			EXTENDED TO NOVEMBER 15,	201	.8								
	Ω	00	Return of Organization Exempt Free	om l	ncome Tax	OMB No. 1545-0047							
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exc	cept private foundatior	¹⁵⁾ 2017							
		of the Treasury	Do not enter social security numbers on this form as	-	-	Open to Public							
_		enue Service	Go to www.irs.gov/Form990 for instructions and th		information.	Inspection							
		1	ar year, or tax year beginning and end	ding	1								
B c	Check if		f organization UCKY FUTURE FARMERS OF AMERICA		D Employer identific	ation number							
	□Addre												
	Address FOUNDATION, INC. Name Doing business as												
	Initial	Bonig Baanado as											
	Final			782-4620									
	termii ated	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,015,883.							
	Amer	FLEM	INGSBURG, KY 41041		H(a) Is this a group ret	turn							
		^{ca-} F Name a	nd address of principal officer:SHELDON MCKINNEY		for subordinates?	? Yes X No							
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No							
-		empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)							
		ite:►N/A			H(c) Group exemption								
			X Corporation Trust Association Other ►	L Year	of formation: 1930 M	State of legal domicile: KY							
Pa	art I		be the organization's mission or most significant activities: $\underline{ extsf{TO}}$ MAK	ጉ እ		FEDENCE IN							
ce	1	THE LTV	ES OF STUDENTS BY DEVELOPING THIER		NTTAL FOR PR	RENTER							
nan	2		$x \models \square$ if the organization discontinued its operations or disposed										
Governance	3					23							
	4		lependent voting members of the governing body (rait v), intertal			23							
Activities &	5		of individuals employed in calendar year 2017 (Part V, line 2a)			0							
vitie	6		of volunteers (estimate if necessary)			0							
\ctiv	7a		d business revenue from Part VIII, column (C), line 12			0.							
_			business taxable income from Form 990-T, line 34			0.							
					Prior Year	Current Year							
ne	8		and grants (Part VIII, line 1h)		184,694.	0.							
Revenue	9		ce revenue (Part VIII, line 2g)		344,486.	821,296.							
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		90,686. 68,112.	194,587.							
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		687,978.	1,015,883.							
	12 13		 - add lines 8 through 11 (must equal Part VIII, column (A), line 12) milar amounts paid (Part IX, column (A), lines 1-3) 		0.	0.							
	14		to or for members (Part IX, column (A), line 4)		0.	0.							
s		-		–	107,512.	107,643.							
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.							
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright <u>115,444</u>	•									
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		530,868.	713,832.							
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		638,380.	821,475.							
	19	Revenue less	expenses. Subtract line 18 from line 12		49,598.	194,408.							
s or				Be	ginning of Current Year	End of Year							
sset Bala	20	Total assets (, , ,		3,700,303.	4,178,009.							
Net Assets or Fund Balances	21		(Part X, line 26)		9,289. 3,691,014.	<u>1,989.</u> 4,176,020.							
	22 art II		fund balances. Subtract line 21 from line 20		J, UJI, UI4•	4,1/0,020.							
			I declare that I have examined this return, including accompanying schedules an	id statem	ents and to the hest of my	knowledge and helief, it is							
			. Declaration of preparer (other than officer) is based on all information of which			הווסשוטעט עווע שטווטו, וג וס							
	,	,		1.1.94.91									

Sign Here	Signature of officer Date SHELDON MCKINNEY, EXECUTIVE DIRECTOR Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	JONATHAN BELCHER JONATHAN BELCHER 000345123									
Preparer	Firm's name CAMPBELL, MYERS			Firm's EIN ** - * * 5454						
Use Only	Firm's address 410 SOUTH BROADV	VAY								
	GLASGOW, KY 42141 Phone no. (270)651-2163									
May the IF	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No						
732001 11-2	8-17 LHA For Paperwork Reduction Act Not	ice, see the separate instructions.		Form 990 (2017)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	KENTUCKY FUTURE FARMERS OF AMERICA		
	m 990 (2017) FOUNDATION, INC.	**-***6081	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	<u></u>	
•	TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF STUDENTS	BY DEVELOPIN	IG
	THIER POTENTIAL FOR PREMIER LEADERSHIP, PERSONAL GROWTH	, AND CAREER	2
	SUCCESS THROUGH AGRICULTURAL EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Ves	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	iers, the total expenses,	and
42	revenue, if any, for each program service reported. (Code:) (Expenses \$ 662,515 • including grants of \$) (Revenue)	nue \$ 821.	296.)
ти	PROGRAM SERVICE ACTIVITIES CONSIST OF INCENTIVE AWARDS		
	EXPENSES FOR FFA STUDENT MEMBERS		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue\$)
4c	Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 662,515.		
72000	002 11-28-17	Form	990 (2017)
13200	2		
261	1112 790227 75841 2017 06000 KENTUCKY EUTURE FAR		11 1

09261112 790227 75841

2017.06000 KENTUCKY FUTURE FARMERS OF 75841

FOUNDATION, INC.

