



# 2022 KADF Project Application REQUEST FOR FUNDS

Application Number:  
KOAP Use Only

PLEASE CAREFULLY REVIEW THE REQUEST FOR FUNDS GUIDELINES PRIOR TO COMPLETING AN APPLICATION

Funded participants shall adhere to all local, state and federal rules and regulations.

Applicant Information			
Has this organization/individual ever submitted an application to the KADF? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>1a. Organization Name</b> (Legal Name of the Farm Business Entity or Individual): <b>KENTUCKY STATE BEEKEEPERS ASSOCIATION</b> <small>Must match the name registered to the TIN provided in 1b.</small>		<b>1b. Tax Identification Number (EIN/SSN):</b> 06-1013290 <small>Nine (9) digit number issued by the IRS</small>	
<b>1c. County</b> ALL	<b>1d. For Profit?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>1e. Main Phone</b> (502) 819-1537	<b>1f. Digital Media (opt.)</b> Twitter Handle: Facebook ID: kybeekeepers Website: KYBEES.ORG
<b>1g. Registered with the Ky. Secretary of State's Office?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>Individuals/sole proprietors, board of education, conservation district, fiscal court, other gov't</small>		<small>If you are not registered, and are required to be, then visit sos.ky.gov.</small>	
<b>2. Organization Address</b> (Check will be mailed here)			
P.O. Box 22283 <small>Address Line 1</small>		<small>Address Line 2</small>	
Louisville <small>City</small>	KY <small>State</small>	40252 <small>ZIP Code</small>	
<b>3a. Authorized Representative (AR)</b> (person authorized to sign legal contracts on behalf of the organization/individual)			
Ms	Jessica L. Mayes		President
<small>Prefix</small>	<small>Name (First MI Last)</small>		<small>Title</small>
<b>3b. AR Contact Info</b>			
jmayer741@gmail.com <small>Email</small>		859-232-6070 <small>Work Phone</small>	859-619-5036 <small>Mobile/Cell Phone</small>
<b>3c. AR Address</b> (Legal Agreement will be mailed here)			
741 Collins Rd <small>Address Line 1</small>		<small>Address Line 2</small>	
Paris <small>City</small>	KY <small>State</small>	40361 <small>ZIP Code</small>	
<b>4a. Project Contact</b> (if different from AR, person(s) responsible for the daily management of the project)			
Mr	R. Scott Moore		Program Manager, CKHP
<small>Prefix</small>	<small>Name (First MI Last)</small>		<small>Title</small>
<b>4b. Project Contact Info</b>			
Manager@ckyhp.com <small>Email</small>		<small>Work Phone</small>	502-819-1537 <small>Mobile/Cell Phone</small>
<b>4c. If there are multiple project contacts, then list others here with name, email and phone:</b>			

Project Location & Request			
<b>5. Project Address</b> (If different than addresses in 2. or 3c. above)			
<b>1813 Cimmaron Trl</b>			
<i>Address Line 1</i>		<i>Address Line 2</i>	
<b>Louisville</b>	<b>KY</b>	<b>40223</b>	<b>ALL</b>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	<i>Project County</i>
<p>☛ <i>This application is for requests to fund projects that fall outside standard county program guidelines. Requests for additional funds for an existing project should use the "Request for Amendment" Form.</i> ☛</p>			
<b>6a. County Funds Requested:</b>	<b>6b. State Funds Requested:</b>	<b>6c. TOTAL Agricultural Development Funds Requested:</b>	
County*:      Amount: \$	\$ <b>\$106,000</b>	<b>\$106,000</b>	
<i>*List "County, Amount" here, if multiple county requests: _____</i>			<i>Reflect total in budget.</i>
<b>7. Has the organization / individual listed in 1a. received a KADF award prior to this application?</b>	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>If yes, please specify totals:</b> State <b>\$57,550 (2021)</b> County <b>\$128,808 (2018)</b>	

## Documentation Check List

☛ **Please mark each item that is included in the submitted application.** ☛  
**An incomplete application may delay processing of request.**

- Completed application**, signed by the Authorized Representative of the entity or individual applying
- Registered and in good standing with the Secretary of State**  
*(Exceptions: sole proprietorship / unregistered partnership, board of education, conservation district, governmental entity)*
- Signature Authorization**
- Financial Documentation / Budget**, as outlined in section 4.
- Supporting Documents**, as outlined in section 5.
- On-Farm Water Management PIP, RDD submissions**  
consult On-Farm Water Management Guidelines for all required documentation
- Press Release Sheet**

**Please, DO NOT submit applications with any type of binding (e.g. notebooks, spiral binding, etc.).**

**See Guidelines – Request for Funds for important information to consider when applying for funds and for instructions on submitting your proposal.**

**There are also additional guidelines for farmers market and community garden applications.**

The above referenced guidelines are available online at <https://www.kyagr.com/agpolicy/>.

**The Kentucky Agricultural Development Board and the Kentucky Office of Agricultural Policy reserve the right to request or require revisions or clarifications of submitted proposals.**

Answers to the following questions may be done in a separate document, using the same numbering to identify each question being answered.

If a question does not apply to your project, then enter N/A.

## 1. General Questions

1.1 Briefly describe your project (75 words or less):

The Certified Kentucky Honey Producers (CKHP) is a marketing program of the Kentucky State Beekeepers Association (KSBA), started in 2019 with the support of the Kentucky Agricultural Development Fund. The CKHP is wholly operated under the umbrella of the KSBA, a 501(c)(5) nonprofit (in the process of converting to a 501(c)3). This program was implemented primarily to address adulterated honey and/or mislabeled honey in Kentucky. Honey is currently the 3<sup>rd</sup> most-adulterated commodity in the U.S., and there continues to be no national quality standard. To address these challenges, there are three goals of the CKHP program: first, educate consumers and promote the sale of local honey that is produced by the beekeepers of the KSBA and is a certified product of the state; second, to connect the CKHP beekeepers with consumers who desire to purchase certified local honey; and third, to provide Kentucky beekeepers with education and support to grow their apiaries to supply more CKHP honey. This program requires continually expanding the retail and direct-to-consumer customer base and continuing to help beekeepers increase their production, processing, and retail/wholesale capability. The requested KADF funds will also assist in the marketing and logistics of getting products from small scale producers to CKHP customers. The initial funds established the baseline branding and infrastructure with a full-time CKHP Program Manager. The Program is currently being sustained via a part-time CKHP Program Manager and KSBA volunteers.

1.2 Who are the primary participants in the project?  
 [Participants are those groups or individuals involved in the project.]

All 2500+ beekeepers and 60 local beekeeping associations within the Commonwealth of Kentucky have the opportunity to participate in this project. The 89 CKHP apiary members benefit immediately, as do the retail and consumer partners. As brand recognition and membership continues to grow, the enrollees will continue to expand. Special emphasis is being given to recruiting New Beginning Farmers and Socially Disadvantaged Farmers. All Certified Kentucky Honey Producers are listed on the KSBA and KDA websites for easy reference.

1.3 Provide detailed information on the past and present tobacco dependence of all participants in this project:

1.3.1 Did participant(s) receive a Phase II check?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.3.2 Did participant(s) receive a Buyout check?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1.3.3 Did participant(s) own quota?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1.3.4 Has participant(s) grown and marketed tobacco?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**NOTE:** These answers are for KSBA itself, but participating farmers may well have had tobacco quotas.

1.4 How many farm families will benefit directly from this project in the first year? Be specific.

*NOTE: Applicants shall reveal the names of any County Agricultural Development Council members who may benefit from this proposed project.*

Recent federal data (USDA-NASS, January 2022) shows approximately 10,500 honeybee colonies in Kentucky producing close to \$1M in honey and hive products. Unfortunately, Kentucky reported a total hive loss of about 22% in the past year, which has been due in large part to shortcomings in hive management and a lack of beekeeper education. Through the CKHP program, KSBA is working to improve hive management as well as provide business and retail educational support that will help meet the increasing demand for CKHP honey. To this goal, in the past year KSBA has added four new Local Associations supporting over 100 beekeepers bringing the total Association number to 60, which is almost double the 34 associations available in 2014. This represents now over 2200 individual beekeepers. Important goals of the CKHP program are to help get more farmers involved in beekeeping, help current beekeepers better manage their hives, and help small apiaries expand to meet the retail goals of the program. Local Associations are critical to overall beekeeper success.

