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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

| | A F | or the | 2010 calendar year, or tax year beginning NoV , , 2010, and ending | Oct | _ | 3/ ,20 // | | |
|--------|------------|----------------------------|--|------------|-----------------|-------------------------|--|--|
| 1 | BC | heck if ap | plicable: C Name of organization Kentucky Farm Bureau Federation D | | | ntification number | | |
| Į | ⊒ ^ | Address cl | hange Pike County Frank Bureau | 61- | 0% | 7/6816 | | |
| [| ٦٠ | Name char | nge Number and street (or P O, box, if mail is not delivered to street address) Room/suite | Telepho | / N . | miber | | |
| | = · | nitial retur Ferminated | \mathcal{L} | (60k | 19 | 137-9606 | | |
| Ì | = | vmended i | City or town, state or country, and ZIP +/4 | Group | Group Exemption | | | |
| j | = ' | | return n pending City or town, state or country, and ZIP 44 Figure 17 Fig | Numbe | er 🕨 | | | |
| (| G A | ccount | ing Method: | heck ▶ | ZH. | the organization is not | | |
| - 1 | ı V | Vebsit | e:▶ re | equired to | atta | ch Schedule B | | |
| • | J Ta | ах-ехеп | npt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (| orm 990 | , 990- | -EZ, or 990-PF). | | |
| (| | heck > | | • | | | | |
| | | | 10-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instruction | ons). But | if the | organization chooses | | |
| | | | return, be sure to file a complete return. | | | | | |
| | | | 5b, 6c, and 7b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (F | Part II, | | | | |
| | | | umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | \$ | | | |
| | Pa | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in | | | | | |
| - | | | Check if the organization used Schedule O to respond to any question in this Part I. | | | · · · · · <u> </u> | | |
| | | 1 | Contributions, gifts, grants, and similar amounts received | | 1 | | | |
| | | 2 | Program service revenue including government fees and contracts | - | 2 | 7) | | |
| | | 3 | Membership dues and assessments | | 3 | 77,320 | | |
| | | 4 | Investment income | · • [' | 4 | -4,262 | | |
| | | 5a | Gross amount from sale of assets other than inventory | | 1 | , . | | |
| | | b | Less: cost or other basis and sales expenses | | | | | |
| | | 6 6 | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events | · - | c | | | |
| | | а | Gross income from gaming (attach Schedule G if greater than | 1 | | | | |
| | 9 | • | \$15,000) | | | | | |
|) | Revenue | ь | Gross income from fundraising events (not including \$ of contributions | | | | | |
| A P | ا ۾ | | from fundraising events reported on line 1) (attach Schedule G if the | 1 | İ | | | |
| 2 | - | | sum of such gross income and contributions exceeds \$15,000) 6b | | | | | |
| 3 | | С | Less: direct expenses from gaming and fundraising events 6c | | | | | |
| کّ | į | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr | ract | | | | |
| D) | | | line 6c) | . 6 | id | | | |
| | | 7a | Gross sales of inventory, less returns and allowances | | | | | |
| | | b | Less: cost of goods sold | | | | | |
| | | С | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7 | /c | | | |
| | | 8 | Other revenue (describe in Schedule O) | | 8 | | | |
| | | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | . • | 9 | 101,582 | | |
| | | 10 | Grants and similar amounts paid (list in Schedule O) | | 10 | | | |
| | | 11 | Benefits paid to or for members . Chausan fremilias, & Scholarship ? | · . [1 | 11 | 17,758 | | |
| | ses | 12 | Salaries, other compensation, and employee benefits | [1 | 12 | _3,500 | | |
| | ě | 13 | Professional rees and offer payments to independent contractors | | 13 | 10 10: | | |
| | Expenses | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 50,385 | | |
| | _ | 15 | Printing, publications, postage and shipping | — | 15 | 744/ | | |
| | | 16 17 | Total expenses Add lines 10 efforces 16 | | 16 | 11,513 | | |
| | | 18 | Total expenses. Add.lines. 10.16 rough 16 | | 17 18 | <u> 48657</u> | | |
| | ets | 19 | Net-assets or fund balances at beginning of year (from line 27, column (A)) (must agree v | with H | - | a, 4 M | | |
| | Net Assets | - | end-of-year figure reported on prior year's return) | | 19 | 173 291 | | |
| | | 20 | Other changes in net assets or fund balances (explain in Schedule O) | ļ | 20 | 110,010 | | |
| | ž | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | 176.32/ | | |
| | | | | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