Form 990 (2017)

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		X
7	Did the organization receive 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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
_	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
-	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
	•	Tie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		- 23
Iza		12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

732003 11-28-17

09261112 790227 75841

Part IV Checklist of Required Schedules (continued) Yes, 'complete Schedule H Yes, 'local Schedule H 20a Dd the organization apente one or more hospital facilities? II 'Yes, 'complete Schedule H Zab Xab 21 Dd the organization report more than \$5:000 of grants or other assistance to my domestic organization or one than \$5:000 of grants ar other assistance to my domestic organization are other assistance to my domestic organization report more than \$5:000 of grants ar other assistance to my domestic organization accurate and the schedule L Parts Land II Zab Xab 20 Dd the organization meyor more than \$5:000 of grants ar other assistance to my domestic organization accurate and former others, there is than \$1000 organization more than \$5:000 of grants ar other assistance to my domestic organization accurate and former others, they miployees, and highest complexes and through the schedule L Parts Land II Zab 24 Dd 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, it was assistance to any clusteschedule. They, 'complete Schedule L, Part I Zab <	Form	990 (2017) FOUNDATION, INC. **-***	5081	Pa	age 4
20a Dot the organization operate one or more hospital facilities? If "Yes," complete Schedule I, " 20a X 20b If "Yes" to leave, did the organization attach accept of the audited fancial statements to this return? 20b X 21 Det the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II. 21 X 22 Det the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II. 22 X 23 Dot the organization neave than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II. 22 X 24a Dot the organization have a tax-exempt bond issue with an outstanding principal amount or more than \$100,000 as of the same that is at any or the year, it have assistance to a rol or domestic add transpitation. 24a X 24a Dot the organization neave any proceeds of tax-exempt bonds beyond a tempory period exception? 24a X 25a Section 50((3), 50((4)(4), and 50((2)(2) organizations. Dub organization and the organization and purphysical and the paralexit have any tax-exempt bends any tax-exempt bonds. Individuals any cax-exempt bonds and tax-exempt bonds outstanding a ray time during the year? 24a </th <th>Pa</th> <th>rt IV Checklist of Required Schedules (continued)</th> <th></th> <th></th> <th></th>	Pa	rt IV Checklist of Required Schedules (continued)			
b If Yes' to line 20a, did the organization attach a copy of its audited instructs and startments to this rotum? 20b 1 Did the organization report more than 55,000 of grants or other assistance to any domatic organization or domatic organization or domatic organization or domatic organization approximation to Plat IX, column (A), line 31 (***********************************				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic updevices of the trans i and iii. 21 X 22 Did the organization neeport more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule (J, Parts I and III. 22 X 23 Did the organization neever "Yes" to Part IV. Science", All, or 6, 4 or 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? IF "Yes," complete Schedule J. 23 X 24 Did the organization neever Types to Part IV. Science and the organization is such are Documents 71, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "We's of to Parts IV. Science and the thran a retunding period at any time during the year ID defase any tax exempt bonds beyond a temporary period exception? 24a X 25 Bection SOI(c)(A), and SOI(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person any period exception? 24d 25a X 26 Did the organization aware that I engage II an excess benefit transaction with a disqualified person of IP (Yes, "complete Schedule L, Part I 25a X 27 X 25a X 25a X 28 Ded the organization aware that I engage II an excess benefit transaction with a disqualified person IP (Yes,	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 17. If "Yes," complete Schedule I, Parts I and II 21 X 22 Det the organization report methan 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27. If "Yes," complete Schedule I, Parts I and III 22 X 23 Det the organization answer "Yes" to Part VII, Section A, line 3, 4, or s about compensation of the organization scurent and former offices, directory, tratese, key employee, and higher compensate of methods?" ("Yes," complete Schedule / IT "No", go to line 25a 24 24 Det the organization nave a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Isst day of the year, that was issued after December 31, 2002? If "Yes," answer line 24.b fitrwal?" (24) 24 24 Det the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ansees that transaction with a disqualified perion during the year? 24d 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ansees that transaction with a disqualified perion organization ave that the graged in an excess benefit transaction with a disqualified perion during the year? If Yes," complete Schedule I, Part I 25a 26 Det the organization or port any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or weignbyse? If Yes," complete Schedule I, Part II 25a 27 X	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 21 if Yas, "complete Schedule I, Parts I and III, and the organization asswer Yes" to Part VII. Schedule A, and A, of S about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes," complete Schedule J 22 X 249 Did the organization naves tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the ways, that was issued after December 31, 2002? If 'Yes," answer lines 24 bitrough 24d and complete Schedule A, If 'Wo', go to line 25a X 240 Did the organization maintain an escrow account other than a refunding escrow at any time during the year it days any proceeds of tax exempt bonds beyond a temporary particit exception? 