

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Internal Revenue Service

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

Open to Public Inspection Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning NOV 1, 2013 and ending OCT 31, 2

	01 (11	le 2013 Calendar year, or tax year beginning 110 V 1, 2013 and	enumy C	CI 31, 2014					
В	Check if	C Name of organization		D Employer identific	cation number				
Г	Addr	Polk County Farm Bureau		ļ					
F	Name			71-0	392023				
	Initial		E Telephone number						
	Term			394-3650					
	Amer	nded CA	G Gross receipts \$	164,736.					
	Appli			H(a) Is this a group re	eturn				
	pend	F Name and address of principal officer.Allen Stewart		1	for subordinates? Yes X No				
		same as C above		H(b) Are all subordinates in	ocluded? Yes No				
1 7	ax-ex	tempt status: 501(c)(3) X 501(c) (5) (Insert no) 4947(a)(1)	or 527	if "No," attach a	list. (see instructions)				
J١	Vebsi	ite: ▶ www.arfb.com/polk		H(c) Group exemption	n number				
K	orm o	forganization X Corporation	L Year		State of legal domicile AR				
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities Agri	cultur	al Promotio	n				
Activities & Governance	ļ								
Ĕ	2	Check this box ▶ ☐ if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.				
Š	3	Number of voting members of the governing body (Part Vi, line 1a)		3	14				
ಇ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14				
e.	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	3				
<u>\<u>\frac{2}{5}</u></u>	6	Total number of volunteers (estimate if necessary)		6	31				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	111,065.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
		ď		Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 1h)		0.	0.				
Revenue	9	Program service revenue (Part VIII, line 2g)		49,090.	48,007.				
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	57.	25.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	116,999.	116,704.				
	12	Total revenue · add lines 8 through 11 (must equal Part-VIII) column (A), line 12)		166,146.	164,736.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1:3)		0.	0.				
	14	Solicito para to or for memocro (fait Magazinii V.V., into 47	-	73,492.	59,581.				
benses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		73,492.	0.				
			0.	0.	U •				
	_	Total fundraising expenses (Part IX, column (D), line 25)	- 0 •	71,850.	67,693.				
~		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	145,342.	127,274.				
69	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,804.	37,462.				
CE S		Revenue less expenses Subtract line 18 from line 12	Ro	ginning of Current Year	End of Year				
salances	20	Total assets (Part X, line 16)	100	592,544.	592,327.				
ASS 1 Ba	21	Total liabilities (Part X, line 26)	<u> </u>	135,648.	97,969.				
Page 1	22	Net assets or fund balances. Subtract line 21 from line 20		456,896.	494,358.				
P	art II								
		alties of perjury, I declare that I have exam ined this -return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is				
Yrue,	corre	ct, and complete. Declaration of prepare yother than officer) is based on all information of wi	hich preparer	has any knowledge	•				
U		Allen & Murd		8/-	2/2V_				
Sig	n	Signature of officer		Date	723				
Her	e	PRESIDENT							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		Sherry Chesser, CPA Sherry Chus	Ju !	7-30-15 self-employe					
	arer	Firm's name Thomas & Thomas LLP		Firm's EIN	71-0271741				
Use	Only	Firm's address 201 E. Markham, Suite 500			1 275 2025				
_		Little Rock, AR 72201		Phone no 50	1-375-2025				
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
3320	01 10-	29-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2013)				

orm	1990 (2013) Polk County Farm Bureau	/1-0392023 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Agricultural Promotion	
	Dud the average tipe and adults are properly and appropriate the year which were not lested as	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	tes LA No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$	
	County Farm Bureau work is general in nature, helping fa	arm families
	achieve educational improvements, economic opportunity,	
	advancement.	·
4b	(Code) (Expenses \$	ue\$)
		-
		<u> </u>
4c	(Code) (Expenses \$ including grants of \$) (Revenue	.e\$)
		· -
		
 -	Out Observed	
4d	,	,
	(Expenses \$ including grants of \$) (Revenue \$	1
4 .	Total program convice expenses	

Form **990** (2013)