KSBA feels strongly that all Kentucky beekeepers are benefitting from the success of this marketing program, which is structured to help them produce and promote KY-based Local honey, including large farms and small agribusinesses. This benefit has expanded to farm-based markets and larger tangent business who want to use local Kentucky honey in their products. For example, the CKHP Program Manager is currently working with several local Bourbon Distilleries and Mead producers on behalf of the members to explore the possibilities of Mead, Bourbon-Infused Honey, and other potential CKHP partnerships.

1.5 If this is a multi-county regional or statewide project, then please list the counties that will benefit directly?

There are now over 60 Beekeeping Associations covering every county in Kentucky and representing over 2200 beekeepers. The following list is not comprehensive, but includes some of the Associations and the number of member beekeepers listed through the association officers, newsletter distributions, social media listings, extension office records, etc.:

Anderson County Beekeepers Association, 30  
 Audubon Beekeeping Association, 60  
 Bluegrass Beekeepers Association, 125  
 Bell County Backyard Beekeepers Association, 40  
 Big South Fork Beekeepers Association, 50  
 Bourbon County Beekeepers, 15  
 Bullitt County Beekeepers Association, 35  
 Capital City Beekeepers Association, 120  
 Clark River Beekeepers Association, 30  
 Clay County Beekeepers Association, 85  
 Floyd County Beekeepers, 50  
 Fort Harrod Beekeepers Association, 70  
 Green River Beekeepers Association, 50  
 Green Valley Beekeepers Association, 165  
 Greenup County Beekeepers Association, 55  
 Hardin County Beekeepers Association, 50  
 Harlan County Beekeepers Association, 40  
 Jessamine County Beekeepers, 30  
 Kentuckiana Beekeepers Association, 160  
 Lake Barkley Beekeepers Association, 80  
 Lake Cumberland Beekeepers Association, 55

Licking Valley Beekeepers Association, 35  
 Little Sandy Beekeepers Association, 25  
 Madison County Beekeepers Association, 80  
 Martin County Beekeepers Association, 95  
 Northern KY Beekeepers Association, 90  
 Pennyriple Beekeepers Association, 25  
 Pike Beekeepers Association, 95  
 Oldham County Beekeepers Association, 75  
 Shelby County Beekeepers Association, 300  
 Southeastern Beekeepers, 270  
 Spencer County Beekeepers, 30  
 Warren County Beekeepers, 30  
 Whitley County Beekeepers, 20  
 Woodford County Beekeepers, 25

## 2. Project Details

2.1 Description of project – Please give the details of the project. Tell about the project's history, present status, and future projections.

The CKHP Program was implemented in 2019 and is available to all beekeepers within Kentucky (Hobbyist = 1-30 hives, Sideline = 31-100 hives, and Commercial = over 100 hives). There are currently 89 CKHP members, and that is up from 17 at the end of 2020, thanks to the hard work by Mr. Moore and the KSBA Volunteer Board. The program is being promoted through the Local Associations, events such as the Kentucky State Fair, KWIA Annual Meeting, the HAS Regional Conference, and the KY Farm Bureau Annual Meeting, as well as marketing venues such as Festivals, broadcast, online (social media), and print publications. CKHP has attended over 20 events the past year, including PR events intended to educate consumers, educational events for beekeepers (including information on expanding retail and wholesale markets), and events and meetings targeting wholesale Ky Honey buyers such as Bourbon Distilleries and Farm Markets. The National Honey Board has sent the American Honey Queen to the State Fair to promote the CKHP, do culinary demonstrations with CKHP products and distribute recipes. The CKHP is making great strides, but the key is to continue to reach and educate even more target audiences.

By certification, a honey producer is authorized to utilize a KSBA trademarked label on his or her bottles of honey to indicate that their honey is Kentucky certified and meets the specific guidelines of the program. We utilized the initial funding to initiate the program with a baseline of marketing structure, established a trademarked logo and publicity documentation, and developed a logistics structure with a test base of producers. This grant will help maintain and expand the program by educating more buyers and creating additional retail markets and customers, extend additional support to the beekeeping members, and – importantly – increase actual testing of members' honey samples. At this point, we are testing about 15% of members' honey by DNA and Pollen analysis to insure it is Kentucky honey. Our goal is to increase this to testing 25% of members' honey over the next two years and work with partner test labs to get the cost down and help the Labs expand and increase efficiency of their testing capabilities. This includes a partnership with the Bluegrass Community and Technical College (BCTC)'s Biotechnology Lab. Laboratory certified testing improves marketing and helps increase membership.

---

2.2 Products or services – Provide a detailed description of products or services related to this project.

*What products or services will be offered? What is unique about the products or services? What will the products or services do for customers?*

The primary CKHP product is honey that is certified to have been produced in Kentucky, as well as the education regarding Certified Kentucky Honey and the marketing of it to honey consumers. A secondary product is the support to Kentucky beekeepers to increase their CKHP honey production to meet the increasing demand. Educating consumers and retailers about the advantages of local honey assists Kentucky beekeepers in the sale of their honey. Other products of the beehive, such as beeswax, used in cosmetics, soaps, and candles, and pollen can also be promoted through this program, although the primary emphasis is on local honey. Currently, the U.S. consumes over 400 million pounds of honey annually, most of which is imported from other countries. It has been shown that honey is the third-most adulterated product in the food chain, often showing additives such as corn syrup or other non-honey sugar sources. In addition, Kentucky has experienced a dramatic increase in honey being brought in from other states and in many cases this honey is being marketed and sold as local Kentucky honey. The importers and producers of out-of-state or adulterated honey will not be certified. This program is designed to offer in-person testing (refractometry) as well as laboratory certification of a sampling of members' honey through testing in analytical labs such as those at Bluegrass Community and Technical College (BCTC)'s Biotechnology Honey Testing Lab, which can perform DNA, NMR, LCMS, etc. to confirm that a honey sample is local to Kentucky. This program will also promote the unique varieties of honey in this state and better connect Kentucky beekeepers with consumers on a local and national level.

---

2.3 Describe how the Kentucky Agricultural Development Funds will be used.

Note: Only project expenses incurred after receipt of the application by the Kentucky Office of Agricultural Policy are eligible for funding.

The primary categories for which these KADF funds will be used will be for salary (part-time), travel, promotional and educational materials (related to the CKHP program and for beekeepers), financial and accounting support, and for events, supplies, and equipment and services, including honey testing and laboratory contracting. The funding requested for travel expenses includes attending various beekeeping schools, KY State Beekeepers Association meetings, promotion at the KY State Fair, and promotional efforts to reach out to provide educational and program support to all 60 local bee associations over the course of the next year. Because membership fees must be kept reasonable for beekeepers and significant resources are required to sustain the program, additional supportive funding is required. The CKHP program is working to establish a line of income for supporting programs through festivals, honey sales outlets, bee schools, and advertising opportunities. In addition, the KSBA is in the process of converting to a 501(c)(3) certification (to submit in October, 2022), which will qualify the CKHP program for additional grants and donations.

---

2.4 What criteria will be used to measure the success of your project? What measurable data will you use in defining progress/success?

Through the first half of 2022 we have attained 60% of the goals we set forth in the 2021 grant and as we move through the second half of the year, we continue to strive to complete all goals set forth in our current grant. Because the program is so young and we are just now getting a post-pandemic baseline established with a part-time position (rather than full-time), we feel that is a good outcome. One metric we are particularly proud of is increasing the number of bottles with the CKHP label from 15,000 in all of 2021 to 20,000 through just the first half of 2022 (as measured by the number of CKHP labels purchased).

Goals of this project are to continue to expand the number and demographics of the customer base and increase the revenue to the CKHP members. We also intend to increase promotion of the CKHP program with retail outlets such as expanded Farmers' Markets and other small and large honey retail establishments to increase the number of customers. We also intend to increase the wholesale market with opportunities such as Bourbon Distillers and local chefs. In parallel, a secondary goal is to continue to

increase the number of beekeepers and number of CKHP hives in the state in order to accommodate the increased demand for CKHP products.

---

2.5 Is this project expected to create jobs? If so, how many and what type of jobs do you expect this project to create? Will these jobs be full-time, part-time or seasonal? Explain.