24a 25 Section 501(c)(3), ontici2(3) organizations. Did the organization mays and that the transaction with a disqualified person sing the year? If 'Yes, 'complete Schedule L, Part I 25a X 26 Did the organization awas that It ongaged in an excess benefit transaction with a disqualified persons? If 'Yes, 'complete Schedule L, Part I 25a X 27 Did the organization report any mount on Part X, line 5, 6, or 22 for reschedules from or payables to any current or former officers, directors, trustees, key employees. Infines from or payables to any current or former officers, directors, trustees, key employees for or a payable to any current or former officers, director, trustee, or dispuir thenotics, conceptes Schedule L, Part IV	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part V, column (A), Im 27. If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer 'Yes' to Part VI, Section A, Iine 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, I'''os, '' answer lines 240 through 24d and complete Schedule I, I'''os', '' answer lines 240 through 24d and complete Schedule I, I'''os', '' answer lines 240 through 24d and complete Schedule I, I'''os', '' answer lines 240 through 24d and complete Schedule I, I'''os', '' answer lines 240 through 24d and complete Schedule I, I'''os', '' answer lines 240 through 24d and complete Schedule I, I'''os', '' answer lines 240 through 24d and complete Schedule I, A'''os', '' answer lines 240 through 24d and complete Schedule I, A'''os', '' answer lines 240 through 24d and complete Schedule I, A'''os', '' answer lines 240 through 24d and complete Schedule I, A'''os', '' answer lines 24d through 24d and Complete Schedule I, A'''os', '' answer lines 24d through 24d and Complete Schedule I, A'''os', '' answer lines 24d through 24d and Complete Schedule I, A'''', ''', ''', ''''', ''''', ''''', '''', '''', ''''''		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, fluectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 Did 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," complete Schedule I, If "No", 'or to line 25a 24 X 24 Did the organization naves a tax-exempt bond issue with an arefunding servor at any time during the year to defease any tax-exempt bonds? 24 X 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Do the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction perported on any of the organization ore point as prior torms 990 c2? If "Yes," complete Schedule L, Part I 25a X 26 Did the organization report any amount on Part X, line 5, or 22 for necevables from or payables to any current or former officer, director, trustee, is prior forms 990 c2? If "Yes," complete Schedule L, Part II 25a X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, view peloyees, highest componsated omployees, or discualified person in a prior year, and that the transaction with a singualified person on any othese persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization paroty to a buintes transaction	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 23 X 24a Did 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 ines 24b through 24d and complete Schedule J. 24a X 24b Lot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Lot the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 25 Did the organization and an a scrow account other than a refunding escrow at any time during the year? 24d X 25 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization are than a tencess benefit transaction with a disqualified person on any oth secret and a disqualified person in a prior year, and that the transaction has not been reported on any oth the organization's prior Forms 990 or 900 E27 If 'Yes,' complete Schedule I, Part I 25a X 26 Did the organization are than a rescares benefit transaction with a disqualified person in a prior year, and that the transaction provide a grant or other assistance to an officer, discustified person in a prior year, and to any of these person? If 'Yes,' complete Schedule I, Part IV 25b X 27 Did the organization are than assistance to an officer, director, frustee, key employee, substantial contributor or tomore officer, director, insubse, or key employees. If 'Yes,' complete Sched		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the stady of the year, that was issued after December 31, 2002? If 'Yas,' answer inse 2/b through 2/d and complete Schedule K. If 'No', go to line 2/s 24a X 25 Did the organization invested and proceeds of tax exempt bonds beyond a temporary period exception? 24d X 26 Did the organization invested and proceeds of tax exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d X 27 Z4 Did the organization invested at the December 31, 2002? If 'Yas,' answer inse 2/b through 2/d and complete schedule in the any tax-exempt bonds? 24d X 26 Did the organization match an ascrow account other than a refunding escrow at any time during the year? 24d X 27 Z4 Z4 Z4d Z4d Z4d 28 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization reports any and that disqualified person in a procees benefit transaction tax to be reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any countent or former officer, director, trustes, key employees, highest chany bulkes, complete Schedule L, Part II 25b X 28 Did the organization provide a grant or other assistance to an officer, director, trustes, key employee, substantia 27 X 29 Did the organization receive	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did 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 fines 24b through 24d and complete Schedule K. If Wo', go to line 25a 24a X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24a Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d 25a Section 501(c)(3), 601(c)(4), and 601(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a X 25a Did the organization azies that it engaged in an excess benefit transaction with a disqualified person during the year? 25b X 25a Did the organization azies 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 space in an excess benefit transaction with an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I 25b X 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II) 26a X 27 Vas the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV) <td></td> <td>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete</td> <td></td> <td></td> <td></td>		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a Did the organization have a tax-exempt bond issue with an outstanding principal anount of more than \$100,00 as of the last day of the year, that was issued after December \$1, 2002 II "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization area to a sa in or behalf of issuer for bonds outstanding at any time during the year? 24d 25a 25b Is the organization area that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b Schedule L, Part I 25a X 25b X 261 Did the organization area 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 area that it engaged in an excess benefit composities. Checkule L, Part II 25a X 27 Did the organization area that engaged in an excess benefit composities. Checkule L, Part II 27a X 28 Was the organization area that on other end the assistance to an officer, director, trustee, exelse may or the assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization area to former officer, director, trustee, or key employee? If "Yes," complete Sc		Schedule J	23		Х
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director trustee, or key employee (or a family member thereof) was an officer, director trustee, or direct or indirect or wner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/If "Yes," complete Schedule N, Part I 31 X 33 Did the organization number of a controlled on any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization soll, extornel erceive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X <t< td=""><td>28</td><td></td><td></td><td></td><td></td></t<>	28				
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	38				
		Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017)

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KENTUCKY FUTURE FARMERS OF AMERICA FOUNDATION, INC.

