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Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

2018

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Paid Preparer

Use Only

For the 2013 calendar year, or tax year beginning 07/01/13

Number and street (or P O box if mail is not delivered to street address)

C Name of organization

Doing Business As

Return of Organization Exempt From Income Tax

Johnson County Farm Bureau Assoc

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

, and ending

06/30/14

Room/suite

2013 Open to Public Inspection

> 479,122 Yes X No

> > KS

0

,400 107,321 125,870 999 241,590 4,250

32,586

56,630 93,466 148,124

835,078 2,093 832,985

10/09

Date

Check

Firm's EIN

Phone no

Employer Identification number

48-0564295¹

Telephone number

OMB No 1545-0047

nital return	117 S Main St		913-782	2-0235
erminated	City or town, state or province, country, and ZIP or foreign postal code		1	
mended return			G Gross receipts \$	479
Application pending		H(a) is this a no	nun return for subordinates	yes '
			•	
		1 ' '		Yes
		If "No.	" attach a list (see instru	uctions)
Tax-exempt status				
Website 🕨 N		H(c) Group exe	emption number	
Form of organization	X Corporation Trust Association Other ▶	L Year of formation 1	.951 M State	of legal domicile
arti Su	mmary			
1 Bnefly de	scribe the organization's mission or most significant activities			
See	Schedule O			
6 Object #5		- 050/ -6.444	_	
	_	IN 25% OF ITS HET ASSET		1
				<u> </u>
	• •			
	•			
	• • • •		F	
b Net unrel	ated business taxable income from Form 990-1, line 34	Prior Ye		Current Year
8 Contribut	ons and grants (Part VIII, line 1h)	1110110		7,
	•	9		107,
_				125,
				241,
13 Grants at		,		4,
		3	3.438	32,
		5	9.790	56,
				93,
_				148,
	iess expenses. Subtract line 10 from line 12			End of Year
20 Total ass	ets (Part X, line 16)			835,
21 Total liab	•		2,158	2,
22 Net asset	s or fund balances Subtract line 21 from line 20			832,
				/
	Tax-exempt status Mebsite Norm of organization Tax and of exempt status Mebsite Norm of organization Tax and of exempt status Mebsite Norm of organization Tax and of exempt status Mebsite Norm of organization Tax and of exempt status Total num Tax and of exempt status Total rever Total rever Total rever Total rever Total fund Total fund Total exp Total assi Total liabi	Tax-exempt status population pending postation pending population pending pen	emanated mended return control of the process of the governing body (Part VI, line 1a) 1.17 S Maint St. City or town, state or province, country, and ZIP or foreign postal code Spring Hill KS 66083 F Name and address of principal officer Donna Goetzmann 15253 S Dillie Rd Gardner Solici S Dillie Rd Gardner Tax-exempt status Solici S Dillie Rd Gardner Hile) Is this a girl Hile) Is th	emenated membed return profession pending period of the power in the profession pending period of the profession pending pend

Brunker - President

Preparer's signature

No

Yes

This tax return

non-paid preparer.

prepared by a

May the IRS discuss this return with the preparer shown above? (see instructions)

Type or print name and title

Print/Type preparer's name

Firm's name

			48-0564295	Page 2
Part III	_	Service Accomplishments	this Dort III	· X
1 Briefly de	escribe the organization's missi	entains a response or note to any line in t	this Part III	<u> </u>
-	chedule O	011		
2 Did the d	organization undertake any sign	ificant program services during the year which wer	re not listed on the	
	m 990 or 990-EZ?	modification and the second se	e not noted on the	Yes X No
	describe these new services of	n Schedule O		
3 Did the o	organization cease conducting,	or make significant changes in how it conducts, an	y program	
services	?			Yes X No
	describe these changes on Sci			
		rvice accomplishments for each of its three largest	_	
		(4) organizations are required to report the amount for each program service reported.	t of grants and allocations to others,	
the total	expenses, and revenue, it any,	ioi each program service reported.		
4a (Code) (Expenses \$	including grants of \$) (Revenue \$	
All ac	ctivities offer	ed to educate and/or impr		,
of lif	fe for members.	Programs offered to all	L members	
includ	de health, safe	ty, citizenship and marke	eting.	
			_	
4b (Code.) (Expenses \$	including grants of \$) (Poyonia ¢	
4b (Code.) (Expenses ϕ	including grants of \$) (Revenue \$,
	\/F) (D	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
				•
=	ogram services (Describe in S			
(Expens		including grants of \$) (Revenue \$)
4e Total pro	ogram service expenses			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		I	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X.	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		ŀ	
	of its total assets reported in Part X, line 169 if "Yes," complete Schedule D, Part VII	11b	X.	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е		11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,]	1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ŀ	77
1 =	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	\dashv	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-	ļ	v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
• •	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part Vill, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
. 3	If "Yes," complete Schedule G, Part III	40		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	$\frac{\mathbf{x}}{\mathbf{x}}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
		_00		

