Form 990-EZ

Department of the Treasury

Internal Revenue Service

BCA

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150

2017

Open to Public Inspection

ر مخت د		For th	e 2017 calen	dar year, or tax year beginn	, and ending										
	В	Check	f applicable	C Name of organization	<u>-</u> -	•••		mployer i	loyer identification number						
~ ₃ 1		Address	s change 🧸	KENTUCKY FARM I											
t—3		Name o								6039	150				
3		Initial re	turn	PO BOX 156						E Telephone number					
AUG		Final retu	m/terminated	City or town State ZIP code											
_		Amende	ed return	SHEPHERDSVILLE		KY	401	65	502	-543	-7816				
		Applica	tion pending	Foreign country name	ce/state/county		postal code	√ F G	roup Exe	emption					
慧		, , , , , , , , , , , , , , , , , , , ,						$\mathcal{O}_{\mathcal{O}}$) N	-	1631				
	G	Accour									if the organization is				
100	-	Websi		A Casii Accidai	Other (specify)			 -			o attach Schedule B				
				eck only one) — 501(c)(3)	X 501(c) (5	\ 4	1.047//				0-EZ, or 990-PF)				
			<u> </u>				4947(a)(1)		(, -,						
	K	Form of	organization	X Corporation	Trust	Association	Ot	her							
	L	Add line	s 5b, 6c, and	7b to line 9 to determine gro	ss receipts If gross	receipts are \$200,	000 or moi	e, or if total	assets						
				elow) are \$500,000 or more,						▶ \$ 148,894.					
	Pi	art l		e, Expenses, and Cha											
			Check if	the organization used S	Schedule O to re	espond to any q	uestion i	n this Par	tl		<u>X</u>				
		1	Contribution	ns, gifts, grants, and simila	ar amounts receiv	/ed				1					
		2		ervice revenue including ge						2					
		3	Membershi	p dues and assessments						3	129,891.				
		4	Investment	income						4	316.				
		5a	Gross amo	unt from sale of assets oth	ner than inventory	'	5a		974.	- 48					
		b		or other basis and sales ex			5b		640.						
		С		ss) from sale of assets oth	er than inventory	(Subtract line 5b	from line	5a)		5c	1,334.				
		6	Gaming and fundraising events												
		а		me from gaming (attach So				\	R		VED				
	Revenue						6a	<u> </u>			၁				
	Ş	b		ne from fundraising events (not including \$ of contributions \$\frac{4}{10}\$ ising events reported on line 1) (attach Schedule G if the							1 2018				
	æ			using events reported on I				1	8 M	Triple of the state of the stat	RS				
				h gross income and contri			6b								
				t expenses from gaming a			6c		O		N, UT				
		đ		or (loss) from gaming and	-	its (add lines 6a a	and 6b an	id subtract							
		7.					· • · · ·		•	_6d					
		i .		s of inventory, less returns of goods sold			7a 7b		<u> </u>						
		b		t or (loss) from sales of inv						70					
		8		nue (describe in Schedule	• .		-		• •	7c 8	13,713.				
		9		nue. Add lines 1, 2, 3, 4, 5						9	145,254.				
•		10		sımılar amounts paid (list						10	13,124.				
		11		nd to or for members						11	77,575.				
	Ś	12		ther compensation, and er						12	27,930.				
	Expenses	13		al fees and other payment						13	760.				
	Pe.	14		, rent, utilities, and mainte						14					
	X	15		iblications, postage, and s						15					
		16	• • •	nses (describe in Schedul	• • •					16	10,118.				
		17	Total expe	nses. Add lines 10 throug	h 16				▶	17	129,507.				
	S	18		deficit) for the year (Subtr						18	15,747.				
	set	19	Net assets	or fund balances at begin	ning of year (from	line 27, column	(A)) (mus	t agree wit	h						
	As		end-of-year	r figure reported on prior y	ear's return) .					19	260,063.				
	Net Assets	20		ges in net assets or fund b						20					
		21		or fund balances at end of		nes 18 through 2	20		<u> Þ</u>	21	275,810.				
•	Ea	Panan	vork Reducti	on Act Notice, see the sepa	rate instructions						Form 990-EZ (2017)				