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Form	990 (2017) FOUNDATION, INC. **-**6	081	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.5		
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country:	-t a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fo		Fo		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			- 23
	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	0		х
	any contributions that were not tax deductible as charitable contributions?	6a		
D	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 $170(c)$.	_		х
a	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		
	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	_		v
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year7d	_		
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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 12b			
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 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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Form **990** (2017)

732005 11-28-17

KENTUCKY FUTURE FARMERS OF AMERICA FOUNDATION, INC.

Form 990 (2017)

-*6081 Page 6

Part VI	Go	vernance, Manage	ement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" res	sponse
	to lii	ne 8a, 8b, or 10b below,	describe the circumstances, processes, or changes in Schedule O. See instructions.	

Sec	Check if Schedule O contains a response or note to any line in this Part VI			
ec	tion A. Governing body and Management		Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23		103	ľ
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		\vdash
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
- 5		5		\vdash
	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		
6 7-	Did the organization have members or stockholders?	0		┝
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
	more members of the governing body?	7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Ι.
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	┡
b	Each committee with authority to act on behalf of the governing body?	8b	Х	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			_
			Yes	
0a	Did the organization have local chapters, branches, or affiliates?	10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	┢
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			F
-	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		F
4	Did the organization have a written document retention and destruction policy?	14		┢
		17		
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	40		
	The organization's CEO, Executive Director, or top management official	15a		┝
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.	uri		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
.0	EMILY DAVIS - 606-782-4620			
	PO BOX 8, FLEMINGSBURG, KY 41041			
2200	3 11-28-17	Form	990	(21
-2006	6		. 550	ردا
61	112 790227 75841 2017.06000 KENTUCKY FUTURE FARMERS OF	759	341	
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Form 990 ((2017)		FOUNDAT	ION,	INC	2.				**_:	* *
Part VII	Comper	nsation	of Officers,	Direct	tors,	Trustees,	Key E	mployees,	Highest	Compensate	d
		ees, and	d Independ	ent Co	ntrad	ctors					

Check if Schedule O contains a response or note to any line 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)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week	-	er ar		lirecto	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	al trus		yee	mpen		(W2/1000 1000)		and related
	below	id ual 1	In stitutional trustee	5	Key employee	est co o yee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Form			-
(1) SHELDON MCKINNEY	40.00									
EXECUTIVE DIRECTOR		X		X				60,000.	0.	0.
(2) ADAM HINTON	0.50									
CHAIRMAN		X						0.	0.	0.
(3) DR. TONY BRANNON	0.50									
TRUSTEE		x						0.	0.	0.
(4) SHARON BURTON	0.50									
TRUSTEE		X						0.	0.	0.
(5) MATT CHALIFF	0.50									
TRUSTEE		Х		x				0.	0.	Ο.
(6) LINDSEY BRIDGES	0.50									
TRUSTEE		x						0.	0.	0.
(7) BRANDON DAVIS	0.50									
TRUSTEE		x						0.	0.	Ο.
(8) CHARLIE EDGINGTON	0.50									
TRUSTEE		X						0.	0.	0.
(9) ARTHUR GREEN	0.50									
TRUSTEE		X						0.	0.	0.
(10) KIRBY GREEN	0.50									
TRUSTEE		X		X				0.	0.	0.
(11) DARRELL BILLINGS	0.50									
TRUSTEE		X						0.	0.	0.
(12) MISTY BIVENS	0.50									
TRUSTEE		X						0.	0.	0.
(13) ANTHONY KOCH	0.50									
TRUSTEE		X		X				0.	0.	0.
(14) KYLE KELLY	0.50									
TRUSTEE		X						0.	0.	0.
(15) ASHLEY MACY	0.50									
TRUSTEE		X						0.	0.	0.
(16) QUINT POTTINGER	0.50									
TRUSTEE		X						0.	0.	0.
(17) JOY PIDGORODETSKA	0.50									
TRUSTEE		X						0.	0.	0.
732007 11-28-17										Form 990 (2017)

732007 11-28-17

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7 2017.06000 KENTUCKY FUTURE FARMERS OF Form 990 (2017)

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KENTUCKY FUTURE FARMERS OF AMER	ICA
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FOUNDATION, INC.

