifi	ication number
	Addres	S SHELBY COUNTY		
	Name change	D. D	61-0	468751
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/si	ute E Telephone numbe	er
	Termin	,		633-2310
	Amend		G Gross receipts \$	268,643.
	Application		H(a) Is this a group r	
	pendin		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	
T-	Tax-exe		<del>-</del>	list. (see instructions)
		e: ► N/A	H(c) Group exemption	
				M State of legal domicile: KY
	art I	Summary		
_		Briefly describe the organization's mission or most significant activities. KENTUCKY	FARM BUREAU	FEDERATION
Activities & Governance		- SHELBY COUNTY IS A MEMBER ORGANIZATION OF		
'n		Check this box  if the organization discontinued its operations or disposed of m		
Š	1	Number of voting members of the governing body (Part VI, line 1a)	3	46
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	46
<b>α</b> δ	1	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
itie	1	Fotal number of volunteers (estimate if necessary)	. 6	0
ċį	1	Fotal unrelated business revenue from Part VIII, column (C), line 12	7a	<37,336.
ď		Net unrelated business taxable income from Form 990-T, line 34	7b	<15,037.
	-	ter amended addinger taxable income went term coe 1, into 61	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue	1	Program service revenue (Part VIII, line 2g)	228,960.	236,260.
	ī	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	58.	49.
æ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,877.	<29,344.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	255,895.	206,965.
_	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	114,647.	117,866.
	1		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
en G	loa i	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	in .	12.5
Ä	1.0		106,628.	62,076.
	17	Other expenses (Part IX, column (A), lines 1 11 11 11 11 11 11 11 11 11 11 11 11	221,275.	179,942.
	18	Total expenses And lines 13-17 (must equal Part X, column (A), line 25)	34,620.	27,023.
-8	119	Revenue less expenses. Subtractiline-18:from line-12		
sts o	Ĭ	OGOEN, U!	Beginning of Current Year	End of Year
SSE	20	Total assets (Part X_line 16)	261,234.	275,923.
let/	:1	Total liabilities (Part X, line 26)	87,902. 173,332.	75,568. 200,355.
6	<u>∤22</u> ant II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	1/3,334.	200,333.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tamenta and to the best of m	ny kaomindae and halief et in
	<b>`</b>		•	iy knowledge and beller, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	5	Signature of officer	Date	<del></del>
		K \$1 1	2 12	112
Hei	re	PAT HARGADON, AGENCY MANAGER  Type or print name and title	- 2/13	H=
_			Date Check	PTIN
	,	Print/Type preparer's name  Preparer's signature	2-14-12 self-employ	FIIN
Pai		JENNIFER R. HUGHES, CPA   Jum/Uniful		eo
	parer	Firm's name DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN	<del></del>
Use	Only	Firm's address > 9300 SHELBYVILLE RD STE 1100	5.	E00\40C 0CC0
_		LOUISVILLE, KY 40222-5187	Phone no. (	502)426-9660
-		3S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2010)

		00/31	Page Z
Pa	rt III Statement of Program Service Accomplishments		(TE)
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission  KENTUCKY FARM BUREAU FEDERATION - SHELBY COUNTY IS A MEMBER		
	ORGANIZATION OF THOSE INDIVIDUALS RESIDING IN SHELBY COUNTY,	V ENIMITO:	737
	WHO ARE SEEKING TO IDENTIFY AGRICULTURE PROBLEMS, DEVELOP SOL		
	IMPROVE NET FARM INCOME, ACHIEVE BETTER ECONOMIC OPPORTUNITIE		
2	Did the organization undertake any significant program services during the year which were not listed on	O MILD	
_	the prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O.	163	140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	X No
•	If "Yes," describe these changes on Schedule O.	163	140
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	175 040		
	MONTHLY NEWSLETTERS, AGRICULTURAL AND SAFETY MEETINGS, REDUCE	D RATE	
	INSURANCE COVERAGE AND LEGISLATIVE INTEREST MEETINGS ARE THE		7
	ACTIVITIES CONDUCTED FOR, AND IN THE INTEREST OF, THE ORGANIZA		
	OVER 7,900 MEMBERS.		
4b	(Code ) (Expenses \$ 4,000. including grants of \$ ) (Revenue \$		0.)
	SCHOLARSHIPS AWARDED TO CHILDREN OF FARM FAMILIES ATTENDING A	KENTU	
	COLLEGE AND PURSUING A FOUR-YEAR DEGREE IN AGRICULTURE OR A R.		
	FIELD.		
			-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
		•	
			<del> </del>
4d	Other program services. (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$ )		
<u>4e</u>	Total program service expenses ► 179,942.		
03200	12	Form <b>99</b>	<b>(</b> 2010)