This project will save 1 part-time Program Manager position and potentially allow it to grow into a full-time position in the future. There is also the potential to hire interns and other part-time assistants as seasonal demands increase. In addition to the Program Manager and direct CKHP positions, the intention is to create and expand the number of beekeepers and beekeeping related jobs in the state as well.

---

2.6 Location – Where will the project be located, and why was this location chosen?

This is a State-wide program, open to all Kentucky beekeepers.

---

2.7 Management – List the duties and responsibilities of the primary participants named in Section 1-2. List their qualifications to perform their duties, including past experience and current occupation.

The Program Manager position requires a diverse skill set in order to plan, manage, and execute the position as well as fully document and report the financial and goal-based outcomes. These include, but are not limited to, such skills as being comfortable in an apiary, understanding the volatile and political honey market, and being able to communicate with and sell to a broad spectrum of retail and consumer audiences. The current Program Manager, R. Scott Moore, has been a CAD Manager/Engineering Technician for a local engineering firm for over 23 years where he manages a staff of other Engineering Technicians and CAD operators. His duties include creating and implementing company standards, conducting staff meetings, assisting engineers in creating construction drawings and contract documents, performing cost analysis and project quantity take-offs. In addition, he oversees office equipment, software purchases, and various administrative tasks in the office. With a strong interest in honeybees, he has also been a hobby beekeeper for the past 5 years and manages about half a dozen hives. His team-oriented organizational, budgetary, and leadership skills, in addition to his beekeeping expertise, make him well-suited for this position.

Role and Responsibility: As Program Manager, Mr. Moore will continue to work 80 hours per month and be responsible for managing grant funding; creating educational and marketing material; managing marketing accounts including social media (Facebook, podcast advertising, etc.), print, radio, and tv; as well as host and attend bee clubs, bee schools, and other speaking engagements on behalf on the KSBA and the Certified Kentucky Honey Producers. He will also work with the Board to include them in beekeeper education and outreach as needed.

---

2.8 Record Keeping – What records will be kept and how will they be used in analyzing the success of your project? Who will do your record keeping/accounting?

Records including financial documents, membership, sales and other metrics are kept by the Program Manager with oversight by the KSBA Board of Directors. Reporting is done in compliance with the KADF Agreement. In addition, there is accounting oversight by Vickie Richardson, CPA, who handles the accounting for all KSBA accounts, along with the KSBA Treasurer(s).

---

2.9 Insurance – Does your current insurance cover the components of this project? If not, what type(s) of insurance will you need? Provide quotes where applicable.

KSBA, and by association the CKHP, has full liability insurance through the Lani Basberg Agency in Shelbyville, KY. A copy of the policy is attached.

In addition, the Board of Directors has Directors and Officers Insurance through the Energy Insurance Agency.

---

### 3. Marketing Plan

#### 3.1 Strategy – What is your marketing strategy? How do you plan on achieving your marketing objectives?

Our Marketing Strategy has several components related to both beekeepers (front-end) and retailers and direct customers (back-end). The first goal continues to be to expand the Program with Kentucky beekeepers to convince more beekeepers to join and promote the Program and encourage them to expand their apiaries to produce more CKHP honey. This is being done through presentations and outreach to the over 60 local beekeeping Associations, promotional events at the 24-plus beekeeping schools, attendance and sponsorship of national events such as the Heartland Apiculture Society Conference and the Eastern Apiculture Society Conference, and other opportunities to reach and educate all Kentucky beekeepers (i.e. local newsletters, the BeeLines, and social media). A second and equally important component is educating consumers and expanding the sales of CKHP products. This involves entering more retail establishments such as more local Farmers' Markets and larger establishments such as Rural King, TSC, locally owned restaurants, and broader retailers such as Ky State Parks. This may also include marketing CKHP honey to more elite restaurants for their use. The third goal is to establish a marketing stream direct to conscientious consumers, a demographic who already buys organic food, responsibly sourced products, and has the discretionary income to afford a certified local product.

To further promote the program, a CKHP member in good standing is authorized to utilize a KSBA trademarked Certified Kentucky Honey label on his or her bottles of honey to indicate that their honey meets the specific guidelines of the Program. Certified Kentucky Honey labels, posters, banners, pamphlets, t-shirts, and other marketing supplies are available to certified honey producers to support their individual marketing efforts and help them develop more public relations routes for the Program.

---

#### 3.2 Target Market – What is your target market? To whom will you attempt to sell your product/service? Identify characteristics of your customers. Who are your major competitors?

The target market for the Certified Kentucky Honey Program includes both consumers (retail and direct) and beekeepers. Our goal is to reach the consumers who want to be confident when they purchase honey that it has been produced in Kentucky, and also beekeepers who wish to market their honey as a Certified Kentucky product. In addition, our secondary market includes reaching and educating new and hobby beekeepers who wish to expand their operation to sell through the CKHP.

Although there is not direct competition for Certified Kentucky honey, the significant amount of adulterated and mislabeled honey entering Kentucky challenges the market. This further emphasizes the importance of the consumer education component of this project.

---

#### 3.3 Advertising - What types of advertising will you use? How will you tailor your advertising to your target market identified in the above section?

True local honey is one of the few products that needs very little extra promotion once consumers know it is available. Currently in Kentucky the demand for local honey far exceeds the supply. It is a product that tastes good, looks good, and is healthy. The Certified Kentucky Honey Program hopes to capitalize on its popularity as well as its multitude and varied uses by adding one more marketing angle – Certified Local. Most consumers are unaware of the extent of adulterated and mislabeled honey on the shelves. They already think they are buying Kentucky honey. This program will work to educate consumers and retail establishments about the CKHP product and the importance of knowing where their honey actually comes from and what is really in it. The Program Manager will utilize traditional as well as more novel marketing venues – from television, print, and radio to social media outlets, including Facebook and bee- and food-related Podcasts.



---

3.4 Pricing – What is your product/service price? How did you arrive at your pricing structure?

The CKHP implements a tiered system of membership dues based on honey production (in pounds):

- <250 pounds pays \$25
- >250 pounds but <750 pays \$35
- >750 pounds but < 1250 pays \$45
- >1250 pounds but < 1800 pays \$55
- >1800 pounds pays \$100

The current membership in the CKHP includes the base KSBA membership of \$15. Members pay a small fee for processing and mailing promotional supplies.

---

3.5 Distribution – What is your distribution strategy?

Since this is a marketing endeavor targeted to both beekeepers and consumers, the distribution strategy includes both audiences. For beekeepers, The CKHP will reach out to the 60 local associations as well as attend bee schools, extension office events, regional and national apiculture conferences, and other opportunities to reach new and established beekeepers with the intent to inform, educate, and encourage membership, participation, and growth. On the consumer side, the Program Manager, along with the Board and CKHP members, will work to distribute CKHP information to small and large retail and direct-to-consumer outlets, trying to make inroads with everything from farm markets to specialty shops to schools and restaurants. In addition, we are currently working on partnerships with other Kentucky industries such as the Bourbon and Spirits segments to develop wholesale markets. The role of marketing, education, and distribution will be taken on by everyone in the CKHP/KSBA organization.

## 4. Financial Documentation

- 4.1 Project Budget Detail & Description – Complete the attached Project Budget & Description Form. Provide any other pertinent information on additional sheets.
- 4.2 All Projects – Provide a two-year projected cash flow statement.
- 4.3 Existing Businesses – Submit previous year's balance sheet and income statement.
- 4.4 New Businesses – Provide pro forma balance sheet and income statement, including pertinent assumptions.