Form 990 (2013) Polk County Farm Bureau

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?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Х
_	public office? If "Yes," complete Schedule C, Part I	3		Λ
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	Х	_
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		Х
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	_		v
	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?	9		Х
10	If "Yes," complete Schedule D, Part IV 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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			· · · · · ·
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ļ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
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		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		Х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			17
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			Х
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 -		
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		<u> </u>
		F	OOO.	0040

Pa	rt IV Checklist of Required Schedules (continued)		,	
•			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 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			ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			١
	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			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1,,
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
	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	1		1
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		-
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	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			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			х
07	complete Schedule L, Part II	26		_^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	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	21		
20	Instructions for applicable filing thresholds, conditions, and exceptions):	ĺ		i
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	100		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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 conservation	 -		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			i -
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	_	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<u> </u>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Note. All Form 990 filers are required to complete Schedule O

Page 5

rar	Check if Schedule O contains a response or note to any line in this Part V			
`-	Check in Concessio C Contains a respectice of visite to any line in time 1 and		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			İ
	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_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	İ		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ļ		
	were not tax deductible?	6b	<u> </u>	ļ
7	Organizations that may receive deductible contributions under section 170(c).	ŀ	-	1
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 pay	/or? 7a	ļ	ļ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	 	
	If "Yes," indicate the number of Forms 8282 filed during the year			
е		7e	╁	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	+
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			╁
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C? 7h	\vdash	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	> 8	1	
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	· · · · · · · · · · · · · · · · · · ·	 	
9	Sponsoring organizations maintaining donor advised funds.	9a		1
a	Did the organization make any taxable distributions under section 4966?	9ь	 	
	Did the organization make a distribution to a donor, donor advisor, or related person?	100	1	1
10 a	Section 501(c)(7) organizations. Enter: 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 10b	_		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
Ū	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	
	10.00	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

71-0392023 Polk County Farm Bureau Form 990 (2013) Part VI 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 14 1a 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 14 **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? Х 8ь **b** Each committee with authority to act on behalf of the governing body? 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) Yes No Х 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, affiliates, 10b 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 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 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," describe X in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? Х 14 14 Did the organization have a written document retention and destruction policy? 15 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? 15a a The organization's CEO, Executive Director, or top management official **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed ▶_ 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. X Upon request Other (explain in Schedule O) Own website Another's website 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.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

The Organization - 479-394-3650

P.O. Box 1139, Mena, AR

30 (2013)	Polk	County	Farm	Bureau	71-0392023

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons.

Check this box if neither the organ (A) Name and Title	(B) Average hours per week	(do	not c	Pos heck	tion more		one	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Allen Stewart	0.50									
President		X		X				0.	0.	0.
(2) Ronney Fields	0.50		ĺ	1	ĺ		ĺ			
Vice President		X	<u> </u>	X	_	<u> </u>	<u> </u>	0.	0.	0.
(3) Terry Keener	0.50			ĺ	ĺ					
Secretary/Treasurer		X		X		_		0.	0.	0.
(4) Stephen Barney	0.50	ļ <u>.</u> .								0
Member	2.50	X	<u></u>	<u> </u>		ļ	<u> </u>	0.	0.	0.
(\$) Farrell Cole	0.50	١.,								0
Member	0.50	X	-	ļ		-	-	0.	0.	0.
(6) Don Craig	0.50	J						0.	0.	_
Member	0.50	X			-	-		0.		0.
(7) Bill Hoek	0.30	X						0.	0.	0.
Member (2)	0.50	^			-	╁				
(8) Greg Hunter Member	0.30	X					İ	0.	0.	0.
(9) Dennis Philpot	0.50	 ^				╁	 			
Member	0.30	X						0.	0.	0.
(10) Terry Terrell	0.50				-	\vdash				
Member		X						0.	0.	0.
(11) Mitchell Tidwell	0.50	<u> </u>				\vdash	T			
Member		X			ļ	1		0.	0.	0.
(12) James Watkins	0.50						Γ			
Member		X						0.	0.	0.
(13) Duane Webb	0.50									
Member		X				<u> </u>		0.	0.	0.
(14) Rodney Bowen	0.50									
Member		X						0.	0.	0.
·]								
		<u> </u>		<u> </u>	L		$oxed{}$			
		1								
		<u> </u>	<u> </u>	<u> </u>		_	$oxed{igspace}$			
		1]]	
			L	L_					<u> </u>	<u></u>