61-0468751

Part IV Checklist of Required Schedules

Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II  18 X				Yes	<u>  No</u>
2 is the organization required to complete Schedule 6, Schedule of Contributions?  Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(R) great particulars. Did the organization of the complete Schedule C, Part II  Is the organization a section 501(R) 501(R)50, or 5	1				
3   Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public officer 91 "Yes," complete Schedule C, Part 1  Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? "I" Yes," complete Schedule C, Part II  1 is the organization a section 501(e)(4), 501(e)(6),					X
section 501((x)) or ganization. Dd the organization engage in lobbying activities, or have a section 501(th) electron in effect during the tax year? If "ex." complete Schedule C, Part II 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2	_	X
4 Section 501(kg)3 or complete Schedule C, Part II  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or semilar amounts as defined in Revenue Procedure 96-197 If Yes, "complete Schedule C, Part II  5 Did the organization maintain any donor advanded funds or any semilar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, "complete Schedule C, Part II  6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If Yes, "complete Schedule D, Part II  8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt neglotation services? If Yes, "complete Schedule D, Part IV  10 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, "complete Schedule D, Part V  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V  11 Did the organization report an amount for missiments - program related in Part X, line 10? If Yes, "complete Schedule D, Part VI  12 Did the organization report an amount for missiments - program related in Part X, line 10? If Yes, "complete Schedule D, Part VII  13 Did the organization report an amount for missiments - program related in Part X, line 10? If Yes, "complete Schedule D, Part VII  14 Did the organization report an amount from the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VII  15 Did the organization report an amount from the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VIII  1	3				
dump the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 5016(9), 5016(5), or 5016(6), or 5016		·	3		X
5 is the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.192 if "Yes," complete Schedule C, Part III  6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution of investment of amounts in such funds or accounts to preserve peen space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  11 Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  12 Did the organization report an amount for other isolaties in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  13 Did the organization report an amount for other isolaties in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII  14 Did the organization shalphility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X VIII  15 Did the organization shalphility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	4				
smilar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of the provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  but the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  but the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  but the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  but the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI  but the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  but the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI  but the organization report an amount for other isabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VI  but the organization separate or consolidated financial statements for the tax year? If "Yes, complete Schedule D, Part X VI  but the organization is abbitly to runcertain tax pomplete Schedule D, Part X, VI, II, and XIII is a X VIII but the organization is activated in Schedule S, Part II and IV  but the organiza	_	· ·	4		
6 Dut the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receives or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21; series as a custodian for amounts not listed in Part X; or provide credit counseling, debit management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization is developed to the organization is developed to the organization is developed to the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IV Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization shalpility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization shalpility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization shalpility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization shalpility for uncertain tax positio	5	•			
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  14 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  15 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  16 Did the organization report an amount for other laselities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  17 Did the organization is ability for uncertain tax positions under FIN 48 (ASC 740)" If "Yes," complete Schedule D, Part X III  18 Did the organization shalling for uncertain tax positions under FIN 48 (ASC 740)" If "Yes, "complete Schedule D, Part X III  18 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program servi	6		_		٦,
the environment, Instance land areas, or histonic structures? If "Yes," complete Schedule D, Part II 8 8 Did the organization maintain collections of works of art, histonical reasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 8 8 X 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV 11 If the organization is answer to any of the following questions services? If "Yes," complete Schedule D, Part IV 12 If It the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 14 Did the organization separate in Amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 15 Did the organization or bottal an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 15 Did the organization or bottal in a mornul for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 15 Did the organization or bottal in Section of Individual Schedule D, Part X IV IX 14 Did the organization as school described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E, Parts II and IV 15 Did	_		6_		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V, III. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, III. III. It be organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. III. III. III. III. III. III. II	7				
Schedule D, Part III  Od the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  Did the organization report an amount for tand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII III X  11b X  11c X  11b X  11c X  11b X  11c X  11c X  11c X  11d	_		7		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide ceredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowment V If "Yes," complete Schedule D, Part V If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  a Did the organization report an amount for rivest ments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - organization in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III X X Did the organization or port an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X III X X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X III X	8				
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10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasivendowments?  If 'Yes,' complete Schedule D, Part V  10 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  11 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI  11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII  11 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII  12 Did the organization report an amount for other labilities in Part X, line 15? If 'Yes,' complete Schedule D, Part X  13 Did the organization's lability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes, 'complete Schedule D, Part X  14 Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes, 'complete Schedule D, Part X X  15 Did the organization on a school described in section 170(b)(1)(A)(ii)? If 'Yes, 'complete Schedule D, Part X X, III, and XIII is optional is list the organization naviered "No" to line 12a, then completing Schedule D, Parts X, IXII, and XIII is optional is list the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes, 'complete Schedule F, Parts II and IV  12 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes, '	9	·			
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Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX. columin (A), the 21 If "Yes, "complete Schedule I, Parts I and II I I I I I I I I I I I I I I I I I			i	Yes	No
22 Del the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 21 if 1'es; complete Schedule   Parts I and III   Parts III   Parts I and III   Parts III	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
column (A), line 2? If "Yes," complete Schedule I, Parts I and III  2 Did the organization assert "Yes* to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and tay of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "No." go to time 25  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization mental an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds?  Section 501(x)(3) and 501(x)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I, Part II  b Is the organization aware that dragaged in an excess benefit transaction with a disqualified person of uring the year? "Yes," complete Schedule I, Part II  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule I, Part IV  D Ald the organization party to a business transaction with one of the following parties (see Schedule I, Part IV  A nemitry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  A nemitry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  A nemitry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  A nemitry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  D dit the or			21		X
23 Dit the organization answer "Yes" to Part VII, Section A, Inis 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 2d Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(k)3 and 501(c)40 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II b is the organization 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 II and the time transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II assistanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II assistanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV anstructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee, substantial contributor, or a grains election committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV substance, or direct or indirect or windirect or former officer, director, trustee, or key empl	22				
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  a 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," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Jid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Jid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O			31		х
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	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		Ī	
Form <b>990</b> (2010)		Note. All Form 990 filers are required to complete Schedule O			
			Form 9	<b>990</b> (2	2010)

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# Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

			т	<del>,</del> -
4-	Enter the number reported in Roy 2 of Form 1000. Enter 0, if not englished	<b>1</b> ·	Yes	No
1a b		) .	1	
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	,	4	-
·	(gambling) winnings to prize winners?	40		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	٠, , ,	<del> </del>
Za		)	69j	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	****		sadama
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b 言語	, 2,	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X	200
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	A	
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
ь	If "Yes," enter the name of the foreign country	40	<del>  ,</del> -	
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	2	1.43	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	مطمم	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1	ر چ <sup>ا</sup> ماند	\$#   Where .
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	v. 24-1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1.3.	ر. گارید استگارید	ر المارة المارة المارة
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		٠,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			*{ ***********************************
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		. 1. <b>6</b> 66,
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?			
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		7, 2 7
а	Initiation fees and capital contributions included on Part VIII, line 12		-	1
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	٠,		
11	Section 501(c)(12) organizations. Enter:	1 '		3
а	Gross income from members or shareholders		-,2	ž - 1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		, ]
	amounts due or received from them.)			j
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			, 4
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	]		;
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	-		
	organization is licensed to issue qualified health plans		,	1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	9907	2010

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI				$\mathbf{x}$
Sec	tion A. Governing Body and Management				لما
<u>oc</u> c	tion A. Governing body and Management			<b>V</b>	T
4	Enter the number of voting members of the governing hady at the and of the towns	1 4 . 1	46	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	46		
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	40	. 1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with any other			
•	officer, director, trustee, or key employee?		. 2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the	ie airect supervision			
4	of officers, directors or trustees, or key employees to a management company or other person?	000 #1- 40	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form sold the organization become guarantee the vices of a complicated divergence of the organization become	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5	77	X
6	Does the organization have members or stockholders?		6	X	-
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the			v
L	governing body?  Are any decrease of the governing body subject to approved by members, steelshelders, or other per-		7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other per		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	- d - x3	, ,,	
_	by the following				<u> </u>
a	The governing body?		. <u>8a</u>	X	77
	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched at the			,,
200	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	L	X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)		1	
				Yes	No
	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,	ŀ		
	and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling the form?	11a	<b>X</b>	+1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		# £		*
12a			12a		<u> X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld give rise			
	to conflicts?		12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			
	in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?		13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?		14	-	X
15	Did the process for determining compensation of the following persons include a review and approve	• ,			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		~		نہ _ ۔ اُ
	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
þ	Other officers or key employees of the organization		15b		_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a	الله الله		لشيانا
	taxable entity duning the year?		16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	· ·	'5		. ]
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anızatıon's	الله.		£ 7.
	exempt status with respect to such arrangements?	<del></del>	16b		
Sec	tion C. Disclosure			_	
17	List the states with which a copy of this Form 990 is required to be filed ► KY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(501(c)(3)s only) avai	lable for		
	public inspection Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of interest polic	cy, and fina	ncıal	
	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books at	nd records of the orga	anization: 🕨	<b>_</b>	
	PAT HARGADON - 502-633-2310				
	1201 MT. EDEN ROAD, SUITE 201, SHELBYVILLE, KY 40	065	<del></del>	_	
			Form	990 (	2010)