	990 (2017) FOUNDATI	ON, INC	•							**_**	**6	081	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	(C Posi heck i ss per id a di	itior more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fro orga and	pensa om the anizati d relate anizatio	e ion ed
(18) TRUS	KEELAN PULLIAM TEE	0.50	x						0.		0.			0.
(19) TRUS	JR SHINKLE TEE	0.50	x						0.		0.			0.
	MARY BETH TOMICA	0.50	x						0.		0.			0.
(21)	JACKSON TOLLE	0.50												
TRUS (22)	TEE DAVID WAYNE	0.50	X						0.		0.			0.
TRUS	TEE		X						0.		0.			0.
			-											
			 											
									60,000.		0.			0.
	Sub-total Total from continuation sheets to Part V								00,000.		0.			0.
	Total (add lines 1b and 1c)		_						60,000.		0.			0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	iose	liste	ed at	bove	e) wł	no r	eceived more than \$100),000 of reportabl	е			0
													Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4		х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv					
Sec	rendered to the organization? If "Yes," con tion B. Independent Contractors	plete Schedul	e J f	or si	uch j	pers	son .					5		Х
1	Complete this table for your five highest co	-									pens	ation f	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng w	vitn	or w	πnii	n the organization's tax	year.		(C	;)	
	Name and business	address	N	ONE	3			_	Description of s	ervices	С	omper	nsatio	n
								_						
								_						
2	Total number of independent contractors (\$100,000 of compensation from the organ	, and the second s	iot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
												Form 9	990 (2	2017)

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KENTUCKY FUTURE FARMERS OF AMERICA FOUNDATION, INC.

Pa	rt VII	Check if Schedule O cont		or poto to any lin	o in this Part VIII			
		Check in Schedule O Cont	ans a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ts, (с	Fundraising events	1c					
Gifi	d	Related organizations	1d					
ns, Sim		Government grants (contribut	· · · · · · · · · · · · · · · · · · ·					
er S	f	All other contributions, gifts, gran						
Oth		similar amounts not included abo	ve 1f					
ont	-	Noncash contributions included in lines						
a C	h	Total. Add lines 1a-1f						
	• •	FUNDRAISING		Business Code 900099	345,447.	345,447.		
vice	2 a b	DAVID TTANK		900099	223,762.	223,762.		
Ser	u D	10 510		900099	210,751.	210,751.		
am Sver	d			900099	25,000.	25,000.		
Program Service Revenue	e							
Pre	f		enue	900099	16,336.	16,336.		
	g	Total. Add lines 2a-2f		>	821,296.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		►	194,587.			194,587.
	4	Income from investment of ta						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	C A	()						
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	<i>i</i> a	assets other than inventory						
	b	Less: cost or other basis						
	~	and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
Other Revenue		Gross income from fundraisin including \$	g events (not					
eve		contributions reported on line						
er H		Part IV, line 18	а					
Ę	b	Less: direct expenses	b					
Ũ	С	Net income or (loss) from fund	draising events	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	····· >				
	iu a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	с							
	d	• • •						
	е	Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.		►	1,015,883.	821,296.	0	. 194,587.
73200	9 11-28	8-17						Form 990 (2017)

Form 990 (2017)

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	990 (2017) FOUNDATION, t IX Statement of Functional Expense			**_**	*6081 Pag
	ion 501(c)(2) and 501(c)(4) arganizations must com	alata all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons tot include amounts reported on lines 6b.	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60 000	20.000	40.000	
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	60,000.	20,000.	40,000.	
7	persons described in section 4958(c)(3)(B)	40,000.	40,000.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	40,000.	40,000.		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,643.	7,643.		
10	Payroll taxes	7,043.	7,045.		
11 a	Fees for services (non-employees): Management				
b		2,300.	2,300.		
	Accounting	2,300.	2,300.		
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	4,836.	4,836.		
14	Information technology				
15	Royalties				
16	Occupancy	2,747.	2,747.		
17	Travel	18,507.	18,507.		
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,000.	1,000.		
3	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				

199,321.

184,870.

115,444. 110,750.

74,057.

10

821,475.

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here _____ if following SOP 98-2 (ASC 958-720) 732010 11-28-17

amount, list line 24e expenses on Schedule 0.)

EVENTS AND PROGRAMS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

AG TAG EXPENSES

AWARDS/GRANTS

FUNDRAISING

All other expenses

Form 990 (2017)

115,444.

115,444.

3,516.

43,516.

09261112 790227 75841

а

b

С

d

е

25 26

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199,321.

184,870.

110,750.

70,541.

662,515.