Page 7

<u>Form 9:</u>

Par	VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	144		Pos				Reportable	Reportable		Est	ımate	d
		hours per	kod	i, unle	ss pe	rson	than	th an	compensation	compensation		am	ount o	of
		week	-	cer ar	nd a d	irecto	or/trus	itee)	from	from related		(other	
		(list any	director						the	organizations	- 1		pensa	
		hours for	or G				麗	ŀ	organization	(W-2/1099-MISC	<i>ነ</i>)		om the	
		related		l se			l Se l		(W-2/1099-MISC)		-	_	ınızatı	
		organizations	를	튵		a Sol	E &				-		relate	
		below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensate employee	i ii				orga	nızatı	ons
		line)	<u>=</u>	₹	ŧ	₹.	₹ 5	윤			\rightarrow			
]											
								┞-						
											- [
							<u> </u>	<u> </u>						
		ļ				ļ					- 1			
							<u> </u>	<u></u>			Щ.			
		_				i					-			
											1			
]											
			1											
										<u>-</u>	$\neg \top$			
			Ì								-			
				1				\vdash						
			1								İ			
		·	\vdash	 			<u> </u>	Τ-	*		_			
		-	1											
1h	Sub-total	<u> </u>	l			1	<u> </u>	—	0.		0.		_	0.
	Total from continuation sheets to Part V	II Section A							0.		0.			0.
		ii, Section A							0.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but r			link		-	ابد اه	h 0 #			<u> </u>			
2	_	iot iimited to ti	1056	11516	ou a	OUVE	5) WI	10 11	eceived more than wroc	,000 of reportable				C
	compensation from the organization											$\neg \tau$	Yes	No
2	Doddle		4_	- 1				•	high and anomanaged a	malayaa aa	Γ			
3	Did the organization list any former officer			e, ĸe	ey er	пріс	yee	, or	nignest compensated e	mployee on	1		1	Х
	line 1a? If "Yes," complete Schedule J for										ļ-	3		
4	For any individual listed on line 1a, is the s	•		-					•	the organization	ŀ		1	х
_	and related organizations greater than \$15										<u> </u>	4		
5	Did any person listed on line 1a receive or					-		relat	ed organization or indiv	idual for services	- 1	_ }	1	v
_	rendered to the organization? If "Yes," con	nplete Schedui	e J i	for s	uch	pers	son					5		<u>X</u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensa	ition fr	om	
	the organization Report compensation for	the calendar y	ear	end	ng v	vith	or w	<u>/Ithir</u>	n the organization's tax	year.				
	(A)				_			- 1	(B)		_	(C		
	Name and business	address	N(INC	Ξ				Description of s	services		mpen	sation	n
	<u></u>	. <u></u>												
-														
								-						
	Takal ayarkan afarataran da hari a		اید		٠ د ام	4 l	I		d abayaha ha a a a a a a	are the				
2	Total number of independent contractors (\$100,000 of compensation from the organ	-	101 II	mite	u (0		se II O	SIEC	abovej wno received n	iore man				
	wroo,ooo or compensation from the organ	ILAUUII				•	_			<u></u>				