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

(A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	(c	hecl	all ·	that	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	O)	호	Ē	5	ş	호	ਫ			
GENE WITT										
PRESIDENT	1.00	X	ļ	X		↓	<u> </u>	0.	0.	0
JOHN WILLS		1	ľ							
VICE PRESIDENT	1.00	X	ļ	X	L		<u>.</u>	0.	0.	0
LARRY WILLIAMS				İ						
SECRETARY	1.00	X	<u> </u>	X	L_		<u> </u>	0.	0.	0
JUDY WHITE										
TREASURER	1.00	X	<u> </u>	X				0.	0.	0 .
KATHERINE TINGLE				ŀ						
DIRECTOR	1.00	X						0.	0.	0
PAT HARGADON							1			
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
BETH FLOYD							i			
DIRECTOR	1.00	X	<u> </u>	L		<u> </u>		0.	0.	0
MATT GAJDZIK										
DIRECTOR	1.00	X	<u> </u>					0.	0.	0
HAROLD TINGLE						İ				
DIRECTOR	1.00	X	<u> </u>				<u>L</u>	0.	0.	0
BOB ELLIS			ĺ							
DIRECTOR	1.00	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0
AMANDA GAJDZIK										
DIRECTOR	1.00	X	<u> </u>			<u> </u>	_	0.	0.	0
PHYLLIS KOCH										
DIRECTOR	1.00	X		<u> </u>				0.	0.	0
DANIEL RUTLEDGE				ŀ						
DIRECTOR	1.00	X	<u> </u>					0.	0.	0
DAVID WHEELER										
DIRECTOR	1.00	X	ļ	L	L	ļ		0.	0.	0
DEBBIE ROTHENBURGER									1	
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
STEPHANIE TUCKER										
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0
RAY TUCKER							Ì			
DIRECTOR	1.00	X		L	L	<u> </u>	L_	0.	0.	0.
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Part VII Section A. Officers, Directors, Tr		mpl	oyee			High	est	Compensated Employ	ees (continued)	
(A)	(B)			_	C)			(D)	(E)	(F)
Name and title	Average hours per	6	hecl	Pos			nlv)	Reportable	Reportable	Estimated
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ERIC HILL			-		_			0.	0	
DIRECTOR	1.00	X	├		┢	┢		0.	0.	0
MELISSA LIPPS DIRECTOR	1.00	X	l					0.	0.	0
SHANE COURTNEY	1.00	122	<u> </u>							
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0
JOE LIPPS		1								
DIRECTOR	1.00	X	<u> </u>		L			0.	0.	0
JOHN BRADSHAW										
DIRECTOR	1.00	X	<u> </u>	ļ		<u>L</u> _	$oxed{oxed}$	0.	0.	0
WAYNE ASHBY										
DIRECTOR	1.00	X	<u> </u>		ļ	_	L	0.	0.	0
COTY BAIN	1.00	x						0.	0.	0
DIRECTOR	1.00	┢				$\vdash$	$\vdash$	0.		0
CHARLES HUFFMAN DIRECTOR	1.00	x						0.	0.	0
JOSHUA MARTIN	1 2000									-
DIRECTOR	1.00	x	1					0.	0.	0
1b Sub-total						<b></b>		0.	0.	0
c Total from continuation sheets to Part V	II, Section A							0.	0.	0
d Total (add lines 1b and 1c)						<u> </u>		0.	0.	0
2 Total number of individuals (including but r	not limited to th	nose	liste	d al	bove	e) wl	no re	eceived more than \$100	,000 in reportable	
compensation from the organization										Yes No
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the si and related organizations greater than \$15</li> </ul>	such individual um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from		3 X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	Tall and the same
rendered to the organization? If "Yes, " corr	plete Schedul	e <i>J 1</i>	or su	ıch	pers	son			<u> </u>	5 X
Complete this table for your five highest countries the organization	ompensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of compens	ation from
(A) Name and business	addrass							(B) Description of s	en/ices C	(C) compensation
Yamo and business	dudiess							Description of s		ompensation
the state of the s										
										···
Total number of independent contractors ( \$100,000 in compensation from the organi	<del>-</del>	ot li	mite	d to		se li:	sted	above) who received m	ore than	
SEE PART VII, SECTION		ΓII	NUZ	AT.			SH	EETS		Form <b>990</b> (2010

032008 12-21-10

orm 990 (2010)	SHELBY	COUNTY

Part VII   Section A. Officers, Directo (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	,		Posi			LA	Reportable	Reportable	Estimated
	hours per	(C	neck	all t	inat	app	ייי) 	compensation from	compensation from related	amount of other
	week					oyee	İ	the	organizations	compensation
		recto				E E	ŀ	organization	(W-2/1099-MISC)	from the
		e or d	stee			sated		(W-2/1099-MISC)		organization and related
		truste	al trus		)yee	omber				organizations
		ndividual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			
		밀	E I	5	Ke	물	ᅙ			
DARREN WILLS DIRECTOR	1.00	x						0.	0.	0
JULIE HAMMOND										
DIRECTOR	1.00	X						0.	0.	0
LANE TRUMBO										
DIRECTOR	1.00	x						0.	0.	0
CLARENCE MILLER										
DIRECTOR	1.00	X						0.	0.	0
JAMES TUCKER									_	_
DIRECTOR	1.00	X						0.	0.	0
JEREMY TUCKER	1 00								2	
DIRECTOR	1.00	X	$\vdash$					0.	0.	0
DRU TERHUNE	1.00							0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
GWYN TRUMBO DIRECTOR	1.00	x						0.	0.	0
MARY COURTNEY	1.00							0.	0.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0
WALT REICHERT										
DIRECTOR	1.00	X						0.	0.	0
SHARON LOTT										
DIRECTOR	1.00	X						0.	0.	0
JACK TRUMBO								_		
DIRECTOR	1.00	X						0.	0.	0
EDDIE MATHIS	1 00									
DIRECTOR	1.00	X						0.	0.	0
DOUG LANGLEY	1 00	v						0.	0.	•
DIRECTOR	1.00	^						U •	0.	0
HARRY L. MORRIS	1.00	v						0.	0.	0
DIRECTOR ALLEN PHILLIPS	1.00	TA TA	$\vdash$					0.	<b>0.</b>	U
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0
PAUL HORNBACK	1130	† <u></u>	П							
DIRECTOR	1.00	X						0.	0.	0
BOB HORNBACK										
DIRECTOR	1.00	X						0.	0.	0
B.A. THOMAS, JR.										
DIRECTOR	1.00	X						0.	0.	0
GIL TUCKER										
DIRECTOR	1.00	X	ļ	L. I				0.	0.	0