176, 32/ Form **990-EZ** (2010)

| Pa | rt II Balance Sheets. (see the instructions Check if the organization used Schedule | | stion in this Part | H | | |
|------|---|---|--|-------------------------------------|------------------|--|
| | | | | eginning of year | 1 | (B) End of year |
| 22 | Cash, savings, and investments | | | 73,20/ | 22 | 176.321 |
| 23 | Land and buildings | | | 1370 | 23 | 1.100 |
| 24 | Other assets (describe in Schedule O) | | | | 24 | - |
| 25 | Total assets | | | | 25 | |
| 26 | Total liabilities (describe in Schedule O) | | | | 26 | |
| 27 | Net assets or fund balances (line 27 of colum | | | 173.396 | 27 | 176.321 |
| Par | | | | | | Expenses |
| | Check if the organization used Schedul | | tion in this Part | III <u> </u> | | uired for section c)(3) and 501(c)(4) |
| Wha | t is the organization's primary exempt purpose? | To represent & | tromote | | | nizations and section |
| | nbe what was achieved in carrying out the organizatio | | | ner, describe | 4947 | (a)(1) trusts; optional |
| | ervices provided, the number of persons benefited, and | | | | tor ot | thers.) |
| 28 | Tariculture | | Services | | 1 | 1 |
| | ant Polycation | ial programs for | our 7000 | <u>+</u> | | |
| | members | | | | | |
| ~~ | (Grants \$ ''') If this amount | t includes foreign grants, ch | eck nere | . ▶ ⊔ | 28a | |
| 29 | | | | | | |
| | | | | | | |
| | (Grants \$) If this amoun | t includes foreign grants, ch | ock horo | ▶ □ | 29a | |
| 30 | | | | | 238 | |
| - | | | | | ļ | ļ |
| | | | | | İ | |
| | (Grants \$) If this amoun | t includes foreign grants, ch | eck here | . ▶ 🗆 | 30a | |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | (Grants \$) If this amoun | t includes foreign grants, ch | | | 31a | |
| 32 | Total program service expenses (add lines 28a | | | | 32 | |
| Day | t IV List of Officers, Directors, Trustees, and Ke | ey Employees. List each one ev | ven if not compens | ated. (see the | instruc | ctions for Part IV.) |
| rai | | | Atam ta Abia Dask | D. / | | |
| r el | Check if the organization used Schedul | e O to respond to any ques | | | | 🗆 |
| | | e O to respond to any ques (b) Title and average hours per week | (c) Compensation (If not paid, | (d) Contributio employee benefit | ns to plans & | (e) Expense account and |
| | Check if the organization used Schedul | e O to respond to any ques (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contributio | ns to plans & | (e) Expense account and |
| | Check if the organization used Schedul | e O to respond to any ques (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, | (d) Contributio employee benefit | ns to plans & | (e) Expense account and |
| | Check if the organization used Schedul (a) Name and address Bob Tichice Pikeville Ky | e O to respond to any ques (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contributio employee benefit | ns to plans & | (e) Expense account and |
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| | Check if the organization used Schedul (a) Name and address Bob Tustice Pikeville Ky Tanves Smallwoold Pikeville, Ky | e O to respond to any ques (b) Title and average hours per week | (c) Compensation (If not paid, enter -0) | (d) Contributio employee benefit | ns to plans & | (e) Expense account and |
| | Check if the organization used Schedul (a) Name and address Bob Tustice Pikeville Ky Tanves Smallwood | e O to respond to any ques (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contributio employee benefit | ns to plans & | (e) Expense account and |
| | Check if the organization used Schedul (a) Name and address Bob Tustice Pikeville Ky Tanves Smallwoold Pikeville, Ky | e O to respond to any ques (b) Title and average hours per week devoted to position President Vice President Treasurey | (c) Compensation (if not paid, enter -0) # 500.00 # 500.00 | (d) Contributio employee benefit | ns to plans & | (e) Expense account and |
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| | Check if the organization used Schedul (a) Name and address Bob Tustice Pikeville Ky Tanves Smallwoold Pikeville, Ky | e O to respond to any ques (b) Title and average hours per week devoted to position President Vice President Treasurey | (c) Compensation (if not paid, enter -0) # 500.00 # 500.00 | (d) Contributio employee benefit | ns to plans & | (e) Expense account and |
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| Part | Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V | | | <u> </u> |