	11.0	***	Check if Schedule O cont		or note to any line	e in this Part VIII			
<u> </u>		•	Short ii Golledale G Golf	u 100poilae	z. noto to any ili	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	a	Federated campaigns	1a					
iran			Membership dues	1b					
S, G		С	Fundraising events	1c	Į.				
ar l			Related organizations	1d					
is, C		е	Government grants (contribut	ions) 1e					
rion S			All other contributions, gifts, gran						
돌			similar amounts not included abo	i i					
들음		g	Noncash contributions included in lines	: 1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		>				
					Business Code				
e S	2	а	Membership Dues	<u> </u>	110000	48,007.	48,007.		
و ڲٙ		b				· -			
Suna		С							
e v		d							
Program Service Revenue		е						· · · · · · · · · · · · · · · · · · ·	
۵		f	All other program service reve	enue					ļ
		9	Total. Add lines 2a-2f		<u> </u>	48,007.			
	3		Investment income (including	dividends, inter	est, and	0.5			25
			other similar amounts)			25.			25.
	4		Income from investment of ta	x-exempt bond	proceeds P	1 420			1 420
	5		Royalties		•	1,439.		· · · · · · · · · · · · · · · · · · ·	1,439.
	}			(i) Real	(ii) Personal				
	6	-	Gross rents	4,200					
			Less rental expenses	4 300					
			Rental income or (loss)	4,200	•	4,200.	•		4,200.
	l		Net rental income or (loss)	() ()		4,200.			4,200.
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory		 				
		D	Less: cost or other basis						
		_	and sales expenses		 				
		_	Gain or (loss)	L	<u> </u>				1
		d	Net gain or (loss) Gross income from fundraisin	a avanta (nat		······································			
Jue	8	a	including \$	of	1				
ķ			contributions reported on line						
Other Revenu			Part IV, line 18	. 10). 000 a	,				
the		ь	Less: direct expenses	ŧ					
δ			Net income or (loss) from fund		•				
	9		Gross income from gaming a						
	•	_	Part IV, line 19	- · · · · · · · · · · · · · · · · · · ·					
		ь	Less: direct expenses	t					
			Net income or (loss) from gan	ning activities	•				
	10		Gross sales of inventory, less	-		J			
			and allowances	ē	.				
		b	Less: cost of goods sold	k					
	<u></u>	С	Net income or (loss) from sale	es of inventory	>				
			Miscellaneous Revenu	ie	Business Code				
	11	а	Insurance Servi	ice Fees	524298	111,065.		111,065.	
		þ							ļ
		С							
		d	All other revenue		L	111 000	ļ		
		е	Total. Add lines 11a-11d		>	111,065.		111 000	
	12		Total revenue. See instructions		▶ !	164,736.	48,00/.	111,065.	5,664.

Form 990 (2013) Polk County Farm Bureau
Part IX Statement of Functional Expenses

sectio	on 501(c)(3) and 501(c)(4) organizations must comp			ompiete column (A)	
Do -	Check if Schedule O contains a responsition of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			1	
	organizations in the United States See Part IV, line 21				
	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				111010 11 1111
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	İ			
_	persons described in section 4958(c)(3)(B)	54,816.	<u></u>		
7	Other salaries and wages	34,010.	·	 	
8	Pension plan accruals and contributions (include				
۵	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes	4,765.			
10 11	Fees for services (non-employees).				
	Management				
ь	Legal				
	Accounting	600.			
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,	_ [
-	column (A) amount, list line 11g expenses on Sch O)				· · · · · · · · · · · · · · · · · · ·
12	Advertising and promotion	5,710.			
13	Office expenses	12,271.			
14	Information technology				
15	Royalties	15 200			
16	Occupancy	15,380.	<u></u>		
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	11,166.		-	
19	Conferences, conventions, and meetings	3,045.			
20	Interest Payments to affiliates	3,013.			·
21 22	Depreciation, depletion, and amortization	14,801.	·		
23	Insurance	553.			
23 24	Other expenses Itemize expenses not covered		***************************************		
	above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	Youth and Safety	3,326.			
b	Miscellaneous	841.			
C					
d					
е	All other expenses			 	
25	Total functional expenses. Add lines 1 through 24e	127,274.			
26	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 If following SOP 98-2 (ASC 958-720)			1	l