SHELBY COUNTY

	1.4			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Reve exclude tax u section 513, c	ed from inder is 512.
1 a Fee	derated campaigns	1a		**			;',	
b Me	embership dues	1b		· ·			•	•
	indraising events	1c						
~ <del></del>	elated organizations	1d						-
e Go	overnment grants (contribu		<del></del>	ž _*			1 .	. "
7 (D)	other contributions, gifts, gran	1 1					15 - 1	· , ·
Sirr Sirr	nilar amounts not included abo							5
g Nor	ncash contributions included in lines	s 1a-1f \$		* .		•	2	,
h lo	otal. Add lines 1a-1f		Duamasa Cada		, , , , , , , , , , , , , , , , , , ,	4		71.5
. o. MI	פוות מדעסססססס	3	Business Code 813990	236,260.	236,260.	1		<u></u>
2 a MI	EMBERSHIP DUES		813330	230,200.	230,200.		·····	
enul b —								·
· · ·	<del></del>							
<u> </u>						-		
f All	other program service reve	enue						
	otal. Add lines 2a-2f		<b>•</b>	236,260.				
	vestment income (including	dividends, intere	est, and			.,		
I	her similar amounts)		. •	49.				49
4 Inc	come from investment of ta	x-exempt bond p	roceeds					
5 Ro	oyalties		<b>&gt;</b>					
		(i) Real	(ii) Personal	*				
6 a Gro	oss Rents	23,500.		٠	ν <b>β</b> -			• -
b Les	ss: rental expenses	57,536.						
I	ental income or (loss)	<34,036.	>				-	
1	et rental income or (loss)	[	<u> </u>	<34,036.	> 3,300.	<37,336.	<u> </u>	
1 -	oss amount from sales of	(i) Securities	(ii) Other					
	sets other than inventory							
	ss cost or other basis							
	d sales expenses			- ي دو				
1	ain or (loss) et gain or (loss)			المعطلين المستعددة			h	
0 - 0"	oss income from fundraisir	na events (not						
	cluding \$	of						
o co	entributions reported on line							
nr i	art IV, line 18	a	4,044.			5		
b Le	ss: direct expenses	b	4,142.	,				
O c Ne	et income or (loss) from fun	draising events	<b></b>	<98.	>	•		<98
9 a Gro	oss income from gaming a	ctivities See						
Pa	art IV, line 19	а						
b Le	ess: direct expenses	b	L	-				
c Ne	et income or (loss) from gan	ning activities	<b>&gt;</b> _					
1	oss sales of inventory, less	returns						
<b>I</b>	d allowances	. а			,			
i i	ess cost of goods sold	b			-		-	
<u>c Ne</u>	et income or (loss) from sale		<u> </u>				<del> </del>	
14 35	Miscellaneous Revenu	ne	Business Code	. , , ,	3	-	-	
	ISCELLANEOUS	ADDC	813990	3,590. 1,200.	3,590. 1,200.		<del> </del>	
b <u>A</u> (	CHIEVEMENT AWA	פתאא	813990	1,400.	1,∠00.			
C	dother revenue							
	otal. Add lines 11a-11d			4,790.			<del>                                     </del>	
	ital revenue. See instructions.	•		206,965.	244,350.	<37,336.	<u> </u>	<49
32009 2-21-10							Form <b>99</b>	-

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses Do not include amounts reported on lines 6b. Fundraising Program service Managèment and 7b, 8b, 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 117,866. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management b Legal 1,262 Accounting Lobbying 相談 "宝" Professional fundraising services. See Part IV, line 17 f Investment management fees 435 Advertising and promotion 12 382. 13 Office expenses Information technology 14 15 Royalties 13,050 Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 2,012 22 Depreciation, depletion, and amortization Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) CONFERENCES AND MEETING 21,418 MISCELLANEOUS 11,777. BILLING EXPENSE 7,022 SCHOLARSHIPS 4,000. D & O INSURANCE 364 354 All other expenses 179,942 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here \to \to \to \tag{f following SOP} 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

032010 12-21-10

Form 990 (2010)

SHELBY COUNTY

Part X Balance Sheet (B) End of year (A) Beginning of year 80,490 99,510. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 526,232. basis. Complete Part VI of Schedule D 10a 10b 349,819. 180,744 176,413. b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 261,234 275,923. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 87,902. 75,568. Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities. Complete Part X of Schedule D 25 25 87,902 Total liabilities. Add lines 17 through 25 75,568 26 Organizations that follow SFAS 117, check here 

X and complete , ki lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 173,332 200,355 27 27 Unrestricted net assets Temporanly restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 173,332. 33 200,355. 261,234 34 275,923. Total liabilities and net assets/fund balances

Form **990** (2010)

Form **990** (2010)

За

3b

X

separate basis, consolidated basis, or both

Act and OMB Circular A-133?

Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

#### **SCHEDULE C** (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiz	ations: Complete Part III.			
Nar	ne of organization KENTUCI	KY FARM BUREAU FE	DERATION-	Emp	loyer identification number
	SHELBY	COUNTY			61-0468751
P	art I-A Complete if the or	ganization is exempt und	der section 501(c	) or is a section 527 o	rganization.
	Provide a description of the organ Political expenditures Volunteer hours	ization's direct and indirect politic	cal campaign activities		
_					<del></del>
		ganization is exempt und			
	Enter the amount of any excise ta	, ,		<b>&gt;</b> \$	
	Enter the amount of any excise ta			5	
	If the organization incurred a secti	on 4955 tax, did it file Form 4/20	for this year?		Yes No
	Was a correction made?  of "Yes," describe in Part IV.				L Yes
-		ganization is exempt und	ler section 501(c	), except section 501	(c)(3).
1		<del></del>			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Enter the amount of the filing orga	, ,	•		
_	exempt function activities			<b>▶</b> \$	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here a	and on Form 1120-POI	L,	
	line 17b			<b>▶</b> \$	Yes No
4	Did the filing organization file Forn	n 1120-POL for this year?			Yes No
5	made payments For each organiz contributions received that were p	ation listed, enter the amount par romptly and directly delivered to	d from the filing organ a separate political org	olitical organizations to whic iization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount of political
	political action committee (PAC)	fadditional space is needed, prof	vide information in Par	t IV	<u></u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
$\overline{}$					<del></del>