## 5. Supporting Documents

*Depending on the size, scope and type of project, you may be asked to provide one or more of the following:*

- 
- 5.1 Resumes – Provide résumés for all management team participants mentioned in section 2.7.
- 5.2 Letters of Commitment – Provide a letter from each project participant who is directly involved in implementing and maintaining the project. This letter should explain what role this participant plays in this project.
- 5.3 Invoices / Cost Estimates / Quotes – For equipment purchases, construction activities or remodeling, please provide copies of invoices, written estimates, or catalogue pages noting price of equipment.
- 5.4 Copies of leases, contracts or other legal documents (if applicable)
- 5.5 Formal Business Plan - If you have a formal business plan, please submit a copy. This application provides the minimum requirements for a business plan. Note that the business plan is the most essential portion of this application.
- 5.6 Additional Documentation -
- |  |   |
|--|---|
| a. business tax returns for the previous three years   | i. legal instruments that relate to business formation and organization                   |
| b. personal financial statements from each business owner and principal manager  | j. explanation of any judgments, collections, liens or bankruptcies                       |
| c. personal income tax returns from each business owner for up to the previous three years   | k. plans, drawings, photographs or sketches of project                                    |
| d. schedule relating to any lines of credit, promissory notes or outstanding loans with terms, payment schedule and collateral used for security | l. bids or contracts for equipment and outside services                                   |
| e. letter of reference/commitment from bank or other lenders   | m. letter of intent from potential customers or distributors                              |
| f. a sources and uses of funds statement   | n. current materials such as brochures, business cards, stationery and promotional pieces |
| g. information necessary to obtain a credit report   | o. copies of any applicable licenses or permits   |
| h. appraisal of project related properties   | p. producer commitment form   |
|  | q. resumes of key management personnel  |
|  | r. any other information deemed necessary   |

---

See “Request for Funds - Guidelines” for important information to consider when applying for funds, especially matching\* requirements.

## Project Budget & Description Form

### Section 1: Project Budget

**Note:** Only project expenses incurred after receipt of the application by the Kentucky Office of Agricultural Policy are eligible for funding.

Budget Category/Item	Description	Total Item Amount	Other Funds** (Match)	KADB Funds Requested*
<i>Example: Cooler</i>	<i>10'x20' double door walk-in</i>	<i>\$12,000</i>	<i>\$6,000</i>	<i>\$6,000</i>
<b>Budget Totals:</b>				

**PLEASE SEE ATTACHED KADF MULTI YEAR BUDGET REQUEST**

\* In general, KADF funds should be 50% or less of the total project costs.

### Section 2: Matching Funds (\*\*Other Funds)

Source of Match	Secured or Pending?	Match Amount (\$)
<i>Example: Loan – local bank (commitment letter attached)</i>	<i>Secured</i>	<i>\$6,000</i>
<b>Total:</b>		

**PLEASE SEE ATTACHED KADF MULTI YEAR BUDGET REQUEST**

Attach additional pages, as necessary, as well as provide any comments or clarifications regarding your request for funding. Documentation to verify matching funds may be requested.

For assistance in completing the budget and/or matching fund sections, please contact KOAP at 502-564-4627 and ask for a project manager.

You may be asked to submit a revised budget if the budget you provide does not fit within funding guidelines.

## Disclaimer and Signature

By affixing a signature to this application, the applicant(s) certifies that he/she has read and understands the guidelines governing funds and agrees to all conditions set forth therein; and that all information contained in this application package is true to the best of the applicant's knowledge, information, and belief.

The applicant(s) also authorizes the Kentucky Agricultural Development Board and any of its representatives to make all necessary investigations of financial, credit, and other records through credit agencies and authorize the release of any and all information, which may be relevant to making a decision on this application.

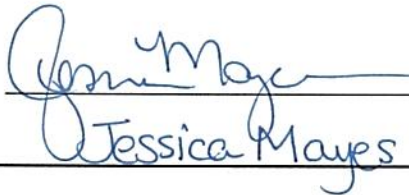
The Kentucky Office of Agricultural Policy (KOAP) reserves the right to request or require sufficient documentation to verify the responses to each of the questions on this application. Inability or refusal to provide documentation for specific responses or confirmation of fraudulent responses will result in disqualification for consideration.

The Kentucky Agricultural Development Board reserves the right to terminate any Legal Agreement with the applicant, if at a future date it becomes aware of any false statements or material misrepresentation(s) contained in this application.

**Funded participants shall adhere to all local, state and federal rules and regulations.**

By signing this, I acknowledge that I have read the above disclaimer and accept and agree to be bound by the terms thereof.

Signature of Applicant or  
Authorized Representative:



Date: 25 SEPT 2022

Name, printed:

Jessica Mayes



*Note: Financing for your project may also be available through the Kentucky Agricultural Finance Corporation, which provides low interest loans in participation with your local lender. For more information, visit [www.kyagr.com/agpolicy](http://www.kyagr.com/agpolicy) or contact [KAFC@ky.gov](mailto:KAFC@ky.gov) or 502-564-4627.*

Application Number:  
KOAP Use Only



## 2022 Kentucky Office of Agricultural Policy PRESS RELEASE INFO SHEET



### Introduction

The Kentucky Office of Agricultural Policy sends out press releases on projects and programs approved through the Kentucky Agricultural Development Fund. To ensure the proper message is distributed to media and other contacts, please provide the following information:

Applicant Information for Use in Press Release		
<b>APPLICANT NAME:</b> KENTUCKY STATE BEEKEEPERS ASSOCIATION	<b>PROJECT TITLE:</b> CERTIFIED KENTUCKY HONEY	
<b>CONTACT PERSON:</b> <u>R. SCOTT</u> <i>First Name</i>	<u>MOORE</u> <i>Last Name</i>	<b>PROGRAM MANAGER</b> <i>Title</i>
Phone: ( ) Cell: (502) 819-1537	Organization	Website: <u>WWW.KYBEES.ORG</u>
E-mail Address* : <u>MANAGER@CKYHP.COM</u>	* This email may be used in the press release.	
Add me to the county e-mail distribution list: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Already on	Add me to the general distribution list for <u>all</u> KOAP updates: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Already on	
<b>Project / Program Request</b>		
<p>Provide a brief summary of the project. (What is the main goal of the project? What will the funds be used for?)</p> <p><b>Honey is the third most adulterated and mislabeled food product in the US and there is no standard for quality or labelling. Honey consumers are typically health conscious and read food labels, but at this point there is no way for them to be sure that the honey they are buying is actually a product of Kentucky. To address this, there are three goals of this program: first, to educate consumers and promote the sale of local honey that is produced by the beekeepers of the KSBA and is certified to be a product of Kentucky by analytical testing; second, to connect the CKHP beekeepers with consumers who desire to purchase certified local honey; and third, to provide Kentucky beekeepers with education and support to grow their apiaries to supply more CKHP honey. This program will help expand the retail and direct-to-consumer customer base by educating consumers and retail outlets and also help beekeepers increase their production and processing capability.</b></p> <p>Any other information you would like to include in press release:</p>		
<b>LOCAL MEDIA:</b> Please provide <u>e-mail addresses</u> or <u>fax numbers</u> for local or regional newspapers, radio or television stations, magazines or other media outlets that cover your area:		

## Notice of Intent to Release

Monthly approved program awards will be listed in the statewide press release sent immediately following the respective Kentucky Agricultural Development Board meeting. This release will include the contact information provided above. Individual project press releases will be on a case-by-case basis.

If you would like to request an individual press release for your project, then please submit your request to [KOAP@ky.gov](mailto:KOAP@ky.gov).



Multi-Year Budget Request

Date Received:  
Application Number:

Budget Category / Item	Description	Budget - Year 1			Budget - Year 2		
		KADF Portion	Other Funds (match)	Total Budgeted	KADF Portion	Other Funds (match)	Total Budgeted
Program Manager - Salary	Part Time Base Salary - \$20 hr. @ 80 hrs. Month	\$ 20,800.00	\$ 1,000.00	\$ 21,800.00	\$ 20,800.00	\$ 1,000.00	\$ 21,800.00
Program Manager - Extra	Extra Hours to Cover Special Events, Overage	\$ 2,000.00	\$ -	\$ 2,000.00	\$ 2,000.00	\$ -	\$ 2,000.00
Program Manager - Travel	Travel for Schools, Fairs, Trade Shows, National Event	\$ 3,250.00	\$ 500.00	\$ 3,750.00	\$ 3,250.00	\$ 500.00	\$ 3,750.00
KSBA Board - Salary	Volunteer Hours from KSBA D&O	\$ -	\$ 11,000.00	\$ 11,000.00	\$ -	\$ 11,000.00	\$ 11,000.00
KSBA Board - Travel	Volunteer Travel from KSBA D&O	\$ -	\$ 4,000.00	\$ 4,000.00	\$ -	\$ 4,000.00	\$ 4,000.00
Equipment & Supplies	Migr. Phone (\$700), Computer (\$1000 yr. 1 / \$600 yr. 2), Postage & Mail Supplies (\$3500)	\$ 5,200.00	\$ 2,000.00	\$ 7,200.00	\$ 4,800.00	\$ 2,000.00	\$ 6,800.00
Promotion - National Conference	Sponsorships & Promotional Materials	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,300.00	\$ -	\$ 2,300.00
Promotion - Labels, Brochures & Sign	CKHP Jar Labels, Print Brochures & Promotional Material	\$ 3,000.00	\$ 1,000.00	\$ 4,000.00	\$ 2,800.00	\$ 1,000.00	\$ 3,800.00
Promotion - Advertising	Print & Multi-Media Advertising	\$ 4,750.00	\$ 4,000.00	\$ 8,750.00	\$ 4,550.00	\$ 4,000.00	\$ 8,550.00
Promotion - Social Media	Multi-Platform Promotion and Ad Buys	\$ 1,000.00	\$ -	\$ 1,000.00	\$ 800.00	\$ -	\$ 800.00
Beekeeper & Consumer Education	Beekeeper; Best Practices, Business Growth, Consumer; Benefits/Uses of Local Honey (i.e. Recipes, Cookbook, Health)	\$ 4,000.00	\$ 4,000.00	\$ 8,000.00	\$ 3,200.00	\$ 4,000.00	\$ 7,200.00
Honey Analysis & Tools	Testing Member Honey, Tools	\$ 8,000.00	\$ -	\$ 8,000.00	\$ 7,000.00	\$ -	\$ 7,000.00
<b>Totals</b>		<b>\$ 54,500.00</b>	<b>\$ 27,500.00</b>	<b>\$ 82,000.00</b>	<b>\$ 51,500.00</b>	<b>\$ 27,500.00</b>	<b>\$ 79,000.00</b>

