

2017

Open to Public Inspection

Short Form

Return of Organization Exempt From Income Tax

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

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.Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

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

C Name of organization
Bath County Farm Bureau
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO Box 40
 City or town, state or province, country, and ZIP or foreign postal code
Owingsville, KY 40360

D Employer identification number
61-6033589

E Telephone number
(606) 674-6335

F Group Exemption Number 1631

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: _____

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 44,849

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 ☒

	1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1																				
2	Program service revenue including government fees and contracts		9,136																		
3	Membership dues and assessments			30,505																	
4	Investment income				5,208																
5a	Gross amount from sale of assets other than inventory																				
5b	Less cost or other basis and sales expenses																				
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																				
6	Gaming and fundraising events																				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																				
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																				
6c	Less direct expenses from gaming and fundraising events																				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																				
7a	Gross sales of inventory, less returns and allowances																				
7b	Less cost of goods sold																				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																				
8	Other revenue (describe in Schedule O)																				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8								44,849												
Expenses																					
10	Grants and similar amounts paid (list in Schedule O)									3,495											
11	Benefits paid to or for members																				
12	Salaries, other compensation, and employee benefits																				
13	Professional fees and other payments to independent contractors									400											
14	Occupancy, rent, utilities, and maintenance									13,147											
15	Printing, publications, postage, and shipping									3,420											
16	Other expenses (describe in Schedule O)									39,001											
17	Total expenses. Add lines 10 through 16									59,463											
Net Assets																					
18	Excess or (deficit) for the year (Subtract line 17 from line 9)									(14,614)											
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)									183,398											
20	Other changes in net assets or fund balances (explain in Schedule O)																				
21	Net assets or fund balances at end of year. Combine lines 18 through 20									168,784											

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

EEA

G6

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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	173,044	22	159,303
23 Land and buildings	10,354	23	9,481
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	183,398	25	168,784
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)	183,398	27	168,784

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 ☐**Expenses**

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

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

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 <input type="checkbox"/>	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 <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 Director	0.00	0	0	0
Ebony Copher Director	0.00	0	0	0
Marshall Coyle Director	0.00	0	0	0
Linda Gray Director	0.00	0	0	0
Tim Lyons Director	0.00	0	0	0
Amy Staton Director	0.00	0	0	0
Lisa Rogers Director	0.00	0	0	0
Billy Stewart Director	0.00	0	0	0
Jacky Watson Director	0.00	0	0	0
John Wills Director	0.00	0	0	0
Roger Wills Director	0.00	0	0	0
Mary B Wilson Director	0.00	0	0	0
Michael Staton President	0.00	0	0	0

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

	Yes	No
33 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		X
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)		X
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)?		X
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		
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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b Section 501(c)(3), 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	
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
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	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of <u>Emily Hunt</u> Telephone no <u>606-674-6335</u> Located at <u>PO Box 40, Owingsville, KY</u> ZIP + 4 <u>40360</u>		
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	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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	X
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	
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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	X

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

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

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

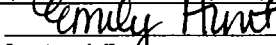
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

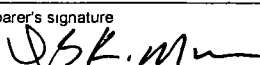
d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here  Date 5/11/18
 Signature of officer
 Emily Hunt Secretary/Treasurer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Douglas K Moore
 Preparer's signature 
 Date 05-11-2018
 Check ☒ if self-employed
 PTIN P00107913
 Firm's name Douglas K Moore, CPA
 Firm's address 472 W. Main St.
 Owingsville KY 40360
 Phone no 606-674-6484

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Bath County Farm Bureau

Employer identification number

61-6033589

01. List of grants and similar amounts paid (Part I, line 10)

Activity	Scholarships
Grantee	Various local college freshmen
Relationship	None
Amount	2,000

Activity	Donations
Grantee	Various local organizations
Relationship	None
Amount	1,495

02. Description of other expenses (Part I, line 16)

Description	Amount
Depreciation from 4562	873
Conferences, Conventions & Meetings	13,012
Travel	17,842
Licenses & Taxes	57
Fruit Program	3,375
Miscellaneous Member Services	1,600
Directors' Liability Insurance	374
Office Supplies	340
Equipment Rental	540
Miscellaneous	988