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

#### KENTUCKY FARM BUREAU FEDERATION-

Schedule C (Form 990 or 990-EZ) 2010	SHEL	BY COU	NTY	JOREEN			61-0	1468751 Page 2
Part II-A   Complete if the org	ganizatio	on is exe	mpt und	der secti	on 501(	c)(3) and fi	iled Form 5768	
(election under sec	tion 501	l(h)).						
A Check ► if the filing organiza	tion belon	gs to an aff	iliated grou	up.				
B Check > I if the filing organization	ition check	ed box A a	nd "limited	control" p	rovisions	apply.		
	its on Lob	bying Expe	enditures	-			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion	(grass root	s lobbying	)	<del></del>		
<b>b</b> Total lobbying expenditures to infl	•	•			,			
c Total lobbying expenditures (add l		_	, , , , , , , , , , , , , , , , , , , ,	,3,				
d Other exempt purpose expenditur		,						
e Total exempt purpose expenditure	•	s 1c and 1	d)			-		-
f Lobbying nontaxable amount. Ent	-		•	table in b	oth columi	ns		
If the amount on line 1e, column (a)				ntaxable a			12 fate 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MAL KAJEF AND
Not over \$500,000	,, <u>(2) .c.</u>			nt on line 1				
Over \$500,000 but not over \$1,00	0.000					\$500,000.	9,	1 m
Over \$1,000,000 but not over \$1,5						\$1,000,000.	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Over \$1,500,000 but not over \$17						\$1,500,000.	31	1
Over \$17,000,000	,000,000	\$1,000		, O. 1.10 O.	2000 010.	¥1,000,000.	72	3ger , 153
Over 411,500,000		Ψ1,000	,000					ing , a
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				· ·		71
h Subtract line 1g from line 1a. If zei		•						
i Subtract line 1f from line 1c. If zero								
j If there is an amount other than ze			line 1. did	I the organ	ızatıon file	Form 4720		
reporting section 4911 tax for this		,	iii lo 11, qio	i inc organi	ization ilic	101111 4720	Γ	Yes No
reporting section 4311 tax for this	year:	4-Year Av	eraging Pa	ariod I Inde	er Section	501/h)		1es 1to
(Some organiz	zations tha						plete all of the five	
, ,						ough 2f on p	•	
	Lobi	oying Expe	nditures D	Ouring 4-Y	ear Avera	ging Period	· <del></del>	
Calendar year (or fiscal year beginning in)	(a)	2007	(b)	2008	(0	2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount								
b Lobbying ceiling amount			٠ .	•	,	- *	ASS.	
(150% of line 2a, column(e))		٠-, <sup>'</sup>	. 1 3	h			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
c Total lobbying expenditures			ļ					
d Grassroots nontaxable amount	ļ	<del></del>	<del> </del>		-		1 3a 7 <sub>1</sub>	
e Grassroots ceiling amount (150% of line 2d, column (e))			<u> </u>		a .	· · · · · · · · · · · · · · · · · · ·	3	
	1						1	1

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2010 SHELBY COUNTY 61-046875

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

			a)		(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	**************************************	***************************************		1555 4 14 35 35 35 35 35 35 35 35 35 35 35 35 35
а	Volunteers?			10 Sa	
b h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?	-		*	
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i	, ´	,		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			[ ed 42", 4	,
b	If "Yes," enter the amount of any tax incurred under section 4912	1.	3 de 1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		- 17		<del></del>
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	L			r:\$6 - 1
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ection	
-	501(c)(6).				<del></del>
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	<del></del>
3 Dar	Did the organization agree to carryover lobbying and political expenditures from the prior year?  t III-B   Complete if the organization is exempt under section 501(c)(4), secti	on 501/o	(5) or co	otion	X
· ui	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."				i
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal	,		
	expenses for which the section 527(f) tax was paid).		2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m		
а	Current year .		2a		
b	Carryover from last year		2b		
С	Total .		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	cess	1		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical	-		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, at	nd Part II-B,	line 1r. Also	o, complete	e this part
for a	ny additional information.				
				<u></u>	
		Schedu	le C (Form	990 or 99	0-EZ) 2010

16

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

OMB No 1545-0047

Name of the organization

KENTUCKY FARM BUREAU FEDERATION-

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		-
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	ınds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	<u> </u>	•
	impermissible private benefit?	a delice advisor, or lor any enter purpose control	Yes No
Pai		ganization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e	· — · · · · · · · · · · · · · · · · · ·	ally important land area
	Protection of natural habitat	Preservation of a certified l	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
_	day of the tax year		one of the last
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the orga	<del></del>
	year▶		Ğ
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	rganization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other sımılar assets for financıal gaın	ı, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051

Schedule D (Form 990) 2010

<del>'-</del>	The state of the s
4	Describe in Part XIV the intended uses of the organization's endowment funds.
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
	(ii) related organizations

	103	110
3a(i)		
3a(ii)		
3b		

Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10 Description of investment (a) Cost or other (b) Cost or other (d) Book value (c) Accumulated basis (investment) basis (other) depreciation 40,601. 40,601. 1a Land 485,631. 349,819 135,812 **b** Buildings Leasehold improvements d Equipment Other 176,413 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2010

(i) unrelated organizations

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Part VII	Investments - Other Securities. Se	e Form 990, Part X, line	e 12.	<u> </u>
(8	n) Description of security or category (including name of security)	(b) Book value	(c) Method Cost or end-of-	d of valuation: year market value
(1) Financia	al derivatives	1		
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col (B) line 12.)			~#( · , t)
Part VIII	Investments - Program Related. S	ee Form 990. Part Y lin		
				f of valuation:
	(a) Description of investment type	(b) Book value		year market value
(1)			750 1	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	15 000 5 11/2 1/2 1/2 1/2			
Part IX	) must equal Form 990, Part X, col (B) line 13.) ► Other Assets. See Form 990, Part X, line	45	4	
rait ix		Description		(b) Book value
(1)	(4)	Bescription		(b) Book value
(2)				-
(3)				
(4)				
(5)				
(6)		-		
(7)				
(8)				
(9)			· · · · · · · · · · · · · · · · · · ·	
(10)				
Part X	mn (b) must equal Form 990, Part X, col (B) line Other Liabilities. See Form 990, Part X,	e 15 ) line 25		<u> </u>
1.	(a) Description of liability		(b) Amount	
(1) Fed	eral income taxes			i
(2)				•
(3)				,
(4)				
(5)				
(6)			<del></del>	
(7)				
(8)				
<u>(9)</u> (10)				
(11)				
	mn (b) must equal Form 990. Part X. col (R) line	25)		
FIN 48 (AS 2. FIN 48 (AS	mn (b) must equal Form 990, Part X, col (B) line C 740) Footnote In Part XIV, provide the text of the footnote to C 740)	the organization's financial sta	atements that reports the organization's liability	for uncertain tax positions under
2. FIN 48 (AS 032053 12-20-10				Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions,