Par	t X	Balance Sheet			<u> </u>		
<u> </u>		Check if Schedule O contains a response or not	e to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			05 170	1	100 762
	2	Savings and temporary cash investments			95,178.	2	109,762.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4	,, ,		
- 1	5	Loans and other receivables from current and for					
1		trustees, key employees, and highest compensation					
		Part II of Schedule L		-		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
şţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		7	<u></u>		
⋖	8	Inventories for sale or use		_		8	
	9	Prepaid expenses and deferred charges		ļ_		9	
	10a	Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a	577,417. 94,872.	407 046		400 545
	b	Less: accumulated depreciation	497,346.		482,545.		
1	11	Investments · publicly traded securities		<u> </u>		11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments · program-related. See Part IV, line		13			
	14	Intangible assets	-	20	14	20	
	15	Other assets See Part IV, line 11	20.	15	20. 592,327.		
	16	Total assets. Add lines 1 through 15 (must equ	<u>al line 34)</u>		592,544.	16	1,369.
	17	Accounts payable and accrued expenses	1,452.	17	1,309.		
	18	Grants payable	-	17,187.	18	16,546.	
	19	Deferred revenue	-	1/,10/.	19	10,340.	
	20	Tax-exempt bond liabilities	<u>_</u> }		20	<u> </u>	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme					
Ħ		key employees, highest compensated employee	es, and dis	squalified persons.		00	
Liabilities		Complete Part II of Schedule L			117,009.	22	80,054.
_	23	Secured mortgages and notes payable to unrel			117,005.	24	00,034.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
	l I	parties, and other liabilities not included on lines	s 1 <i>1-</i> 24). C	Complete Part X of		25	
		Schedule D			135,648.		97,969.
	26	Total liabilities. Add lines 17 through 25	D) ahaak	here Dand	1337010.	20	3,1,300
	1	Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 at		nere P and			
Ses	07	Unrestricted net assets	10 34.			27	
lan	27			28			
89	28	Temporarily restricted net assets Permanently restricted net assets		29			
Ĕ	29	Organizations that do not follow SFAS 117 (A	ASC 958)	check here	THE THE PERSON OF THE PERSON O	-=-	wa
Ē		and complete lines 30 through 34.	100 800),	Check here			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	•	İ	0.	30	0.
sse	30	Paid-in or capital surplus, or land, building, or e		fund	0.	31	0.
t As	32	Retained earnings, endowment, accumulated in			456,896.	32	494,358.
Ž	33	Total net assets or fund balances	.501110, 01	23. 10.133	456,896.		494,358.
	34	Total liabilities and net assets/fund balances		ļ	592,544.	34	592,327.

orm	990 (2013) Polk County Farm Bureau	<u>71-039</u>	2023	Page 12
Par	rt XI Reconciliation of Net Assets			
•	Check if Schedule O contains a response or note to any line in this Part XI		-	
			1.04	726
1	Total revenue (must equal Part VIII, column (A), line 12)	1		736.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,274.
3	Revenue less expenses. Subtract line 2 from line 1	3	3 /	7,462.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	456	,896.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	_6		
7	Investment expenses	_7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		40	250
	column (B))	_10	494	1,358.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
			r	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	Ο.		1.,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			1.
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		v
	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 requ	ired 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)

Department of the Treasury Internal Revenue Service

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.

➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

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

- 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

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

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 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

14411		ounty Farm Bureau	1	Linpi	71-0392023			
Pa	rt I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 or				
1 2	Provide a description of the organ Political expenditures Volunteer hours			ın Part IV.	germeouton			
Pa	rt I-B Complete if the or	ganization is exempt un	der section 501(c)	(3).				
1	Enter the amount of any excise ta	x incurred by the organization ur	nder section 4955	▶\$				
2	Enter the amount of any excise ta	x incurred by organization manag	gers under section 4955	▶ \$				
3	If the organization incurred a secti	on 4955 tax, did it file Form 4720	o for this year?		Yes No			
_	Was a correction made?				Yes No			
	If "Yes," describe in Part IV.	ganization is exempt un	dor costion E01/a)	execut exetion 501/	-)/2)			
					<u> </u>			
	Enter the amount directly expende Enter the amount of the filing orga							
~	exempt function activities	inization's fullos contributed to c	other organizations for s	► \$				
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here	and on Form 1120-POL	• •				
	line 17b			` ▶\$				
4	Did the filing organization file Form	n 1120-POL for this year?			Yes No			
5	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013					71-	0392023 Page 2
Part II-A Complete if the org			mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under sec	tion 501	(h) <u>)</u> .				<u></u>
A Check ► I if the filing organiza	tion belon	gs to an aff	liated group (and list i	n Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and shar	re of exces	s lobbying	expenditures).			
B Check ▶ if the filing organiza	tion check	ed box A a	nd "limited control" pro	ovisions apply.		<u> </u>
Limit	ts on Lobi	bying Expe	nditures		(a) Filing	(b) Affiliated group
			ints paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influ				Ļ		
b Total lobbying expenditures to influ			dy (direct lobbying)	-		
c Total lobbying expenditures (add li		d 1b)		-		
d Other exempt purpose expenditure				-		
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable am			
Not over \$500,000	2000		the amount on line 1e			
Over \$500,000 but not over \$1,000			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc				
Over \$1,500,000 but not over \$17, Over \$17,000,000	000,000	\$225,00 \$1,000.	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)			· · · · · · · · · · · · · · · · · · ·	1
h Subtract line 1g from line 1a. If zero		•		ļ		
i Subtract line 1f from line 1c. If zero	-			Ť		
j If there is an amount other than zer			line 1i, did the organiz	ation file Form 4720		-L
reporting section 4911 tax for this						Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
(Some organiz				n do not have to comp	lete all of the five	
co	lumns bel	ow. See th	e instructions for line	es 2a through 2f on pag	ge 4.)	
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	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 Graceroata labbuing expanditures						