Total KADF Requested \$ 106,000.00  
Total Project Budget \$ 161,000.00

Item/Source of Match	Secured or Pending?	Total Match
Program Manager - Salary: 100 In-Kind Volunteer Hours	Secured	\$ 2,000.00
Program Manager - Travel: In-Kind Expenses Paid by Manager	Secured	\$ 1,000.00
KSBA Board - Salary: 1,100 In-Kind Volunteer Hours from KSBA D&O	Secured	\$ 22,000.00
KSBA Board - Travel: In-Kind Expenses Paid by KSBA D&O	Secured	\$ 8,000.00
Equipment & Supplies: Volunteers Use of Computers, Phones, & Office Expenses	Secured	\$ 4,000.00
Promotion - Labels, Brochures & Signs: Income from Membership Dues & Label Sales	Secured	\$ 2,000.00
Promotion - Advertising: Income from Membership Dues & Label Sales	Secured	\$ 4,000.00
Promotion - Advertising: In-Kind Expenses Paid by American Bee Federation for The American Honey Queen Program	Secured	\$ 4,000.00
Beekeeper & Consumer Education: In-Kind Instruction by KSBA D&O, CKHP Member Volunteers	Secured	\$ 8,000.00
KSBA Bank Accounts:	Secured	\$ 41,000.00
General Fund Account \$18,000		
KY State Fair Account \$12,000		
KY State Apiarist Account \$ 9,000		
CKHP Account \$ 2,000		
<b>Total</b>		<b>\$ 96,000.00</b>

MATCHING FUNDS



Michael G. Adams  
Secretary of State  
P. O. Box 1150.  
Frankfort, KY 40602-1150  
(502) 564-3490  
<http://www.sos.ky.gov>

### Amended 2022 Annual Report

ARA

**Exact organization name and principal office address**

THE KENTUCKY STATE BEEKEEPERS ASSOCIATION, INCORPORATED  
PO BOX 22283  
LOUISVILLE KY 40252

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at <https://web.sos.ky.gov/ftsearch> or forms can be downloaded from our website.

**Registered Agent and Registered Office Address**

JESSICA MAYES  
741 COLLINS RD  
PARIS, KY 40361

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Assistant Treasurer	JULIE STEBER	
President	JESSICA MAYES	
Secretary	THERESA MARTIN	
Treasurer	JANE BROWN	

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If Not specified, director addresses default to the principal office address.

JOE TAYLOR	
TIM SHEEHAN	
MIKE MABRY	
TOM BALLINGER	
LISA ANGLIN	

<b>X</b>		
Signature of officer Or chairman of the board (Required)	Title (Required)	Date (Required)





Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

THE KENTUCKY STATE BEEKEEPERS  
ASSOCIATION INC  
PO BOX 636  
LAWRENCEBURG, KY 40342

Date:  
08/03/2020  
Employer ID number:  
23-7116601  
Person to contact:  
Name: Diana Davenport  
ID number: 31885  
Telephone: 877-829-5500  
Accounting period ending:  
December 31  
Form 990/990-EZ/990-N required:  
Yes  
Effective date of exemption:  
April 28, 2020  
Contribution deductibility:  
No  
Addendum applies:  
No  
DLN:  
29053170319000

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(5). This letter could help resolve questions on your exempt status. Please keep it for your records.

Based on the information you submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the postmark date of your application.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-NC" in the search bar to view Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

*Stephen A. Martin*

Director, Exempt Organizations  
Rulings and Agreements

Enclosures:  
None

# R. SCOTT MOORE

1813 Cimmaron Trail  
Louisville, Kentucky 40223  
502.819.1537  
moore.rscott@gmail.com  
www.instagram.com/moore\_honey\_please/

## SUMMARY

Dedicated Beekeeper who wants to bring my love and passion of beekeeping to the team to promote the health benefits of local raw Kentucky honey. I am a collaborator with excellent communication, organizational and time management skills. My background in engineering technology has equipped me with the ability to gather data, interpret and produce documents for various projects and clients. I am very meticulous and have strong organizational skills that help to ensure projects are completed as planned.

## SKILLS

- AutoCAD Civil 3D
- Microsoft Office
- Adobe Suite
- Virtual Meeting
- Intermediate Website Design
- Project Management
- Documentation Proficiency
- Schedule Management
- Data Collection/Entry
- Marketing

## EXPERIENCE

### R.W. MOORE CONSULTING ENGINEERS, P.S.C.

Louisville, Kentucky

#### CAD Manager/Civil Engineer Technician

11/1999 to Current

- Develop, implement, and maintain company CAD standards while managing and mentoring design staff on AutoCAD software. Support design staff with all AutoCAD related issues.
- Conduct weekly staff meetings, maintain minutes of meetings, complete spreadsheets and prepare PowerPoint presentations.
- Create schematic renderings in AutoCAD to produce 2D and 3D models. Assist registered engineers in assembling construction drawings and specifications.
- Prepare quantity-take offs and cost estimates for all project materials for owner review.

### THE KENTUCKY STATE BEEKEEPERS ASSOCIATION

Louisville, Kentucky

#### Program Manager, Certified Kentucky Honey Producers

02/2021 to Current

- Work with the Board of Directors and Officers to define program guidelines, including definitions, critical milestones, budget & strategic goals.
- Prepare project documentation, key deliverables, finances, resource allocations, and status of program.
- Coordinate outreach and marketing events that include conferences, trade shows, fairs, meetings, and schools.
- Develop external partner relationships to connect our members with other local industries in the state to further promote and feature the benefits of Certified Kentucky honey.

## EDUCATION

### ASSOCIATE OF APPLIED SCIENCE: COMPUTER AIDED DESIGN DRAFTING

Louisville Technical Institute, Louisville, Kentucky

- Summa cum laude graduate
- Dean's List Honoree

## LEADERSHIP

Served three (3) consecutive terms on the School-Based Decision Making Council (SBDM) for the Jefferson County Board of Education, Westport Middle School, 8100 Westport Road, Louisville, Kentucky 40222. While on the council, responsibilities included making school policy and a variety of decisions, from planning instructional practices to selecting curriculum to the hiring of a principal.

## CIVIC ACTIVITIES

Kentucky Certified Firefighter, volunteering with the Middletown Fire Protection District from 1995 to 1998.