2010
Open To Public Inspection

Name of the organization

KENTUCKY FARM BUREAU FEDERATION-

Employer identification number

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  To From  (b) Loan to or from the organization?  To From  (c) Original principal amount  (d) Balance due default?  Yes No Yes No Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No  Yes No Yes No			ELBY CO						6	1-04	6875	1_	
1 (a) Name of disqualified person (b) Description of transaction (c) Corrected?  Yes No  Yes No  2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered Persons.  Complete if the organization answered Persons.  (a) Name of interested person and purpose  To From  To From  (b) Loan to or from interested amount (c) Original principal amount (d) Balance due (e) in default?  Yes No Yes No Yes No Yes No  Yes No Yes No Yes No  Yes No Yes No Yes No  To From  Original principal amount (d) Balance due (e) in default?  To From  To From  To From  Original principal amount (d) Balance due (e) in default?  Yes No Yes No Yes No  Yes No Yes No  Yes No Yes No  Original principal amount (d) Balance due (e) in default?  Original principal amount (d) Balance due (e) in default?  Original principal amount (d) Balance due (e) in default?  Original principal amount (d) Balance due (e) in default?  Original principal amount (d) Balance due (e) in default?  Original principal amount (e) Principal amount (e) in default?  Original principal amount (e) Principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) Principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e) in default?  Original principal amount (e)	Part I						<del>-</del>						
(a) Name of disqualified person  (b) Description of transaction  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Zeriter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered Yes on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person  To From  To From  (b) Description of transaction    Part II   Loans to and/or From Interested Persons.    Complete if the organization answered Yes on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (d) Balance due (e) in (f) Approved (g) Written organization answered Yes on Form 990 amount    Part III   Part III   Grants or Assistance Benefiting Interested Persons.    Complete if the organization answered Yes on Form 990, Part IV, line 27.    A		Complete if the orga	nization ansv	vered "Y	es" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	Ob.	<del></del>	
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From Yes No Ye	1	(a) Name of dis	qualified pers	son			(b) Description	of transa	ection				
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) in default?  Yes No Yes No Yes No Yes No Yes No Yes No Yes No Person No  To From (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of			· ·	<del></del>								Yes	No_
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From (d) Balance due (e) In default? (g) Written agreement?  Yes No Yes No Yes No Yes No Yes No Person No  To From (h) Fr			<u>-</u>				<del></del>						
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From (d) Balance due (e) In default? (g) Written agreement?  Yes No Yes No Yes No Yes No Yes No Person No  To From (h) Fr													
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From (c) Onginal principal amount (d) Balance due (e) In default?  Yes No Yes No Yes No Yes No  Yes No Yes No  Yes No  Total Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (b) Relationship between interested person and (c) Amount and type of													
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose   (b) Loan to or from the organization?   (c) Original principal amount   (d) Balance due   (e) In default?   (f) Approved by board or committee?   (g) Written agreement?   (e) From   (f) Approved by board or committee?   (g) Written agreement?   (h) From   (h)													
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From (d) Balance due (e) In default? (g) Written agreement?  Yes No Yes No Yes No Yes No Yes No Person No  To From (h) Fr											_		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose   (b) Loan to or from the organization?   (c) Onginal principal amount   (d) Balance due   (e) In   (efault?   Yes   No	•	osed on the o	organizat	ion manager	s or disqualifi	ied persons during the	e year un	der					
Part II Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose (b) Loan to or from the organization?  To From (c) Original principal amount (d) Balance due default?  Yes No Yes No Yes No Yes No  Yes No Yes No  Yes No Yes No  To Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of						.1							
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a  (a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  (c) Original principal amount  (d) Balance due (e) In default?  Yes No Yes No Yes No  Yes No  Yes No  Yes No  Yes No  Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and  (c) Amount and type of	3 Enter	tne amount of tax, if ar	iy, on line 2,	above, re	elmbursea by	y the organiza	ation			<b>&gt;</b> \$			
(a) Name of interested person and purpose  (b) Loan to or from the organization?  To From  To From  (c) Original principal amount  (d) Balance due default?  Yes No Yes No Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Original principal amount  (d) Balance due default?  Yes No Yes No  Yes No  Yes No  Yes No  Yes No  Yes No  Original principal amount  (d) Balance due default?  Yes No Yes No  Yes No  Yes No  Yes No  Original principal amount  (d) Balance due default?  Yes No Yes No  Yes No  Yes No  Original principal amount  (d) Balance due default?  Yes No Yes No  Yes No  Yes No  Original principal amount  (d) Balance due default?  Yes No Yes No  Yes No  Yes No  Original principal amount  (d) Balance due default?  Yes No Yes No  Yes No  Yes No  Original principal amount  (e) In default?  Yes No  Yes No  Yes No  Original principal amount  (g) Written agreement?	Part II	Loans to and/or	r From Int	ereste	d Persons	S.							
person and purpose  the organization?  To From		Complete if the orga	nızatıon ansv	vered "Y	es" on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38	Ba			
To From Yes No Yes No Yes No  To From Prom Prom Prom Prom Prom Prom Prom P							(d) Balance due			(f) App	proved pard or		
Total  Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of	pers	on and purpose	the organ	nization?	ar	nount		defa	ault?	comn	uttee?	agree	ment?
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of			То	From				Yes	No	Yes	No	Yes	No
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of								-					<u> </u>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of			<u> </u>					1				<u> </u>	
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of			1							<del> </del>			<del></del>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of												<u> </u>	<u> </u>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of													
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of													
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of													<u> </u>
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of								-					
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of								+			<u> </u>		);
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and  (c) Amount and type of		Grants or Assis	tance Ber	efiting	Intereste		s.	3,2				<u> </u>	, , +
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the organization assistance	(;	· · · · · · · · · · · · · · · · · · ·				onship betwe	een interested person	and					f
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

## KENTUCKY FARM BUREAU FEDERATION-SHELBY COUNTY

61-0468751

		990 or 990-EZ) 2010		<del></del>			Page 2
Par		ness Transactions Involv	<del>-</del>	N 00-			
		of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		aring of cation's nues?
DAV	AND CO	DEDUANTE MICKED	DOADD OF DIDECTORS	1 611	THE TANDOGA	Yes	No
RAY	AND ST	TEPHANIE TUCKER	BOARD OF DIRECTORS	1,611.	THE LANDSCA	-	Х
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Part	V Supp	lemental Information			<u> </u>		-
			al information for responses to questions	on Schedule L (see	instructions).		
SCH	L, PAF	RT IV, BUSINESS T	RANSACTIONS INVOLVI	IG INTEREST	ED PERSONS:		
/ <b>7</b> . \	NAME C	NE DEDCOM. DAY AN	D CHEDIANTE MICKED				
<u>(A)</u>	NAME (	OF PERSON: KAI AN	ID STEPHANIE TUCKER				
(B)	RELATI	ONSHIP BETWEEN I	NTERESTED PERSON ANI	ORGANIZAT	'ION:		
BOA	RD OF I	IRECTORS MEMBERS	5				
/D\	DEGODI		MICH. MIE LANDGGADIA	70 00403307	OF BUT 5	DO 3 D	_
<u>(D)</u>	DESCRI	PTION OF TRANSAC	TION: THE LANDSCAPIN	NG COMPANY	OF THE TWO	BOAK.	ט
OF	DIRECTO	RS MENTIONED PRO	OVIDES SERVICES ON O	CASTON TO	THE ORGANIZ	ልሞፐር)	NI.
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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