Page 2

Pan	Check if the organization used Schedule O to		n this Part II			
		<u> </u>		(A) Beginning of year	ſ	(B) End of year
22	Cash, savings, and investments			198,157.	22	211,491.
23			-	61,906.	23	64,319.
24	Other assets (describe in Schedule O)		· · · ·	01,000.	24	04,010.
25	Total assets		· · · }	260,063.	25	275,810.
		• • • • • •	· · ·	200,003.		2/3,010.
26	Total liabilities (describe in Schedule O)			260 062	26	07E 010
27_	Net assets or fund balances (line 27 of column			260,063.	27	275,810.
Рa	rt III Statement of Program Service Accompli		,		ĺ	
	Check if the organization used Schedule O	to respond to any questio	n in this Part III		l	Expenses
Wha	it is the organization's primary exempt purpose?	FARM BUREAU FEL	ERATION	-		juired for section
	cribe the organization's program service accomplish			services		c)(3) and 501(c)(4) nizations, optional
	neasured by expenses In a clear and concise mann					thers)
	ons benefited, and other relevant information for ea		oroviaca, inc mann	301 01		,
28					 	
	•••••••••••••••••				1	
	/O					
	(Grants \$) If this amoun	t includes foreign grants, i	check here		28a	
29	••					
					ļ	
	(Grants \$) If this amoun	t includes foreign grants.	check here .	▶ □	29a	
30						
٠.						
•					1	
•	/O	A in alterday for a important			1	
		t includes foreign grants,	cneck nere	<u> </u>	30a	<u> </u>
	Other program services (describe in Schedule O) .					
		t includes foreign grants,			31a	
32	Total program service expenses. (add lines 28a	through 31a)		<u></u>	32	
Pa	rt IV List of Officers, Directors, Trustees, and	Key Employees (list each	one even if not com	ensated—see the in	nstruct	ions for Part IV)
Pa	rt IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O			pensated—see the in	nstru ct	ions for Part IV)
Ра	rt IV List of Officers, Directors, Trustees, and	to respond to any question			<u>.</u>	ions for Part IV)
Pa	rt IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O	to respond to any question (b) Average	(c) Reportable compensation	(d) Health benefi	- ts,	(e) Estimated amount of
Pa	rt IV List of Officers, Directors, Trustees, and	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health beneficontributions to employee benefit pi	ts,	. <u></u> _
Pa	Check if the organization used Schedule O (a) Name and title	to respond to any question (b) Average	(c) Reportable compensation	(d) Health benefit contributions to employee benefit pi	ts,	(e) Estimated amount of
Pa KYI	Check if the organization used Schedule O (a) Name and title JE SKIDMORE	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health beneficontributions to employee benefit pi	ts,	(e) Estimated amount of
Pa KYI PRE	Check if the organization used Schedule O (a) Name and title LE SKIDMORE ESIDNT	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health beneficontributions to employee benefit pi	ts,	(e) Estimated amount of
Pa KYI PRE	Check if the organization used Schedule O (a) Name and title JE SKIDMORE ZSIDNT VID OBRYAN	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health beneficontributions to employee benefit pi	ts,	(e) Estimated amount of
Pa KYI PRE	Check if the organization used Schedule O (a) Name and title LE SKIDMORE ESIDNT	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health beneficontributions to employee benefit pi	ts,	(e) Estimated amount of
Pa KYI PRE DAV	Check if the organization used Schedule O (a) Name and title JE SKIDMORE ZSIDNT VID OBRYAN	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health beneficontributions to employee benefit pland deferred comper	ts,	(e) Estimated amount of
Pa KYI PRE DAV	Check if the organization used Schedule O (a) Name and title LE SKIDMORE CSIDNT VID OBRYAN CE PRES RRIET BROOKS	(b) Average hours per week devoted to position Hr/WK	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0)	(d) Health beneficontributions to employee benefit pland deferred comper	ts,	(e) Estimated amount of
RYI PRE DAV VIC	Check if the organization used Schedule O (a) Name and title LE SKIDMORE CSIDNT VID OBRYAN CE PRES RRIET BROOKS	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health beneficontributions to employee benefit pland deferred comper	ts,	(e) Estimated amount of
PA KYI PRE DAV VIC HAF	Check if the organization used Schedule O (a) Name and title LE SKIDMORE CSIDNT VID OBRYAN CE PRES RRIET BROOKS AN BLEEMEL	(b) Average hours per week devoted to position Hr/WK Hr/WK 44	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0)	(d) Health beneficontributions to employee benefit pland deferred comper	ts,	(e) Estimated amount of
RYI PRE DAV VIC	Check if the organization used Schedule O (a) Name and title LE SKIDMORE CSIDNT VID OBRYAN CE PRES RRIET BROOKS AN BLEEMEL	(b) Average hours per week devoted to position Hr/WK	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0	(d) Health beneficontributions to employee benefit pland deferred comper	ts,	(e) Estimated amount of
PA KYI PRE DAV VIC HAF	Check if the organization used Schedule O (a) Name and title LE SKIDMORE CSIDNT VID OBRYAN CE PRES RRIET BROOKS AN BLEEMEL	(b) Average hours per week devoted to position Hr/WK Hr/WK 44	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0	(d) Health beneficontributions to employee benefit pland deferred comper	ts,	(e) Estimated amount of
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PA KYI PRE DAV VIC HAF	Check if the organization used Schedule O (a) Name and title LE SKIDMORE CSIDNT VID OBRYAN CE PRES RRIET BROOKS AN BLEEMEL	to respond to any question (b) Average hours per week devoted to position Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK Hr/WK	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0)	(d) Health beneficontributions to employee benefit pland deferred comper	ts,	(e) Estimated amount of