KENTUCKY FUTURE FARMERS OF AMERICA FOUNDATION, INC.

	n 990 (i rt Y	Balance Sheet			**************************************
Га					
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	289,730.	1	366,708.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	22,897.	4	5,575.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other 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			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L \ldots		6	
Assets	7	Notes and loans receivable, net	22.400	7	00.050
4	8	Inventories for sale or use	33,490.	8	29,350.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10,000.	0 500		7 500
		Less: accumulated depreciation	8,500.	10c	7,500.
	11	Investments - publicly traded securities	3,345,686.	11	3,768,876.
	12	Investments - other securities. See Part IV, line 11	5,545,000.	12	5,700,070.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,700,303.	15	4,178,009.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,289.	16	1,989.
	17 18	Accounts payable and accrued expenses	5,205.	17 18	1,505.
	19	Grants payable Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors, trustees,			
itie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	9,289.	26	1,989.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🛛 and			
es		complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	3,691,014.	27	4,176,020.
Bali	28	Temporarily restricted net assets		28	
lpu	29	Permanently restricted net assets		29	
Εu		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright			
, or		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	ļ
Ast	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	1 176 000
-	33	Total net assets or fund balances	3,691,014.	33	4,176,020.
	34	Total liabilities and net assets/fund balances	3,700,303.	34	4,178,009.

Form **990** (2017)

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KENTUCKY	FUTURE	FARMERS	\mathbf{OF}	AMERICA

Form	1990 (2017) FOUNDATION, INC.	**_**	6081	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,015		
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,4'	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,4(
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,691		
5	Net unrealized gains (losses) on investments	5	307	7,90	01.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-17	7,30	03.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,176	5,02	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

732012 11-28-17

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SCHEDULE A		Dublic Che						OMB No. 1545-0047
(Form 990 or 990-EZ			rity Status ar					2017
			nization is a section 50 47(a)(1) nonexempt cha			or a section		2017
Department of the Treasury			Attach to Form 990 or l					Open to Public
Internal Revenue Service			//Form990 for instructi			nformation.		Inspection
Name of the organiza	tion KE	NTUCKY FUTUR	E FARMERS OF	AMER	ICA			identification number
		UNDATION, IN						*-***6081
Part I Reason	for Pub	lic Charity Status (All organizations must c	omplete th	is part.) Se	ee instruction	S.	
The organization is not	a private fo	oundation because it is:	For lines 1 through 12, o	check only	one box.)			
1 🗌 A church, ce	onvention o	of churches, or association	on of churches describe	d in sectio	n 170(b)([.]	1)(A)(i).		
2 🗌 A school de	scribed in s	section 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
3 A hospital o	r a coopera	tive hospital service org	anization described in s	ection 170	(b)(1)(A)(i	ii).		
4 A medical re	esearch org	anization operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
city, and sta	ite:							
-	-	ed for the benefit of a co /). (Complete Part II.)	llege or university owne	d or operat	ted by a g	overnmental (unit describ	ped in
		I government or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
		ormally receives a substa					he general	public described in
•). (Complete Part II.)		ironi u gov	onnionta		ine general	
		cribed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
	-	n organization described			ed in conii	unction with a	land-grant	college
•		and-grant college of agric						•
university:					,	,,		
· _	tion that no	ormally receives: (1) more	than 33 1/3% of its su	port from	contributi	ons. members	ship fees, a	nd gross receipts from
5		exempt functions - subje						
		ousiness taxable income						
		(Complete Part III.)			•	,	5	,
		zed and operated exclus	ively to test for public sa	afety. See s	section 50	09(a)(4).		
	-	zed and operated exclus					arry out the	purposes of one or
		d organizations describe						
		that describes the type of						
	-	organization operated, s					-	giving
		ization(s) the power to re						
	-	ust complete Part IV, Se						
<u> </u>		organization supervised		tion with it	s support	ed organizatio	on(s), by ha	ving
control or	manageme	ent of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		must complete Part IV,						
		integrated. A supportin		in connect	tion with,	and functiona	lly integrate	ed with,
its suppor	ted organiz	ation(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d 🗌 Type III n	on-functio	nally integrated. A supp	orting organization ope	rated in co	nnection v	with its suppo	rted organi	zation(s)
that is not	functional	y integrated. The organiz	zation generally must sa	tisfy a disti	ribution re	quirement an	d an attent	iveness
requireme	nt (see inst	ructions). You must cor	nplete Part IV, Section	s A and D,	and Part	V .		
e 🗌 Check this	s box if the	organization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
functional	ly integrate	d, or Type III non-functio	nally integrated support	ing organiz	zation.			
f Enter the numbe	r of suppor	ted organizations						
g Provide the follow	ving inform	ation about the supporte	ed organization(s).					
(i) Name of sup	-	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
organizatio	n		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total								
LHA For Paperwork R	eduction A	act Notice, see the Instr	uctions for Form 990 o		732021 10-	06-17 Sche	dule A (For	m 990 or 990-EZ) 2017

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thir	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					▶∟
	ction C. Computation of Publ					r	
	Public support percentage for 2017 (I					14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c	-					
47	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		•	•	•	•	
1-	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				• •		
40	organization meets the "facts-and-circ		•	•	,		
ığ	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 100, 17à, 0r 17	D, CHECK THIS DOX 2	and see instruction	s 🖻 📖