Schedule C (Form 990 or 990-EZ) 2013 Polk County Farm Bureau 71-0392023 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a))	(b) Amount	
	Yes	No		
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? 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				
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				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		I	·	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	<u> </u>	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		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 answered answered "Yes."	ed "No," OF	R (b) Part	: III-A, lir	ne 3, is
1 Dues, assessments and similar amounts from members	:A: 0	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	iticai			
expenses for which the section 527(f) tax was paid).		ا م		
a Current year		2a	 -	
b Carryover from last 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				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information			15 .05	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groalso, complete this part for any additional information.	oup list); Part II	-A, iine 2, a	mo Part II-	5, iine 1.
		_	<u></u>	
·				

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Polk County Farm Bureau

Employer identification number

71-0392023 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds 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 Yes 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 charitable 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 2b b Total acreage restricted by conservation easements 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -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 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)(i) Yes and section 170(h)(4)(B)(ii)? 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 2 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

		uncy rarm					0:-:			Page Z
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	C	; <u> </u>	Loan or exc	hange progr	ams				
b	Scholarly research	e	, [Other	·					
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizati	on's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımıla	ır assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes_	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	e organizatio	on answered	"Yes" to	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermed	diary for	contribution	ns or other as	sets no	t included		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
_	Designation belongs						4-		Amount	
	Beginning balance						1c			
a	Additions during the year						1 <u>d</u>			
e	Distributions during the year						1e			
_ T	Ending balance						1f		7	
	Did the organization include an amount on Fo	•						<u> </u>	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete		r .							
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance		ļ		 					
Ь	Contributions				<u> </u>					
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		İ						ļ	
	and programs				<u></u>					
f	Administrative expenses									
9	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
ь	Permanent endowment ▶	%	_							
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posse		ation tha	at are held a	ind administe	ered for	the organi	zation		
	by:	J					_		ſ,	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the	•							L <u></u> , 1	
_	t VI Land, Buildings, and Equipm		J T T T T T T T T T T T T T T T T T T T	10,10,0.						
L	Complete if the organization answere) Part IV	line 11a S	ee Form 990	Part X	line 10.			
		(a) Cost or o			or other		ccumulate	ed	(d) Book	value
	Description of property	basis (investr			or other (other)		preciation	I .	(u) DOOK	value
	Land	Dasis (IIIVESII	neny		8,350.		PICCIALION		60	350.
	Land	<u> </u>			4,330.		42,2	80		,050.
	Buildings			43	4,330.		42,2	00.	417	,030.
	Leasehold improvements				4,737.	<u> </u>	52,5	92	<u> </u>	1/5
	Equipment				7,131.		52,5	72.		,145.
_	Other Add lines 1a through 1e. (Column (d) must e	aud Form 000, D-	V colu	nn /P) //nc 1	10(a))				482	,545.
10191	. Add mies ja middyn 16. (Goldfilli (d) Must e	guarronni 330, Part	A, CUIUI	ו שוווו קען וווו	, U(U) /					, , , , , ,