2010 Open to Public Inspection

Name of the organization

KENTUCKY FARM BUREAU FEDERATION-SHELBY COUNTY

Employer identification number 61-0468751

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESIDING IN SHELBY COUNTY, KENTUCKY, WHO ARE SEEKING TO IDENTIFY
AGRICULTURE PROBLEMS, DEVELOP SOLUTIONS, IMPROVE NET FARM INCOME,
ACHIEVE BETTER ECONOMIC OPPORTUNITIES AND ENHANCE QUALITY OF LIFE FOR
SHELBY COUNTY RESIDENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENHANCE QUALITY OF LIFE FOR SHELBY COUNTY RESIDENTS.
FORM 990, PART VI, SECTION A, LINE 6: THE FEDERATION IS A MEMBER
ORGANIZATION OF THOSE INDIVIDUALS RESIDING IN SHELBY COUNTY, KENTUCKY, WHO
ARE SEEKING TO IDENTIFY AGRICULTURE PROBLEMS, DEVELOP SOLUTIONS, IMPROVE
NET FARM INCOME, ACHIEVE BETTER ECONOMIC OPPORTUNITIES AND ENHANCE QUALITY
OF LIFE FOR SHELBY COUNTY RESIDENTS. AS OF SEPTEMBER 30, 2011, MEMBERSHIP
IN THE FEDERATION CONSISTED OF OVER 7,900 MEMBERS.
FORM 990, PART VI, SECTION A, LINE 8B: MINUTES AT EACH BOARD MEETING ARE
TAKEN. THE MINUTES ARE THEN REVIEWED AND APPROVED AT THE NEXT BOARD
MEETING. HOWEVER, COMMITTEE MEETING MINUTES HAVE NOT BEEN TAKEN IN THE
PAST AND ARE CURRENTLY NOT TAKEN.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS DELIVERED TO THE
EXECUTIVE BOARD FOR THEIR REVIEW. ONCE QUESTIONS HAVE BEEN ADDRESSED, IT

PRIOR TO AND DURING THE MEETING, COPIES OF THE 990 ARE AVAILABLE AT THE HEAD TABLE FOR ANY DIRECTOR TO OBTAIN AND REVIEW. ONCE IT IS APPROVED,

IS PRESENTED FOR APPROVAL AT THE NEXT BOARD MEETING TO THE ENTIRE BOARD.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization KENTUCKY FARM BUREAU FEDERATION- SHELBY COUNTY	Employer identification number 61-0468751
990 IS FILED.	
FORM 000 DARW UT CECUTON O LINE 10. MUE DEDERAMION NA	VEG TEG HODY 000
FORM 990, PART VI, SECTION C, LINE 19: THE FEDERATION MA	
AVAILABLE UPON REQUEST. IT DOES NOT HAVE AUDITED, COMPI	
FINANCIAL STATEMENTS NOR DOES IT HAVE A CONFLICT OF INTE	
GOVERNING DOCUMENTS ARE MADE AVAILABLE DEPENDING ON THE	NATURE OF THE
REQUEST.	
	-

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ See separate instructions. ► Attach to Form 990.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number

61-0468751

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part I

KENTUCKY FARM BUREAU FEDERATION-

SHELBY COUNTY

organizations during the tax year)

12(b)(13) olled iy?	2		×					
(g) Section 512(b)(13) controlled entity?	Yes							
(f) Direct controlling entity								
(e) Public charity status (if section	501(c)(3))							
(d) Exempt Code section			501(C)(5)					
(c) Legal domicile (state or foreign country)			KENTUCKY					
(b) Primary activity		ACHIEVE BETTER ECONOMIC DPPORTUNITIES FOR FARMING	FAMILIES IN KENTUCKY					
(a) Name, address, and EIN of related organization		KENTUCKY FARM BUREAU FEDERATION - 61-0443949 ACHIEVE BETTER P.O. BOX 20700 DPPORTUNITIES 1	LOUISVILLE, KY 40250-0700					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

032181 12-21-10 LHA

Schedule R (Form 990) 2010

KENTUCKY FARM BUREAU FEDERATION-

Schedule R (Form 990) 2010 SHELBY COUNTY

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

61-0468751

General or Percentage , Imanaging ownership 3 Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

	E	Percentage ownership									
	l	Share of Per end-of-year ow assets				-	_	_			
		Share of total income		! !							
	(e)	Type of entity (C corp, S corp, or trust)									
	(p)	Direct controlling Type of entity (C corp., S corp., or trust)									
	(2)	Legal domicile (state or foreign country)									
(al.,)	(q)	Primary activity									
organizations treated as a corporation of these during the tax year.	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2010

032162 12-21-10

# KENTUCKY FARM BUREAU FEDERATION-SHELBY COUNTY

Schedule R (Form 990) 2010 SHELBY COUNTY

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Page 3

61-0468751

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	ın Parts II-IV?	-
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to other organization(s)				1b X
c Gift, grant, or capital contribution from other organization(s)				1c X
d Loans or loan guarantees to or for other organization(s)				1d X
f Sale of assets to other organization(s)				1f X
g Purchase of assets from other organization(s)				1g X
h Exchange of assets				
i Lease of facilities, equipment, or other assets to other organization(s)				ii X
i lace of facilities accumment or other assate from other organization(s)				
<ul> <li>Leave of recimines, equipment, or other assets from other organization(s)</li> <li>R Performance of services or membership or fundraising solicitations for other organization(s)</li> </ul>	iization(s)			×
l Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			Н
m Sharing of facilities, equipment, mailing lists, or other assets				T X
n Sharing of paid employees				1n X
• Beimhi ireamant noid to other organization for evnenses				
p nemionisement paid by other organization of periods				d d
q Other transfer of cash or property to other organization(s)				1q X
r Other transfer of cash or property from other organization(s)				1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	ils line, including covered	relationships and transaction thresholds.	
(а) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) KENTUCKY FARM BUREAU FEDERATION	×	114,564.CASH	САЅН	
(2)				
6				
(4)				
032163 12-21-10	27		Schedul	Schedule R (Form 990) 2010