			Yes	No_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X.
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	1		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X ·
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X ·
b	5 , h	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 :		
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			7.
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			77
	conservation contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	_	3.	
	complete Schedule N, Part II	32	Χ.	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	37
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	,,		v
)E	or IV, and Part V, line 1	34		$\frac{\mathbf{x}}{\mathbf{x}}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		ľ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
16	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	,,		
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
• •	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	,		χ.
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
,0	19? Note . All Form 990 filers are required to complete Schedule O	,	x ·	
	13 - 1300.7 Mil 300 melo die required to complete dericulae o	38		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		,	
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 4 1b 0	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			Ī
22	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W.3. Transmittel of Wage and Tax	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	İ
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	-	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	100		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country	- "-		_
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	.7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	— <u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 344 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 344 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO. Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None · 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ·OFFICE SECRETARY ' 117 S Main St 913-782-0235 Spring Hill . KS 66083

IUHNIG	08/29/2014	2 E2 DM

Form 990 (2013)	Johnson	County	Farm	Bureau	Assoc.	48-	-056429	5	Page 7
Part VII	Compensation	of Officer	s, Direc	tors, Trust	ees, Key E	mployees	, Highest C	ompensated Employees, and	<u>, </u>
•	Independent C	ontractors	•						
	Check if Sched	ule O conta	ains a re	sponse or n	ote to any	line in this	Part VII		

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Trile	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than out the state of the state	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Jessica Brunker										
	0.00	ļ				İ				
Board Member	0.00	X	_		_	_	_	0	0	<u> </u>
(2) Maribeth Finley										
	0.00			ł						
Board Member	0.00	X			-	-		0	0	<u> </u>
(3) Robert Moss	0.00									
& Board Member	0.00	x						o	o	o
(4) Melvin Roettger	0.00	1	\vdash	┢┈	 	 	-	<u> </u>	<u> </u>	
(4) Med Van Roedeger	0.00									
Board Member	0.00	x						О	o	0
(5) Rick Miller			<u> </u>							
` ,	0.00									
Board Member	0.00	X						0	0	0
(6) Donna Goetzmann										
	0.00									
President	0.00			X		<u> </u>		0	0	0
(7) David Hayden				1						
	0.00								_	_
Vice-President	0.00	<u> </u>		X	ļ	<u> </u>		. 0	0	0
(8) Nick Guetterman	0.00									
M	0.00			x				o	_	•
Treasurer	0.00	├	 	^		┢	-	U	0	0
(9)										
(10)										
(11)							-			
DAA						<u> </u>			<u> </u>	2000

	(A) Name and title	(B) Average hours per week (list any hours for	(d	o not	Pos check ess pe	C) sition more erson tirecto	than o	one an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimate amount other compensa	of ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		İ	organiza and relai organizat	ed	
(12)														
(13)														
(14)														
(45)				_										
(15)														
(16)														
(17)	·													
(18)											<u> </u>			
(19)														
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Secti	on A	L	L	L	>						
2	Total number of individuals (increportable compensation from				ose	listed	d abo	ve)	who received more than \$10	00,000 in	l			
3	Did the organization list any for employee on line 1a? If "Yes,"								ree, or highest compensated	I		3	Yes	No X
4	For any individual listed on line organization and related organ	1a, is the sum o	f rep	ortab	le co	mpe	ensat	ion a		m the			1	
5	Individual Did any person listed on line 1a for services rendered to the organization.									dividual		5		<u>x</u>
Sect 1	ion B. Independent Contractor Complete this table for your five	e highest comper												
	compensation from the organiz	(A) business address	nper	isatio	on fo	r the	cale	nda		he organization's tax year. (B) tion of services		Corr	(C) pensation	on
					•		·							
-				 .										
								_		<u> </u>			_	
2	Total number of independent c								listed above) who	· · · · · · · · · · · · · · · · · · ·				
DAA	received more than \$100,000 c									. 0		Form	990	(2013)