|----------|--|-----------|---------|---------------|
| | , , , | | Yes | No |
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | V |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | 2 |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | <u> </u> | | |
| а | Did the organization have unrelated business gross income of $1,000$ or more or was it a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements? | 35a | - | 1 |
| ь 36 | If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | 35b 36 | | V |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? | 37b | - | V |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | 7 |
| b 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved | - | | (|
| а | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 1 | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 1 | } | |
| | section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | } | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 1 |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | 1 |
| θ | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | _ | V |
| 41 | List the states with which a copy of this return is filed. ▶ | 0 | | , |
| 42a | Located at ► ZIP + 4 ► | | | |
| Ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No |
| | account)? | 42b | | V |
| | If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ | 42c | <u></u> | V |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . | ▶ 🗆 |
| | · | | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | Yes | No |
| b | completed instead of Form 990-EZ | 44a | - | 1 |
| | completed instead of Form 990-EZ | 44b | | 1 |
| d | Did the organization receive any payments for indoor tanning services during the year? | 44c | | |
| | explanation in Schedule O | 44d | L | ш_ |

| 111 55 | 0 ⁺ EZ (2010) | | | | | | Yes | age |
|--------|--|---------------------------------------|----------------------|---------------------------|---|-------------------|---------------|-------------|
| 5 | Is any related organization a controlled entity of t | he organization within the | mean | ing of sectio | n 512(h)(13)2 | 45 | 163 | 1 |
| а | Did the organization receive any payment from or | _ | | - | | W.W. | | <u></u> |
| - | meaning of section 512(b)(13)? If "Yes," Form 9 | | | | | 333 | | ξ 'γ' |
| | | | | | | 45a | | ì |
| В | Did the organization engage, directly or indirectly | , in political campaign act | uvities | on behalf of | or in opposition | 9-1 | 10 | 46 |
| | to candidates for public office? If "Yes," comple | te Schedule C, Part I | | · · · · | <u> </u> | 46 | | L |
| art ' | Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and 52, and complete the tables for line | 7(a)(1) nonexempt char | xem itable | ot charitab trusts mus | le trusts only. At answer question | All sec ons 47 | tion 7-49i |) |
| | Check if the organization used Schedule | O to respond to any que | stion i | n this Part \ | / | | | Ę |
| | | | | | | | Yes | N |
| 7 | Did the organization engage in lobbying activities | • | | | | 47 | | |
| 3 | Is the organization a school as described in section | | • | | | 48 | | |
|)a | Did the organization make any transfers to an ex- | - | d orga | anization? . | | 49a | | |
| b | If "Yes," was the related organization a section 5 | | | | | 49b | | |
|) | Complete this table for the organization's five his employees) who each received more than \$100,0 | | | | | | | jk |
| | | (b) Title and average | | Compensation | (d) Contributions to | | Exper | |
| | (a) Name and address of each employee paid more than \$100,000 | hours per week | 1 | • | employee benefit plans a deferred compensation | ≩ ac | count a | nd |
| | man \$100,000 | devoted to position | +- | | deletred compensation | Oute | anowa | ICE |
| | | | | | | } | | |
| _ | | | <u> </u> | | | | | |
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| f | Total number of other employees paid over \$100 | · · · · · · · · · · · · · · · · · · · | | | - | | | |
| 1 | Complete this table for the organization's five the \$100,000 of compensation from the organization | | | ent contract | ors who each rec | eived | more | th |
| | (a) Name and address of each independent contractor | | one. | (b) Tvr | e of service | (c) Co | mpens | tion |
| | | | | (-, -, | | (-, | | _ |
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Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Preparer's signature Date PTIN Print/Type preparer's name **Paid** Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? See instructions ► ☐ Yes ☐ No