KENTUCKY FARM BUREAU FEDERATION-SHELBY COUNTY

61-0468751

Page 4

Schedule R (Form 990) 2010

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(e)	(g)	<u>(</u> )	ਉ			(B)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	ഗ	Dispropor- tionate	Code V-UBI	General or
of entity		(state or toreign country)	Yes No	year assets		of Schedule K-1 (Form 1065)	1.
							2
							-
							-
					-		

28

Schedule R (Form 990) 2010

# KENTUCKY FARM BUREAU FEDERATION-61-0468751 Page 5 Schedule R (Form 990) 2010 SHELBY COUNTY Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complete	e only Pa	rt I and check this box		X				
	are filing for an Additional (Not Automatic) 3-Month Ex			form).					
	complete Part II unless you have already been granted a								
	nic filing (e-file). You can electronically file Form 8868 if y				oration				
	to file Form 990-T), or an additional (not automatic) 3-moi								
	to file any of the forms listed in Part I or Part II with the exc								
	Benefit Contracts, which must be sent to the IRS in pap								
	w.rs gov/efile and click on e-file for Charities & Nonprofits			no choca of no him ig or time in	,				
Part I			hmit original (no copies needed)						
	ration required to file Form 990-T and requesting an auton			nlete					
•		natic offic	THE EXTENSION - CHECK THIS BOX and CON	ipicio 🕨					
Part I or	ny r corporations (including 1120-C filers), partnerships, REM	ICo and t		extension of time					
	corporations (including 1120-C filers), partiterships, Filer come tax returns.	ics, and ti	usis must use romi roo4 to request an	1					
Type or				Employer identification	number				
print	KENTUCKY FARM BUREAU FEDERA	MOIT!	_						
	SHELBY COUNTY			61-0468751					
File by the due date for filing your	ue date for Number, street, and room or suite no if a P.O. box, see instructions.								
City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	SHELBYVILLE, KY 40065			<del></del>					
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)		0 1				
Applica	tion	Return	Application		Return				
	idon	Code	Is For		Code				
Is Form 99	20	01	Form 990-T (corporation)	<del></del>	07				
		02	Form 1041-A	<del></del>	08				
Form 99		01	Form 4720		09				
Form 99		04	Form 5227		10				
Form 99		05	Form 6069		11				
	90-T (sec. 401(a) or 408(a) trust)	06	Form 8870		12				
Form 9	90-T (trust other than above) PAT HARGADON		FOIII 6670		] 12				
	books are in the care of > 1201 MT. EDEN	מגספ	CITTUE 201 _ CUELDVI	7TTTE EV 1004	; <b>5</b>				
		KUAD,	FAX No. ►	THIE, KI 4000					
	phone No. ► 502-633-2310	a un tha I le	·						
	e organization does not have an office or place of busines s is for a Group Return, enter the organization's four digit				haak thia				
	·		ich a list with the names and EINs of all						
box 🕨	. If it is for part of the group, check this box								
1 1	request an automatic 3-month (6 months for a corporation	requirea	to the Form 990-1) extension of time un	UI					
_	MAY 15, 2012 , to file the exemp	n organiza	tion return for the organization named a	adove. IIIVAILEL					
18	for the organization's return for:			}					
	calendar year or		CED 20 2011	FEB 1 3 20	12				
•	►X tax year beginning OCT 1, 2010	, ar	d ending <u>SEP 30, 2011</u>	1 725 20 20	"				
2 lf	the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fin	al return DMLO					
•	Criatigo in accounting points								
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, 6	enter the tentative tax, less any						
_	onrefundable credits. See instructions.			3a   \$	0.				
	this application is for Form 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year over			3b \$	0				
	Balance due. Subtract line 3b from line 3a. Include your pa								
	by using EFTPS (Electronic Federal Tax Payment System)	See instru	uctions.	3c \$	0.				
Cautio	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	n 8879-EO for payment ins	tructions				
LHA	For Paperwork Reduction Act Notice, see Instruction	s.		Form <b>8868</b> (F	Rev. 1-2011)				

#### Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

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-	are filing for an Automatic 3-Month Extension, comple	-		<u>,</u>	. 🗀				
-	are filing for an Additional (Not Automatic) 3-Month Ex	-	• • • • • • •						
	complete Part II unless you have already been granted a		•						
	nic filing (e-file). You can electronically file Form 8868 if y			· · · · · · · · · · · · · · · · · · ·					
	to file Form 990-T), or an additional (not automatic) 3-mo								
	o file any of the forms listed in Part I or Part II with the ex								
Persona	I Benefit Contracts, which must be sent to the IRS in pag	er format	(see instructions). For more details on ti	he electronic filing of this t	form,				
$\overline{}$	w rs.gov/efile and click on e-file for Charities & Nonprofits								
Part	Automatic 3-Month Extension of Time	Only su	ibmit original (no copies needed).						
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	•					
Part I or	ıly			▶	$\mathbf{x}$				
	corporations (including 1120-C filers), partnerships, REN come tax retums.	IICs, and t	rusts must use Form 7004 to request ar	n extension of time					
Type or	Name of exempt organization			Employer identification	number				
print	KENTUCKY FARM BUREAU FEDERA	ATION-	_	, ,					
•	SHELBY COUNTY			61-0468751					
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.									
filing your 1201 MT. EDEN ROAD NO. 201									
	eturn See IZUT MT - ISDIN NOAD , NO - ZUT  nstructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
SHELBYVILLE, KY 40065									
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Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)		0 7				
					ت				
Applica	tion	Return	Application	<del></del>	Return				
Is For		Code	Is For		Code				
Form 99	n	01	Form 990-T (corporation)		07				
Form 99		02	Form 1041-A		08				
Form 99		01	Form 4720		09				
Form 99		04	Form 5227	<del></del>	10				
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	· · · · · · · · · · · · · · · · · · ·	<del> </del>				
	0-T (trust other than above)	06	Form 8870		11 12				
rom se	PAT HARGADON	, 00	1 0/11/ 0070		12				
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box 🕨					tor				
<b>1</b> 1 r	equest an automatic 3-month (6 months for a corporation ${ m AUGUST}$ 15, $2012$ , to file the exemp		· ·						
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	Tax year beginning OCT 1, 2010	, an	d ending <u>SEP 30, 2011</u>		2012				
	of the second second second second second second second second second second second second second second second	h l		[ ]					
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L	Change in accounting period				<u>.U</u>				
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
no	onrefundable credits. See instructions			3a \$	<u> </u>				
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and						
<u>es</u>	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b \$	<u> </u>				
с В	a <mark>lance due.</mark> Subtract line 3b from line 3a. Include your pa	iyment wit	th this form, if required,						
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Caution	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-EO for payment ins					
LHA	For Paperwork Reduction Act Notice, see Instructions	s.		Form <b>8868</b> (R	ev. 1-2011)				
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