Form 990 (2013) Johnson County Farm Bureau Assoc. 48-0564295 Page 9 **Part VIII** · Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) Total revenue Unrelated excluded from tax exempt business under sections 512-514 function revenue revenue 1<u>a</u> 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 7,400 \$ g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f .7,400 Program Service Revenue Busn. Code 110000 107,321 .107,321 2a County Dues b f All other program service revenue 107,321 g Total. Add lines 2a-2f Investment income (including dividends, interest, 22,802 22,802 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6a Gross rents b Less rental exps C Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 340,600 other than inventory b Less cost or other 237,532 hasis & sales exps 103,068 c Gain or (loss) 103,068 103,068 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV. line 18 b Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 548 returns and allowances b b Less: cost of goods sold 548 548 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a Other Income/Expense · 451 451 b

· 451

107,772

241,590

0

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

' Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 4,250 the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25,866 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 4,363 Other employee benefits 2,357 Payroll taxes Fees for services (non-employees) a Management **b** Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2,671 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties . 9,969 16 Occupancy 738 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15,311 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 2,526 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Fair Expense ·10,677 4,339 4-H Promotion b . 2,494 Board Expense C 2,000 d Contributions 5,905 e All other expenses 93,466 0 0 0 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year -39,03123,782 Cash-non-interest bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 100,000 100,000 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or 6,561 other basis. Complete Part VI of Schedule D 10a 3,500 215,255 10b 3,061 b Less: accumulated depreciation 11 11 Investments-publicly traded securities 332,733 708,235 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 687,019 835,078 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,158 2,093 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 2,158 26 2,093 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 684,861 832,985 32 32 Retained earnings, endowment, accumulated income, or other funds 684,861 832,985 33 33 Total net assets or fund balances 687,019 835,078 Total liabilities and net assets/fund balances

Form **990** (2013)

-orm	990 (2013) Johnson County Farm Bureau Assoc. 48-0564295			Pag	<u>ge 12</u>
Pa	rt XI · Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>590</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		93,	466
3	Revenue less expenses Subtract line 2 from line 1	3	14	18,	124
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68	34,	861
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	83	32,	985
Pa	rt XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		\mathbf{x}
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			- 1	
	the Single Audit Act and OMB Circular A-133?		3a		X.
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

Form **990** (2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service • Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III.

Nan	e of organization Johnson County Farm	Purosu Accoc		48-05642	
Direc	t l-A Complete if the organization is exem		or is a section !		
				ozi organization.	· · · · · · · · · · · · · · · · · · ·
1	Provide a description of the organization's direct and indirect	et political campaign activities in r	rantiv	▶ 6	
2	Political expenditures			▶ \$	
3	Volunteer hours			•	
Pai	EI-B Complete if the organization is exem	pt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organiza			▶ \$	
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		▶ \$	
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV				
Pa	t I-C Complete if the organization is exem	pt under section 501(c),	except section	501(c)(3).	
1	Enter the amount directly expended by the filing organization	n for section 527 exempt function	1		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for sect	ion		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2. Enter	er here and on Form 1120-POL,			
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification nu		_		
	organization made payments For each organization listed,	·			
	the amount of political contributions received that were pror	• •	· · · · · ·		
	as a separate segregated fund or a political action committee	ee (PAC) If additional space is no	eded, provide infori	mation in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				idida il florie, efiler -0-	delivered to a separate
					political organization If
			ļ <u>-</u>		none, enter -0-
(1)					
		-	 		
(2)					
				•	
(3)					
					
(4)					
(5)				-	
,					
(6)					