Schedule D (Form 990) 2013

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (l) Financial derivatives (2) Closely-held equity interests	Part VII Investments - Other Securities.	rurm burous		
(a) Bescription of security or category enclusing name of security (i) Financial disastements that reports the 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Compl		o Form 990, Part IV, line	e 11b See Form 990, Part X, line 12	2.
2) Closely-held equity interests 3) Other (C) (C) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F		(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
3) Other (A) (B) (C) (C) (C) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F	(1) Financial derivatives			
(B) (C) (D) (D) (D) (E) (F) (G) (G) (H) (F) (F) (G) (G) (H) (F) (F) (F) (G) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(2) Closely-held equity interests			
(G) (C) (D) (E) (F) (G) (G) (G) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(3) Other			
C C C C C C C C	(A)			
C C C C C C C C	(B)			
C	(C)			
Fig. G G G G G G G	(D)			
Gistration Gi	(E)			
Club. Column Columns Equal Form 190, Part X, col. (8) line 12 Part X III Investments - Program Related. Complete if the organization answered 'Yes' to Form 10, Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value)	(F)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12 Part XIII] Part XIII] Investments - Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value. (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(G)	. <u> </u>		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market val. (b) Book value (c) Method of valuation. Cost or end-of-year market val. (c) Method of valuation. Cost or end-of-year market val. (d) Cost or end-of-year market val. (e) Method of valuation. Cost or end-of-year market val. (f) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Method of valuation. Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year market val. (g) Cost or end-of-year end-o			<u> </u>	<u></u>
(a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value. (b) Book value (c) Method of valuation. Cost or end-of-year market value. (c) Second				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (6) (6) (7) (8) (9) (9) (9) (7) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8			e 11c See Form 990, Part X, line 13	3.
(2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(a) Description of investment	(b) Book value	(c) Method of valuation Cos	st or end-or-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Cot (th) must equal Form 990, Part X, cot (8) line 13) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, cot (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (7) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) Federal income taxes (9) (9) (9) (9) (9) (9) (9) (9) (9) (9)		· · ·		
(4) (5) (6) (7) (8) (9) Total. (Col. (ti) must equal Form 990, Part X, col. (8) line 13.) Part XX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(2)			
(5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9				<u></u>
(6) (7) (8) (9) Total. (Col (t)) must equal Form 990, Part X, col (8) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (7) (9) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 1. (a) Description of liability (b) Book value (b) Book value (c) Federal income taxes (c) (c) (d) (d) (d) (e) (f) (f) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) P Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Foundation (a) Must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Z. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)			
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value				
General Col (b) must equal form 990, Part X, col (B) line 13 ▶				
Total: (Col (b) must equal Form 990, Part X, col (B) line 13) Part X Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total: (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions, in Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
Part IX				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			<u> </u>	
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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		5 000 B 1 11/1	44 J. O Farra 000 Bart V has 4	E
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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			e 11d. See Form 990, Part X, line 1	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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		Description		(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV. line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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	•			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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				
Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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		15)		•
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		15.)		
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 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		to Form 990 Part IV Jir	e 11e or 11f See Form 990 Part X	. line 25.
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (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	(a) Description of liability	10 1 01111 330, 1 411 17, 111		
(2) (3) (4) (5) (6) (7) (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				
(3) (4) (5) (6) (7) (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				
(4) (5) (6) (7) (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				
(5) (6) (7) (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				
(6) (7) (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				
(7) (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				
(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				
(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				
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				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		25.)		
			e to the organization's financial stat	ements that reports the
Organization's transity for uncertain tax dositions under this en teach 7401. Wheth here it the teat of the touriote has been provided in tart Ali				

SCHEDULE 0

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number 71-0392023

Polk County Farm Bureau	71-0392023					
Form 990, Part VI, Section A, line 6:						
Explanation: The Organization is a mutual benefit organization.						
Form 990, Part VI, Section A, line 7a:						
Explanation: The board is elected annually by the general	membership.					
Officers are elected by the board.						
Form 990, Part VI, Section A, line 7b:	···					
Explanation: Policy resolutions are subject to member app	roval.					
Form 990, Part VI, Section B, line 11:						
Explanation: The 990 is reviewed and signed by the Board	President.					
Form 990, Part VI, Section B, Line 12c:						
Explanation: The policy is reviewed when bids are taken o	n a new job or					
contributions are made to any entity.						
Form 990, Part VI, Section B, Line 15:						
Explanation: The Organization does not have compensated o	fficers or					
management officials.						
Form 990, Part VI, Section C, Line 19:						
Explanation: These documents are not available to the pub	lic.					
						