## MEMBERSHIP ORGANIZATIONS

Kentucky Proud Member (No. 20111)  
Kentucky State Beekeepers Association  
Kentuckiana Beekeepers Association

National Society of Sons of the American Revolution (No. 213721/4833)  
American Battlefield Trust  
Friends of Perryville Battlefield

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.  
 ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization  <b>KENTUCKY STATE BEEKEEPERS ASSOCIATION</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>P.O. BOX 636</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>LAWRENCEBURG KY 40342</b></p>	<p><b>D</b> Employer identification number  <b>23-7116601</b></p> <p><b>E</b> Telephone number  <b>502-552-9222</b></p> <p><b>F</b> Group Exemption Number ▶</p>
--	--	--

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **HTTPS://KYBEES.ORG**

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

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **30,185**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>18,739</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>11,446</b>
	<b>4</b> Investment income	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>30,185</b>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>25,209</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>183</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>38,931</b>
<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	<b>64,323</b>	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>-34,138</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>74,425</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>293</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>40,580</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2021)

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	71,669	22	36,025
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,756	24	4,555
25 Total assets	74,425	25	40,580
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,425	27	40,580

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEMINARS HELD PERIODICALLY DURING THE YEAR THROUGHOUT THE STATE OF KENTUCKY, TRAINING SCHOOLS, HANDS-ON BEEKEEPING FIELD DAY AND BEEKEEPING PUBLICATIONS TO EDUCATE NEW AND EXPERIENCED BEEKEEPERS. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 SERVING AS A HONEY COOPERATIVE TO SELL MEMBERS' HONEY AT THE KENTUCKY STATE FAIR AND AT OTHER CONFERENCES. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
THOMAS BALLINGER PRESIDENT	1.00	0	0	0
JESSICA MAYES PRESIDENT-ELECT	1.00	0	0	0
THERESA MARTIN SECRETARY	1.00	0	0	0
JAN RAFERT TREASURER	1.00	0	0	0
TIM SHEHAN DIRECTOR	1.00	0	0	0
JOE TAYLOR DIRECTOR	1.00	0	0	0
PHIL CRAFT DIRECTOR	1.00	0	0	0
LISA ANGLIN DIRECTOR	1.00	0	0	0
KENT WILLIAMS DIRECTOR	1.00	0	0	0

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
Located at
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

Sign Here: Signature of officer **JESSICA MAYES**, Date **PRESIDENT-ELECT**

Paid Preparer Use Only: Print/Type preparer's name **VICKIE RICHARDSON**, Preparer's signature **VICKIE RICHARDSON**, Date **09/20/22**, Check  if self-employed, PTIN **P00575158**, Firm's name **VICKIE C RICHARDSON CPA PSC**, Firm's EIN **32-0039165**, Firm's address **114 E HIGH STREET MOUNT STERLING, KY 40353-1214**, Phone no. **859-498-6868**

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

**SCHEDULE O**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

**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 Form 990-EZ.

 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

 Open to Public  
 Inspection

Name of the organization	<b>KENTUCKY STATE BEEKEEPERS ASSOCIATION</b>	Employer identification number	<b>23-7116601</b>
--------------------------	--	--------------------------------	-------------------

**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES**

DESCRIPTION	AMOUNT
<b>EXPENSES</b>	
	\$ 6,021
	\$ 3,627
	\$ 620
<b>INSURANCE</b>	\$ 467
<b>DUES/SUBSCRIPTIONS</b>	\$ 124
<b>STATE FAIR</b>	\$ 7,872
<b>OFFICE SUPPLIES</b>	\$ 3,445
<b>SUPPLIES</b>	\$ 12,780
<b>MISC</b>	\$ 1,368
<b>SERVICE CHARGES</b>	\$ 1,265
<b>NON-INVESTMENT DEPRECIATION</b>	\$ 1,342
<b>TOTAL</b>	<b>\$ 38,931</b>

**FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

DESCRIPTION	AMOUNT
<b>BOOK / TAX DEPRECIATION DIFFERENCE</b>	\$ 293

**FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
	\$ 5,741	\$ 6,939
<b>LESS ACCUMULATED DEPRECIATION</b>	\$ 2,985	\$ 2,384
<b>TOTAL</b>	<b>\$ 2,756</b>	<b>\$ 4,555</b>



Name of the organization

Employer identification number

KENTUCKY STATE BEEKEEPERS

23-7116601

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

EDUCATION OF BEEKEEPERS, THE BOARD OF DIRECTORS AND MEMBERS WORK TO EDUCATE NEW AND EXPERIENCED BEEKEEPERS HOW TO IMPROVE COLONY AND QUEEN HEALTH, IMPROVE HONEY YIELDS, INCREASE THE NUMBER OF HONEY BEE COLONIES AND BE PREPARED FOR NEW THREATS TO HONEYBEES. THE ASSOCIATION ALSO SERVES AS A HONEY COOPERATIVE TO SELL MEMBERS' HONEY AT THE KENTUCKY STATE FAIR ANNUALLY. THE ASSOCIATION ENCOURAGES LOCAL BEEKEEPING CLUBS TO PROVIDE AN INTIMATE COMMUNITY OF BEEKEEPERS THROUGHOUT KENTUCKY. THE ASSOCIATION EDUCATES THE PUBLIC ABOUT THE IMPORTANCE AND CONTRIBUTION OF HONEYBEES TO AGRICULTURE AND THE WELFARE OF THE PEOPLE OF KENTUCKY.

Short Form

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

**2020**

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

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 calendar year, or tax year beginning and ending

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

**C** Name of organization  
**KENTUCKY STATE BEEKEEPERS ASSOCIATION**

**D** Employer identification number  
**23-7116601**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 636**

City or town, state or province, country, and ZIP or foreign postal code  
**LAWRENCEBURG, KY 40342**

**E** Telephone number  
**502-552-9222**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

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

**I** Website: ▶ **HTTPS://KYBEES.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) ◀(insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **68,490.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	62,288.
	3 Membership dues and assessments	3	6,202.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	68,490.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	5,619.
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	19,676.
	14 Occupancy, rent, utilities, and maintenance	14	SEE SCHEDULE O 1,837.
	15 Printing, publications, postage, and shipping	15	334.
	16 Other expenses (describe in Schedule O)	16	SEE SCHEDULE O 44,668.
17 Total expenses. Add lines 10 through 16	17	72,134.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-3,644.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	78,069.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	74,425.

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

Form **990-EZ** (2020)

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,476.	71,669.
23 Land and buildings		
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	4,593.	2,756.
25 Total assets	78,069.	74,425.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,069.	74,425.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 <b>SEE SCHEDULE O</b>		
(Grants \$ 60,918.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	41,853.
29 <b>SERVING AS A HONEY COOPERATIVE TO SELL MEMBERS' HONEY AT THE KENTUCKY STATE FAIR AND AT OTHER CONFERENCES.</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,159.
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	44,012.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MIKE MABRY DIRECTOR	1.00	0.	0.	0.
KENT WILLIAMS DIRECTOR	1.00	0.	0.	0.
TAMMY HORN-POTTER DIRECTOR	1.00	0.	0.	0.
TIM SHEEHAN DIRECTOR	1.00	0.	0.	0.
JOE TAYLOR DIRECTOR	1.00	0.	0.	0.
JAN RAFERT TREASURER	10.00	0.	0.	0.
THOMAS BALLINGER PRESIDENT	10.00	0.	0.	0.
JESSICA MAYES PRESIDENT ELECT	10.00	0.	0.	0.
HOLLY YOUNG VICE PRESIDENT	10.00	0.	0.	0.
THERESA MARTIN SECRETARY	10.00	0.	0.	0.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and reporting requirements.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

**Part VI Section 501(c)(3) Organizations Only**

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

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

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

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

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

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

Sign Here	Signature of officer	Date
	JAN RAFERT, TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SHAWN D. LANHAM, CPA	SHAWN D. LANHAM, CPA	07/16/21		P00281788
	Firm's name ▶ LANHAM & COMPANY, PSC	Firm's address ▶ P.O. BOX 307 HARRODSBURG, KY 40330		Firm's EIN ▶ 61-1012095	Phone no. (859) 734-5439

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

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

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	
	OCCUPANCY, RENT, UTILITIES															
1	COMPUTER & PRINTER	08/01/19	200DE	5.00		HV17	1,291.				1,291.	258.		413.	671.	
2	TRADE FAIR EXHIBIT	07/01/19	200DE	5.00		HV17	4,450.				4,450.	890.		1,424.	2,314.	
	* 990-EZ PG 1 TOTAL						5,741.				5,741.	1,148.		1,837.	2,985.	
	OCCUPANCY, RENT, UTILITIES															
	* GRAND TOTAL 990-EZ PG 1						5,741.				5,741.	1,148.		1,837.	2,985.	
	DEPR															

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization

KENTUCKY STATE BEEKEEPERS ASSOCIATION

Employer identification number

23-7116601

FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:

DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	1,837.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
GRANT EXPENSES	41,853.
KY STATE FAIR EXPENSES	2,159.
BANK CHARGES	452.
LICENSE & TAXES	15.
INSURANCE	189.
TOTAL TO FORM 990-EZ, LINE 16	44,668.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	4,593.	2,756.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - EDUCATION OF BEEKEEPERS,

THE BOARD OF DIRECTORS AND MEMBERS WORK TO EDUCATE NEW AND EXPERIENCED

BEEKEEPERS HOW TO IMPROVE COLONY AND QUEEN HEALTH, IMPROVE HONEY

YIELDS, INCREASE THE NUMBER OF HONEY BEE COLONIES AND BE PREPARED FOR

NEW THREATS TO HONEYBEES. THE ASSOCIATION ALSO SERVES AS A HONEY

COOPERATIVE TO SELL MEMBERS' HONEY AT THE KENTUCKY STATE FAIR ANNUALLY.