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expendit	ures During 4-Yea	r Averaging Period	· ··· _t	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 Johnson County Farm Bureau Assoc. Part II-B Complete if the organization is exempt under section 501(c)(3) and			760		<u> </u>	Page
(election under section 501(h)).	nas NOT med re) III 3				
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	1)		(b)		
description of the lobbying activity.	Yes	No	A	mou	ınt	
During the year, did the filing organization attempt to influence foreign, national, state or local			***************************************		••••	
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
a Volunteers?	İ					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
d Mailings to members, legislators, or the public?					•	
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total Add lines 1c through 1i		1				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If "Yes," enter the amount of any tax incurred under section 4912		1		_		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1		~~~		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	11					
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).	etion 501(c)(5), or	secti	ion			
-					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?					·X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			1	2	·X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3			·X
Part III-B Complete if the organization is exempt under section 501(c)(4), sec	, , , , ,					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	ed "No," OR (b) F	art II	I-A, line	3, i	S	
answered "Yes."						
1 Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
political expenses for which the section 527(f) tax was paid). a Current year		2a				
a Current year		2b				
c Total		2c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	3					

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2013

Johnson County Farm Bureau Assoc.

48-0564295

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization Employer identification number Johnson County Farm Bureau Assoc. 48-0564295 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(H)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2013 Johnson	County Fa	rm Bure	au Ass	oc.	48-0	564295	Page
Part III Organizations Maintain	ing Collections	of Art, Hist	orical Trea	asures, o	r Other	Similar Assets	(continued)
3 Using the organization's acquisition, accelection items (check all that apply):	ession, and other recoi	ds, check any	of the follow	ing that are a	a significar	it use of its	
a Public exhibition	d [Loan or ex	xchange prog	rams			
b Scholarly research	e [Other					
c Preservation for future generations							
4 Provide a description of the organization's	s collections and expla	in how they fu	urther the orga	anızatıon's e	xempt pur	pose in Part	
XIII							
5 During the year, did the organization solid	cit or receive donations	of art, histon	cal treasures,	or other sim	nlar		
assets to be sold to raise funds rather that	in to be maintained as	part of the org	ganization's c	ollection?			Yes No
Part IV Escrow and Custodial	_						
Complete if the organiza 990, Part X, line 21.	tion answered "Ye	es" to Form	990, Part l	IV, line 9,	or repor	ted an amount o	n Form
1a Is the organization an agent, trustee, cust	todian or other interme	diary for conti	nbutions or ot	her assets n	ot		
included on Form 990, Part X?		•					Yes No
b If "Yes," explain the arrangement in Part	XIII and complete the t	ollowing table	:				
	•	•					Amount
c Beginning balance						1c	
d Additions during the year						1d	
e Distributions during the year						1e	
f Ending balance						1f	
2a Did the organization include an amount o	n Form 990, Part X, lir	ne 21?					Yes No
b If "Yes," explain the arrangement in Part			as been provi	ded in Part >	CIII		
Part V Endowment Funds.							·
Complete if the organiza	tion answered "Ye	es" to Form	990, Part I	IV, line 10			
	(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Three years back	(e) Four years back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and							
losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the	current year end balar	ice (line 1g, co	olumn (a)) hel	d as [.]			
a Board designated or quasi-endowment ▶	="	, 5.	·				
b Permanent endowment ▶	%						
c Temporarily restricted endowment ▶	%						
The percentages in lines 2a, 2b, and 2c s	should equal 100%						
3a Are there endowment funds not in the po-	ssession of the organi	zation that are	held and adr	ninistered fo	r the		
organization by	-						Yes No
(i) unrelated organizations							3a(i)
(ii) related organizations							3a(ii)
b If "Yes" to 3a(ii), are the related organizat	tions listed as required	on Schedule	R?				3b
4 Describe in Part XIII the intended uses of	the organization's en	dowment fund:	s				
Part VI Land, Buildings, and E				•			-
Complete if the organiza	· ·	es" to Form	990, Part l	IV, <u>l</u> ine 11	<u>a. S</u> ee F	orm 990, Part X	, line 10.
Description of property	(a) Cost or o		(b) Cost or o			Accumulated	(d) Book value
	(investr	nent)	(othe	er)	d	epreciation	
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment			,	6,561		3,500	3,06
e Other							•
Total. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Pa	rt X, column ((B), line 10(c))		>	3,06