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	165,115.	169,280.	180,119.	184,694.		699,208.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,670.	369,049.	378,909.			769,628.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	186,785.	538,329.	559,028.	184,694.		1468836.
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
~	amount on line 13 for the yearAdd lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1468836.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	186,785.	(b) 2014 538,329.	559,028.	184,694.		1468836.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	58,323.			90,685.		378,944.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	58,323.	119,780.	110,156.	90,685.		378,944.
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)	245,108.	658,109.	669,184.	275,379.		1847780.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here	~			-	·····	
Sec	tion C. Computation of Publ						
15	Public support percentage for 2017 (line 8, column (f) d	ivided by line 13, o	column (f))		15	79.49 %
	Public support percentage from 2016					16	79.27 %
-	tion D. Computation of Investion	-					
17	Investment income percentage for 20)17 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	20.51 %
	Investment income percentage from 2	-	•			18	20.73 %
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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				15		-	•
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
<u> </u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
Sec			v	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		v	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Sche	dule A (Form 990 or 990-EZ) 2017 FOUNDATION, I	NC.		**-***6081 Page:
Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

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Part VI Supplemental Informati	on. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b	, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V
Section D. lines 5. 6. and 8: and	I Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)	
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SCHEDULE D		Supplementa	al Financial Statements	OMB No. 1545-0047		
(Form 990) Complete if the o		Complete if the org	anization answered "Yes" on Form 990,	2017		
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public		
Interna	Revenue Service		90 for instructions and the latest information			
Nam	e of the organization	Employer identification number				
Par	t I Organiza	FOUNDATION, INC. ations Maintaining Donor Advise	d Funds or Other Similar Funds or			
		n answered "Yes" on Form 990, Part IV, lir				
		, ,	(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised fu			
•			exclusive legal control?			
6	•		idvisors in writing that grant funds can be used or donor advisor, or for any other purpose confi	-		
	impermissible priva					
Par			ganization answered "Yes" on Form 990, Part I			
1		servation easements held by the organizat		,		
•		of land for public use (e.g., recreation or e		lly important land area		
		f natural habitat	Preservation of a certified			
	Preservation	of open space				
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a d	conservation easement on the last		
	day of the tax year	r.		Held at the End of the Tax Year		
а	Total number of co	onservation easements		2a		
b						
с	Number of conserv	vation easements on a certified historic str	ucture included in (a)	2c		
d			after 7/25/06, and not on a historic structure			
	listed in the Nation	nal Register		2d		
3	Number of conserv	vation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax		
	year ►					
4		where property subject to conservation ea				
5	-	tion have a written policy regarding the pe				
6		orcement of the conservation easements i				
6		r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	mon easements during the year		
7	Amount of expens	es incurred in monitoring inspecting hand	dling of violations, and enforcing conservation	easements during the year		
'	► \$	es incurred in monitoring, inspecting, nand		easements during the year		
8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)	(B)(i)		
9			ion easements in its revenue and expense stat			
			tion's financial statements that describes the c			
	conservation ease					
Par	t III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Other	r Similar Assets.		
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,		
			hibition, education, or research in furtherance of	of public service, provide, in Part XIII,		
		note to its financial statements that descr				
b	-		SC 958), to report in its revenue statement and			
			ducation, or research in furtherance of public s	service, provide the following amounts		
	relating to these ite					
				N A		
2	.,		asures, or other similar assets for financial gair			
2	-	unts required to be reported under SFAS 1	-	, provide		
а	-			▶ \$		
		eduction Act Notice, see the Instruction		Schedule D (Form 990) 2017		
	• 10-09-17			. ,		
			21			

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	KENTUCKY	FUTURE	FARME	RS OF	AMERIC	A				
Sche	dule D (Form 990) 2017 FOUNDATI	ON, INC.					*	*_**	*6081	L Page 2
Par	t III Organizations Maintaining Co	llections of	Art, Hist	torical Tr	easures, o	or Other	Simila	r Asse	ts(contin	ued)
3	Using the organization's acquisition, accession	n, and other reco	ords, checl	k any of the	following that	at are a sigr	nificant u	se of its	collectior	n items
	(check all that apply):									
а	Public exhibition		d 🗌	Loan or exc	hange progra	ams				
b	Scholarly research		е 🗌	Other						
с	Preservation for future generations									
4	Provide a description of the organization's coll	ections and exp	lain how th	ney further t	he organizati	on's exemp	ot purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donatior	ns of art, hi	storical trea	asures, or oth	er similar a	ssets			
_	to be sold to raise funds rather than to be main	ntained as part o	of the orga	nization's c	ollection?			🗆	Yes	No No
Par	t IV Escrow and Custodial Arrange	ements. Com	plete if the	organizatio	on answered	"Yes" on Fe	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n or other interm	nediary for	contribution	ns or other as	sets not in	cluded	_	-	
	on Form 990, Part X?							L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII ar									
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990, Part X, li	ne 21, for e	escrow or c	ustodial acco	ount liability	?	L	Yes	No No
	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds. Complete if t	he organization	answered	"Yes" on Fe						
	F	(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end bala	ince (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment 🕨		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c shoul									
3a	Are there endowment funds not in the possess	sion of the orgar	nization that	at are held a	and administe	ered for the	organiza	ation	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organization				•				3b	
4	Describe in Part XIII the intended uses of the c		dowment	funds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered								()	
	Description of property	(a) Cost o basis (inve		• •	t or other (other)	.,	umulated eciation		(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other			1	.0,000.		2,50	0.		7,500.
Tota	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Pa	art X, colur	nn (B), line	10c.)				-	7,500.
							-			0001 0047