THE ASSOCIATION ENCOURAGES LOCAL BEEKEEPING CLUBS TO PROVIDE AN

INTIMATE COMMUNITY OF BEEKEEPERS THROUGHOUT KENTUCKY. THE ASSOCIATION

EDUCATES THE PUBLIC ABOUT THE IMPORTANCE AND CONTRIBUTION OF HONEYBEES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization

KENTUCKY STATE BEEKEEPERS ASSOCIATION

Employer identification number

23-7116601

TO AGRICULTURE AND THE WELFARE OF THE PEOPLE OF KENTUCKY.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

SEMINARS HELD PERIODICALLY DURING THE YEAR THROUGHOUT THE STATE OF KENTUCKY, TRAINING SCHOOLS, HANDS-ON BEEKEEPING FIELD DAY AND BEEKEEPING PUBLICATIONS TO EDUCATE NEW AND EXPERIENCED BEEKEEPERS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.



FILED PURSUANT TO REVENUE PROCEDURE 2014-11  
**Short Form**

OMB No. 1545-0047

Form **990-EZ**

**Return of Organization Exempt From Income Tax**

**2019**

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

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

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

**C** Name of organization: **KENTUCKY STATE BEEKEEPERS ASSOCIATION**

**D** Employer identification number: **23-7116601**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite **E** Telephone number  
**PO BOX 636** **502-552-9222**

City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Number ▶  
**LAWRENCEBURG, KY 40342**

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ **HTTPS://KYBEES.ORG**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) ◀(insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **180,749.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																				
	2																				170,999.	
	3																				9,750.	
	4	Investment income																				
	5a	Gross amount from sale of assets other than inventory																			5a	
	b	Less: cost or other basis and sales expenses																			5b	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																			5c	
	6	Gaming and fundraising events:																				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																			6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																			6b	
c	Less: direct expenses from gaming and fundraising events																			6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																			6d		
7a	Gross sales of inventory, less returns and allowances																			7a		
b	Less: cost of goods sold																			7b		
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)																			7c		
8	Other revenue (describe in Schedule O)																					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																			▶	180,749.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																				
	11	Benefits paid to or for members																			39,216.	
	12	Salaries, other compensation, and employee benefits																				
	13	Professional fees and other payments to independent contractors																				
	14	Occupancy, rent, utilities, and maintenance																			SEE SCHEDULE O	1,148.
	15	Printing, publications, postage, and shipping																				
	16	Other expenses (describe in Schedule O)																			SEE SCHEDULE O	114,147.
17	Total expenses. Add lines 10 through 16																			▶	154,511.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																				26,238.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																				51,719.
	20	Other changes in net assets or fund balances (explain in Schedule O)																				0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																			▶	77,957.

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

Form 990-EZ (2019)



2019 Return Summary

KENTUCKY STATE BEEKEEPERS ASSOCIATION

23-7116601

FORM 990-EZ:

TOTAL REVENUE	180,749.
TOTAL EXPENSES	154,511.
EXCESS <DEFICIT>	26,238.
BEGINNING NET ASSETS	51,719.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS (PART I)	77,957.
BALANCE SHEET ANALYSIS	
ENDING TOTAL ASSETS	77,957.
ENDING TOTAL LIABILITIES	0.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PART II)	77,957.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PART I AND PART II	0.

P.O. Box 1800  
Saint Paul, Minnesota 55101-0800

9050 IMG S Y ST01

Account Number:  
1 458 1258 5563  
Statement Period:  
Aug 1, 2022  
through  
Aug 31, 2022

Page 1 of 3



000018148 01 SP 000638302097501 E  
THE KENTUCKY STATE BEEKEEPERS  
ASSOCIATION, INCORPORATED  
PO BOX 22283  
LOUISVILLE KY 40252-0283

**To Contact U.S. Bank**

**24-Hour Business Solutions:** 1-800-673-3555

**U.S. Bank accepts Relay Calls**

**Internet:** [usbank.com](http://usbank.com)

**SILVER BUSINESS CHECKING**

**Member FDIC**

U.S. Bank National Association

**Account Number 1-458-1258-5563**

**Account Summary**

	# Items	\$	
Beginning Balance on Aug 1		\$	43,927.11
Other Deposits	12		29,108.25
Card Withdrawals	2		21.69-
Other Withdrawals	4		59.63-
Checks Paid	1		2,185.61-
<b>Ending Balance on Aug 31, 2022</b>		<b>\$</b>	<b>70,768.43</b>

**Other Deposits**

Date	Description of Transaction	Ref Number	\$	Amount
Aug 19	Electronic Deposit REF=222310018775620N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885	\$	0.01
Aug 22	Electronic Deposit REF=222340113888220N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		1,501.25
Aug 22	Electronic Deposit REF=222340125078810N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		2,604.53
Aug 22	Electronic Deposit REF=222340128162050N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		5,399.00
Aug 23	Electronic Deposit REF=222350035290170N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		4,182.00
Aug 24	Electronic Deposit REF=222360024450330N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		1,180.89
Aug 25	Electronic Deposit REF=222370029688830N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		2,563.00
Aug 26	Electronic Deposit REF=222380019054670N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		2,037.25
Aug 29	Electronic Deposit REF=222410113038580N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		1,996.50
Aug 29	Electronic Deposit REF=222410128870250N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		2,638.66
Aug 29	Electronic Deposit REF=222410131605660N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		3,115.16
Aug 30	Electronic Deposit REF=222420060950740N00	From MERCH BNKCD NSD B526123456DEPOSIT 526250755885		1,890.00
<b>Total Other Deposits</b>			<b>\$</b>	<b>29,108.25</b>

**Card Withdrawals**

Card Number: xxxx-xxxx-xxxx-2413

Date	Description of Transaction	Ref Number	\$	Amount
Aug 4	Debit Purchase 346280 *****2413	USPS PO 20480100 LOUISVILLE KY On 080422 ILK1TERM REF 221614346280	\$	5.80-



P.O. Box 1800  
Saint Paul, Minnesota 55101-0800

9050 IMG S Y ST01

Account Number:  
1 458 1215 8049  
Statement Period:  
Aug 1, 2022  
through  
Aug 31, 2022

Page 1 of 4



000020615 01 SP 000638302099968 E  
THE KENTUCKY STATE BEEKEEPERS  
ASSOCIATION, INCORPORATED  
PO BOX 22283  
LOUISVILLE KY 40252-0283



To Contact U.S. Bank

24-Hour Business

Solutions:

1-800-673-3555

U.S. Bank accepts Relay Calls

Internet:

usbank.com

**SILVER BUSINESS CHECKING**

Member FDIC

U.S. Bank National Association

Account Number 1-458-1215-8049

**Account Summary**

	# Items	\$	
Beginning Balance on Aug 1		\$	4,231.54
Customer Deposits	4		28,445.00
Card Withdrawals	22		2,497.88-
Other Withdrawals	1		420.00-
<b>Ending Balance on Aug 31, 2022</b>		<b>\$</b>	<b>29,758.66</b>

**Customer Deposits**

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount	
	Aug 22	8012620085	5,406.00		Aug 25	8912215811	5,614.00	
	Aug 24	8612589330	8,575.00		Aug 31	8613553243	8,850.00	
<b>Total Customer Deposits</b>							<b>\$</b>	<b>28,445.00</b>