Schedule D (F	om 990) 2013 Johnson County Farm B	ureau Assoc.	48-0564295	Page 3
Part VII	Investments—Other Securities.	-		-
•	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 1	1b See Form 990, Par	t X, line 12
	(a) Description of security or category	(b) Book value	(c) Method o	fvaluation
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial o	denvatives			
(2) Closely-he	eld equity interests			
(3) Other K	FBL Annuity #A00340511	684,470		
(A) Ga	rnett Ethanol Plant	. 23,765	Cost	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		700 025		<u></u>
	n (b) must equal Form 990, Part X, col (B) line 12)	708,235		
Part VIII	Investments—Program Related.	- 000 D (N / E)	4 0 5 000 5	
	Complete if the organization answered "Yes" to F			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-ye	ar market value
(1)				
(2)			······································	
(3)				
(4)				
(5)		-		
(6)				
(7)			<u> </u>	
(8) (9)	·			
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	1	<u> </u>	
- 4-4	Complete if the organization answered "Yes" to F	Form 990. Part IV. line 1	1d. See Form 990. Par	t X. line 15.
	(a) Description	_ = : · · · · · · · · · · · · · · · · · ·	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			<u></u>
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 1	11e or 11t. See Form 99	0, Part X,
	line 25.			·····
<u>1. </u>	(a) Description of liability	(b) Book value		
	income taxes			
(2)	#* ***********************************	-		
(3)				
(4)				
(5)		 		
(6)				
<u>(7)</u>				
(8)		 		
(9)	_			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

Sche	dule D (Form 990) 2013 Johnson County Farm Bureau A	Assoc.	48-0564295	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Return.	
	Complete if the organization answered "Yes" to Form 990, P	Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	_2a		
b	Donated services and use of facilities	2b		
С	Recovenes of pnor year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 1	12a.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1	()	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		<u>4c</u>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2013 Johnson County Farm Bureau Assoc.

48-0564295

Page 5

Part XIII 'Supplemental Information (continued)

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09/02/2014
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Open to Public Inspection lax-exempt) or type (g) IRC section of 2013 Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 OMB No 1545-0047 recipient(s) (if Yes of entity Employer identification number 48-0564295 • Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. (f) Name and address of recipient Liquidation, Termination, Dissolution, or Significant Disposition of Assets ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ▶ Attach certified copies of any articles of dissolution, resolutions, or plans. (e) EIN of recipient asset(s) distributed or determining FMV for transaction expenses (d) Method of Johnson County Farm Bureau Assoc. ▶ Attach to Form 990 or 990-EZ. Did or will any officer, director, trustee, or key employee of the organization Part I can be duplicated if additional space is needed (c) Fair market value of asset(s) distributed or amount of transaction expenses distribution (b) Date of (a) Description of asset(s) distributed or transaction expenses paid (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE N Part

Schedule N (Form 990 or 990-EZ) (2013)

2b

2a

5q

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

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

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a director or trustee of a successor or transferee organization?

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Become a direct or indirect owner of a successor or transferee organization?

