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Short Form  
Return of Organization Exempt From Income Tax

2016

Open to Public  
Inspection

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

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

A For the 2016 calendar year, or tax year beginning 2016, and ending 20

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization <b>Bath County Farm Bureau</b>	D Employer identification number <b>61-6033589</b>
Number and street (or P O box, if mail is not delivered to street address) <b>PO Box 40</b>	Room/suite
City or town, state or province, country, and ZIP or foreign postal code <b>Owingsville, KY 40360</b>	E Telephone number <b>(606) 674-6335</b>
F Group Exemption Number ► <b>1631</b>	

G Accounting Method:  Cash  Accrual Other (specify) ► \_\_\_\_\_H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► \_\_\_\_\_

J Tax-exempt status (check only one) -  501(c)(3)  501(c)(5) (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **63,932****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	2016	2015	2014
1 Contributions, gifts, grants, and similar amounts received	1		
2 Program service revenue including government fees and contracts	2	27,389	
3 Membership dues and assessments	3	30,129	
4 Investment income	4	6,391	
5a Gross amount from sale of assets other than inventory	5a		
b Less cost or other basis and sales expenses	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
6 Gaming and fundraising events	6a		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b		
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c		
c Less direct expenses from gaming and fundraising events	6d		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less. cost of goods sold	7c		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7d		
8 Other revenue (describe in Schedule O)	8	23	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,932	
10 Grants and similar amounts paid (list in Schedule O)	10	3,225	
11 Benefits paid to or for members	11		
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13	90	
14 Occupancy, rent, utilities, and maintenance	14	8,662	
15 Printing, publications, postage, and shipping	15	3,086	
16 Other expenses (describe in Schedule O)	16	31,294	
17 Total expenses. Add lines 10 through 16	17	46,357	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,575	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	165,823	
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	183,398	

For Paperwork Reduction Act Notice, see the separate instructions.  
EEA

Form 990-EZ (2016)

G7

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	155,083	22 173,044
23 Land and buildings	10,740	23 10,354
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	165,823	25 183,398
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,823	27 183,398

**Part III** Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Improvement & advancement of agriculture

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

**Expenses**

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

## 28 Meetings and events for the betterment of farm families in

Bath County, including

annual meeting, women's committee, and young farmers.

(Grants \$ ) If this amount includes foreign grants, check here  28a

## 29 Donations to six local charitable organizations and college

scholarships to

four local students. All were budgeted and voted upon.

(Grants \$ ) If this amount includes foreign grants, check here  29a

30

(Grants \$ ) If this amount includes foreign grants, check here  30a

## 31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here  31a

## 32 Total program service expenses (add lines 28a through 31a)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990 OFOV				
Michael Bach	0.00	0	0	0
Director				
Ebony Copher	0.00	0	0	0
Director				
Marshall Coyle	0.00	0	0	0
Director				
Linda Gray	0.00	0	0	0
Director				
Tim Lyons	0.00	0	0	0
Director				
Jake Rogers	0.00	0	0	0
Director				
Lisa Rogers	0.00	0	0	0
Director				
Billy Stewart	0.00	0	0	0
Director				
Jacky Watson	0.00	0	0	0
Director				
John Wills	0.00	0	0	0
Director				
Roger Wills	0.00	0	0	0
Director				
Mary B Wilson	0.00	0	0	0
Director				
Michael Staton	0.00	0	0	0
President				

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33  Yes  No

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  Yes  No

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a  Yes  No

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b  Yes  No

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c  Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  Yes  No

b Did the organization file Form 1120-POL for this year? 37b  Yes  No

38 a 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  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 39c  Yes  No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a  Yes  No

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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  Yes  No

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c  Yes  No

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d  Yes  No

e 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  Yes  No

41 List the states with which a copy of this return is filed ► 41  Yes  No

42 a The organization's books are in care of ► Emily Hunt Telephone no. ► 606-674-6335  
Located at ► PO Box 40, Owingsville, KY ZIP + 4 ► 40360 42a  Yes  No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► 42b  Yes  No  
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 42b  Yes  No

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 42c  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43  Yes  No

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  Yes  No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  Yes  No

c Did the organization receive any payments for indoor tanning services during the year? 44c  Yes  No

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d  Yes  No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  Yes  No

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b  Yes  No





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Name of the organization

**Employer identification number**

## Bath County Farm Bureau

61-6033589

## Office Supplies

843

## Equipment Rental

540

## Miscellaneous

2,220