Schedule D (Form 990) 2017

732052 10-09-17

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Schedule D (Form 990) 2017 FOUNDATION,	INC.		**	-***6081 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method or	f valuation: Cost or end	I-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) PNC INSTITUTIONAL				
(B) INVESTMENTS	3,768,87	/6. END-OF-	YEAR MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,768,87	/6.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method o	f valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		, line 11d. See Form 99	0, Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Fo	orm 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			-	
(2)			-	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

732053 10-09-17

		Y FUTURE FARMERS OF	AMERICA	
		TION, INC.		**-***6081 Page 4
Pa	rt XI Reconciliation of Revenue	per Audited Financial Stateme	nts With Revenue per I	Return.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per	audited financial statements		1
2	Amounts included on line 1 but not on Form	n 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investment	s	2a	
b	Donated services and use of facilities		2b	
с	Recoveries of prior year grants		2c	
d	Other (Describe in Part XIII.)		2d	
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, lir	ne 12, but not on line 1:		
а	Investment expenses not included on Form	990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		4b	
с	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c. (This mu			
Pa	rt XII Reconciliation of Expenses	per Audited Financial Stateme	ents With Expenses pe	r Return.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited finar	ncial statements		1
2	Amounts included on line 1 but not on Form	n 990, Part IX, line 25:		
а	Donated services and use of facilities		2a	
b	Prior year adjustments		2b	
с	Other losses		2c	
d	Other (Describe in Part XIII.)		2d	
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line			
а	Investment expenses not included on Form	990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		4b	
с	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c. (This m	ust equal Form 990, Part I, line 18.)		5
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

EZ
OMB No. 1545-0047
2017
Open to Public
Inspection
Employer identification number

-*6081

FOUNDATION, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LEADERSHIP, PERSONAL GROWTH, AND CAREER SUCCESS THROUGH AGRICULTURAL

KENTUCKY FUTURE FARMERS OF AMERICA

EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE FORM 990 IS PREPARED, THE EXECUTIVE DIRECTOR, CHAIRMAN AND

PRESIDENT REVIEW THE RETURN AND DISCUSS THE INFORMATION TO ENSURE IT IS

COMPLETE AND ACCURATE.

FORM 990, PART VI, SECTION B, LINE 12C:

REVIEWED PERIODICALLY AT MONTHLY MEETINGS

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2017)73221109-07-17

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2017.06000 KENTUCKY FUTURE FARMERS OF 75841__1

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	EQUIPMENT	07/01/15	SL	10.00		16	10,000.				10,000.	1,500.		1,000.	2,500.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						10,000.				10,000.	1,500.		1,000.	2,500.
	* GRAND TOTAL 990 PAGE 10 DEPR						10,000.				10,000.	1,500.		1,000.	2,500.

728111 04-01-17

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyiı	ng number		
Type or print	KENTUCKY FUTURE FARMERS OF FOUNDATION, INC.	Employe	nployer identification number (EIN) or **-**6081					
File by the due date filing your return. See	Number, street, and room or suite no. If a P.O. box, s	Social se	ocial security number (SSN)					
instruction	s. City, town or post office, state, and ZIP code. For a f FLEMINGSBURG, KY 41041							
Enter th	e Return Code for the return that this application is for (fil	le a separa	te application for each return)			01		
Application Return Application								
ls For		Code	Is For	Code				
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	90-BL	02	Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99)0-PF	04	Form 5227			10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069					
Form 99	00-T (trust other than above) EMILY DAVIS	06	Form 8870			12		
• If this box 1 In fc	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until r the organization named above. The extension is for the . X calendar year 2017 or . tax year beginning the tax year entered in line 1 is for less than 12 months, or	Group Exe and atta NOVE organizati	emption Number (GEN) If uch a list with the names and EINs of MBER 15, 2018 , to file on's return for: d ending	this is fo all memb	r the whole g pers the exter npt organizati	nsion is for.		
	Change in accounting period							
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0.		
	onrefundable credits. See instructions.	<u> </u>	e e de la la complète de la complète	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	3b	s	0.				
		ents made. Include any prior year overpayment allowed as a credit.						
	alance due. Subtract line 3b from line 3a. Include your pa	•				0		
	y using EFTPS (Electronic Federal Tax Payment System).			<u>3c</u>	\$	0.		
instruct	 If you are going to make an electronic funds withdrawal ions. 	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879	9-EO for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form 8	868 (Rev. 1-2017)		

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

723841 04-01-17

OMB No. 1545-1709