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Form 990 or 990-EZ) (2013)	Johnson C	County Farm Bureau		Assoc. 48-	48-0564295	Pag	Page 2
Part I Liquidation, Termination, or Dissolution (continued)	ination, or Di	issolution (continu	(par				ŀ
Note. If the organization distributed all of its assets during the tax year, then (Total liabilities), should equal -0-	uted all of its asse	ets during the tax year,	then Form 990, Parl	t X, column (B), line 16	. Form 990, Part X, column (B), line 16 (Total assets), and line 26	Yes	∾
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	ts assets in accor	dance with its governin	ig instrument(s)? If "	No," describe in Part II	=	က	
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	notify the attorney	general or other appro	priate state official o	of its intent to dissolve,	Inquidate, or terminate?	4a	•
b If "Yes," did the organization provide such notice?	ovide such notice	•				4p	
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	or pay all of its lia	bilities in accordance w	vith state laws?			2	
6a Did the organization have any tax-exempt bonds outstanding during the year?	ax-exempt bonds	outstanding during the	year?			6a	
b Did the organization discharge c	or defease all of n	ts tax-exempt bond liab	vilities during the tax	year in accordance wi	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	q9	
c If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III	art III how the org	ganization defeased or	otherwise settled the	ese liabilities If "No," ε	explain in Part III		
Part II Sale, Exchange, D	Jisposition, o	r Other Transfer	of More Than 2	5% of the Organi	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered	n answered	
"Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36	Part IV, line 3	32, or Form 990-EZ		can be duplicated	Part II can be duplicated if additional space is needed.		
1 (a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of	*
distributed or transaction expenses paid	distribution	asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or			recipient(s) (if tax-exempt) or type	æ
		expenses	transaction expenses			of entity	
					Preferred Family Healthcare, Incorp PO Box 787		
Sale of Building	09/03/13	250,000	Appraisal	43-1236557		Corporatio	οį
							l
ł	trustee, or key err	ployee of the organiza	tion			Yes	2 >
Become a director of trustee of a successor of transferee organization? Become an employee of or independent contractor for a successor of transferee organization?	a successor or trependent contrac	ansferee organization / for for a successor or (transferee organizat	ono		2b	< ⋈
	ner of a successor	r or transferee organiza	ition?				×
	compensation or	other similar payments	s as a result of the o	rganization's significar	a result of the organization's significant disposition of assets?	2d 3	ĸ
e if the organization answered. Yes, to any of the questions in this line, provide the name of the person involved and explain in Part III	es" to any or tne	questions in this line, p	rovide the name of t	ne person involved an			1
					Schedule N (Form	Schedule N (Form 990 or 990-EZ) (2013)	013)

Schedule N (Form 990 or 990-EZ) (2013)

Johnson County Farm Bureau Assoc.

48-0564295

Page 3

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.
Also complete this part to provide any additional information

SCHEDULE'O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

dditional information.

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Johnson County Farm Bureau Assoc.

Employer identification number 48-0564295

Form 990 - Organization's Mission

To promote the development of the most profitable and permanent system of agriculture; the most wholesome and satisfactory living conditions; the highest ideals in home and community life and a general interest in the business of farming and in rural life; and to encourage active citizenship responsibility in local, state, national, and international affairs.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The organization has members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The organization has voting members who may elect one or more members of
the governing body.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A copy of the Form 990 is provided to each officer and director.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Persons covered by the policy may be required to annually disclose or

provide an update of their interests to the Johnson County Farm Bureau

President on a formal disclosure form. Disclosure may include: listing

family members, substantial business or investment holdings, and other

transactions or affiliations with businesses and other organizations which

could present a conflict of interest. For each interest disclosed to the

Johnson County Farm Bureau President, he/she will determine whether to (a)

Name of the organization

Johnson County Farm Bureau Assoc.

Employer identification number

48-0564295

take no action; (b) assure full disclosure to the Board of Directors and other individuals covered by the policy; (c) ask the person to excuse themselves from participation in related discussions or decisions; or (d) ask the person to resign from his or her position with the Johnson County Farm Bureau.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Johnson County Farm Bureau does not currently make its governing documents, conflict of interest policy, or financial statements available to the general public.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No

Name(s) shown on return identifying number Johnson County Farm Bureau Assoc. 48-0564295 Business or activity to which this form relates Operations Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 2,244 17 17 MACRS deductions for assets placed in service in tax years beginning before 2013 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and yea (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property placed in (e) Convention (f) Method (business/investment use period service only-see instructions) 19a 3-year property 2,818 5.0 HY S/L 282 5-year property C 7-year property d 10-year property 15-year property 20-year property 25 yrs S/L g 25-year property h Residential rental 27.5 yrs MM S/L property 27 5 yrs MM S/L Nonresidential real 39 yrs MM S/L property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L ММ S/L c 40-year 40 yrs Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 2,526 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Year Ended: June 30, 2014 48-0564295

Johnson County Farm Bureau Assoc. 117 S Main St Spring Hill, KS 66083

Electing out of Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.