**Card Withdrawals**

Card Number: xxxx-xxxx-xxxx-2749

Date	Description of Transaction	Ref Number	Amount
Aug 3	Debit Purchase - VISA KENTUCKY EXPOSIT *****2749	On 080222 502-3675227 KY REF # 24183102214900010600050	4900010600 \$ 225.00-
Aug 4	Debit Purchase - VISA AMZN Mktp US*Q26 *****2749	On 080322 Amzn.com/bil WA REF # 24692162216100995144739	6100995144 19.06-
Aug 4	Debit Purchase - VISA The Webstaurant *****2749	On 080222 717-392-7472 PA REF # 24113432216001567032666	6001567032 57.43-
Aug 8	Debit Purchase - VISA AMZN Mktp US*9B1 *****2749	On 080722 Amzn.com/bil WA REF # 24692162220100344639631	0100344639 66.33-
Aug 8	Debit Purchase - VISA AMZN Mktp US*QW7 *****2749	On 080722 Amzn.com/bil WA REF # 24692162220100356553787	0100356553 125.32-
Aug 10	Debit Purchase 037075 *****2749	USPS PO 20480100 LOUISVILLE KY On 081022 ILK1TERM REF 222217037075	7508101200 28.05-
Aug 11	Debit Purchase 964083 *****2749	USPS PO 20480100 LOUISVILLE KY On 081122 ILNKILNK REF 222317964083	8308111257 63.25-
Aug 11	Debit Purchase - VISA WALMART.COM AA *****2749	On 080922 800-966-6546 AR REF # 24055232222083748114726	2083748114 180.20-
Aug 12	Debit Purchase 306897 *****2749	USPS PO 20480100 LOUISVILLE KY On 081222 ILK1TERM REF 222417306897	9708121237 8.95-

P.O. Box 1800  
Saint Paul, Minnesota 55101-0800

9084 IMG S Y ST01

Account Number:  
1 458 0080 9165  
Statement Period:  
Aug 1, 2022  
through  
Aug 31, 2022

Page 1 of 1



000079390 01 SP 000638301336813 E  
THE KENTUCKY STATE BEEKEEPERS  
ASSOCIATION, INCORPORATED  
PO BOX 22283  
LOUISVILLE KY 40252-0283



**To Contact U.S. Bank**

**24-Hour Business**

**Solutions:** 1-800-673-3555

**U.S. Bank accepts Relay Calls**

**Internet:** [usbank.com](http://usbank.com)

**SILVER BUSINESS CHECKING**

**Member FDIC**

U.S. Bank National Association

**Account Number 1-458-0080-9165**

**Account Summary**

Beginning Balance on Aug 1	\$	9,340.09
<b>Ending Balance on Aug 31, 2022</b>	<b>\$</b>	<b>9,340.09</b>

P.O. Box 1800  
Saint Paul, Minnesota 55101-0800

9084 IMG S Y ST01

Account Number:  
0 049 1200 0777  
Statement Period:  
Aug 1, 2022  
through  
Aug 31, 2022

Page 1 of 3



000004905 01 SP 000638302084258 E  
THE KENTUCKY STATE BEEKEEPERS  
ASSOCIATION, INCORPORATED  
PO BOX 22283  
LOUISVILLE KY 40252-0283

**To Contact U.S. Bank**  
**24-Hour Business Solutions:** 1-800-673-3555  
**U.S. Bank accepts Relay Calls**  
**Internet:** [usbank.com](http://usbank.com)

**SILVER BUSINESS CHECKING**

**Member FDIC**

U.S. Bank National Association

**Account Number 0-049-1200-0777**

**Account Summary**

	# Items		
Beginning Balance on Aug 1		\$	15,478.22
Checks Paid	2		674.83-
<b>Ending Balance on Aug 31, 2022</b>		<b>\$</b>	<b>14,803.39</b>

**Checks Presented Conventionally**

Check	Date	Ref Number	Amount	Check	Date	Ref Number	Amount
283	Aug 15	9213947309	366.23	2284	Aug 15	9213947313	308.60
<b>Conventional Checks Paid (2)</b>							<b>\$ 674.83-</b>

**Balance Summary**

Date	Ending Balance
Aug 15	14,803.39

Balances only appear for days reflecting change.

**ANALYSIS SERVICE CHARGE DETAIL**

Account Analysis Activity for: July 2022

Account Number:	0-049-1200-0777	\$	0.00
Account Number:	1-458-0080-9165	\$	0.00
Account Number:	1-458-1215-8049	\$	0.00
Account Number:	1-458-1258-5563	\$	0.00
Analysis Service Charge assessed to	0-049-1200-0777	\$	0.00

<sup>1</sup> Financial institutions are required by the State of Iowa to charge sales taxes on certain service charges related to checking accounts. Any assessed tax has been itemized on your statement.

**Service Activity Detail for Account Number 0-049-1200-0777**

Service	Volume	Avg Unit Price	Total Charge
<b>Depository Services</b>			
Combined Transactions/Items	6		No Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 0-049-1200-0777			\$ 0.00

**Service Activity Detail for Account Number 1-458-1215-8049**

Service	Volume	Avg Unit Price	Total Charge
<b>Depository Services</b>			
Combined Transactions/Items	3		No Charge



Agent:

MILILANI D BASBERG  
12 MAIN ST  
SHELBYVILLE KY 40065-1020

Policy No.: 1601G3420

Insured:

KENTUCKY STATE BEEKEEPERS ASSOCIATION  
PO BOX 22283  
LOUISVILLE KY 40252-0283

---

COVERAGE SELECTION PAGE

The First Named Insured is: A JOINT VENTURE

The Agricultural Market is: APIARY

This transaction is: RENEWAL

Policy Period: FROM: 06/11/2022 (12:01 A.M. Standard Time)  
TO: 06/11/2023 (12:01 A.M. Standard Time)

Transaction effective date: 06/11/2022

X-5137 0118

00003 2004930 001321 002641 00030014



Ryan Quarles  
Commissioner



Dr. Katherine Flynn  
State Veterinarian  
109 Corporate Drive  
Frankfort, KY 40601  
Phone: (502) 573-0282  
[statevet@ky.gov](mailto:statevet@ky.gov)

## Kentucky Department of Agriculture

Sept. 21, 2022

Re: Certified Kentucky Honey Program application

To the Kentucky Agriculture Development Board Committee:

As the State Apiarist, I have seen much progress within the Kentucky State Beekeepers Association to launch its marketing brand, Certified Kentucky Honey Program. As this board is aware, the Certified Kentucky Honey Program was developed in conjunction with KADF to assist Kentucky beekeepers who have had difficulty competing with imported and/or adulterated honey. Because there is no federal definition of honey, this commodity is the third most-adulterated product in the United States (behind olive oil and milk).

Since the United States consumes over 500 million pounds of honey, and U.S. beekeepers can only produce about 150 million pounds, honey packers have been transshipping honey from Asia and adulterating the product with rice syrup or sorghum or high fructose corn syrup. Rice syrup, high fructose corn syrup and sorghum are exponentially cheaper than honey, and so when those products are used to cut honey, the lower prices can make it difficult for a beekeeper with an authentic product to compete. Furthermore, since the pollen grains are filtered out of the adulterated products, there is very little recourse for a beekeeper to prove that adulteration has happened.

To add insult to injury, the costs to maintain hives remain volatile.

The Kentucky Certified Honey Program has been slowly but steadily making headway with consumers. The manager Scott Moore has attended a variety of events to promote the product and the CKHP label (KY Farm Bureau and Kentucky Women in Agriculture are just two). Its easily-identifiable logo in 2019 has made it possible for consumers to more easily discern which honey product on a shelf or at a farmers market is produced within this state. The manager verifies the products' authenticity.

Furthermore, with a new director (Dr. Audrey Law) in place in the Bioinformatics Department at Bluegrass Community and Technology College (Lexington), there may soon be a local resource to will help beekeepers do a better job of marketing their honey. Kentucky has made enormous strides creating an infrastructure that supports food safety, truth-in-labeling information, and marketing for Certified Kentucky Honey Program members. The funds requested in this application would take the next step in developing consumer foundation.

Dr. Tammy Horn Potter, KY State Apiarist,  
Kentucky Department of Agriculture  
109 Corporate Drive Complex  
Frankfort, KY 40601  
502.229.2950  
[tammy.potter@ky.gov](mailto:tammy.potter@ky.gov)