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. 34 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization is amended on the mended documents if they reflect a change to the organization is amended on the mended documents if they reflect a change to the organization is amended to the second on Schedule O (see instructions). 35 Did the organization have emploid on lines 2, 6a, and 7a, among others! 36 Did the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 9033(e) notice, reporting, and proxy tax recipretal prevail "If "Yes," complete Schedule C, Part III of the organization undergo a leguridation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete spiciolate parts of Schedule N 37 a Either amount of political expenditures, direct or indirect, as described in the instructions ≥ 37a	Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in	the	_	raye J
33		instructions for Part V) Check if the organization used Schedule O to respond to any question in the	is Par		
detailed description of each activity in Schedule O. 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). 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)? b If "Yes" to line 35a, has the organization in Secretule O. Was the organization ascention 901(c)(4), 501(c)(5), organization as subject to section 603(c)(4), 501(c)(5), organization subject to section 603(c)) entous reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III organization and organization and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III organization and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III organization and promote any such organization and promote any such organization and promote any such loans made in a non-year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year of the section 4911 ▶ section 4912 ▶ section 4911 ▶ section 4912 ▶ section 4911	22	Did the approximation and the second of the		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 or Schedule O (see instructions). 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, 6s, and 7s, ameng others)? b If "Yes" to line 35a, has the organization filed a Form 990-1 for the year/If "No", provide an explanation in Schedule O. Was the organization assection \$51(c)(4), \$01(c)(5), or \$50(c)(6) organization subject to section \$503(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III organization organization organization and its indisposition of net assets during the year? If "Yes," complete sphicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	33		22		V V
as 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)? b if "Yes" to line 35a, has the organization filed a Form 990-1 for the year*Iff "No." provide an explanation in Schedule 0 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization subject to section 6035(e) notice, reporting, and pricey fax requirements during the year? Iff "Yes," complete 5chedule C, Part IIII 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? Iff "Yes," complete 4chedule N, Part IIII 35 Did the organization of the form 110-PO-LO for this year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 137a	34		33		
schange on Schedule O (see instructions) 35	•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			}
activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line \$3a, has the organization field a form 990-Tic the year/If "No, provide an explanation in Schedule 0. Was the organization a section \$01(c)(4), 501(c)(5), or \$01(c)(6) organization subject to section 6033(e) notice, reporting, and prove tax requirements during the year? If "Yes," complete Schedule C, Part III Job the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 3 a Did the organization disexpenditures, direct or indirect, as described in the instructions ▶ 37a 0 36 X 37 b Did the organization file Form 1120-POL for this year? 38 a Did the organization file Form 1120-POL for this year? 39 a Did the organization file Form 1120-POL for this year? 39 a Did the organization file Form 1120-POL for this year? 39 a Did the organization file Form 1120-POL for this year? 39 a Did the organization file Form 1120-POL for this year? 39 b If "Yes," complete Schedule L, Part I and enter the total amount involved \$38b\$ \$39b\$ \$		change on Schedule O (see instructions)	34		X
b If "Yes" to line 35a, has the organization is exection 501(c)(d), 501(c)(d), 601(c)(d), 601(c)(d	35 a				
c Was the organization a section \$01(c)(4), \$01(c)(6), or \$01(c)(6) organization subject to section \$033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X 36 X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 5 b Did the organization despenditures, direct or indirect, as described in the instructions ▶ 37a 0 5 b Did the organization file Form 1120-POL for this year? 38 Did the organization file Form 1120-POL for this year? 39 Did the organization forms 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? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b				<u> </u>	X
The reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35			_35b		<u> </u>
Job the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "ves," complete applicable parts of Schedule N 37a 0 37b 3	C		350		v
during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0 b) Did the organization file Form 1120-POL for this year? 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? b) If "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations Enter: a) Initiation fees and capital contributions included on line 9. b) Gross receipts, included on line 9, for public use of club facilities. b) 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 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 imposed on organizations 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 400 reimbursed by the organization. 400 reimbursed by the organization. 401 organizations have a copy of this return is filed 402 a The organization's free, "complete Form 8886-T 403 Extending the calendar year, did the organization have an interest in or a signature or other authornty over a financial account in a foreign country. ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) A 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. ▶ See the instructions for exceptions and filing requirements	36		330		Δ_
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explanation in Schedule O					
		explanation in Schedule O	44d		
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45 b				_
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)			AEL	L	y -
Form 990-EZ (see instructions)		POINT BBU-EZ (See Instructions)		90-E2	

Form 99	0-EZ (201	7)	KENTUCI	ΚY	FARM	BURE	ΑU	FEDERAT	ION -			61-60	0391 <u>5</u>	0	Page 4
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SCHEDULE O (Form 990 or 990-EZ)

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 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number KENTUCKY FARM BUREAU FEDERATION -61-6039150

OTHER REVENUE	
NET RENTAL INCOME	\$13,713
OTHER EXPENSES	
INSURANCE	\$1,513
TAXES	4,418
DEPRECIATION	4,187
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