

# 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



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2014 Open to Public Inspection

_	For the 2014	calendar vea	ır, or tax year begin	$\frac{07}{100}$	/14	, and ending	06/3	10/1	5			
	Check if applicable	C Name of org		mig or, ce	<del></del>	, und chang				D Employe	r identifica	ation number
			ndoT <sub>1</sub> ~	son County	Far	m Bureau A	8800					
	Address change	Doing busin		bon councy		Daroau n		<u>•</u>		1 48-n	5642	95
	Name change		street (or P O box if mail i	s not delivered to stree	t address	<u> </u>		- T	Room/suite	E Telephor		<u> </u>
	Initial return		Main St			•		l		913-	782-	0235
	Final return/	City or town	, state or province, country,	and ZIP or foreign pos	stal code							
<u> </u>	terminated	Sprin	g Hill	KS	660	83 .				G Gross red	erots\$	178,277
L	Amended return	F Name and a	address of principal officer			<u></u>						
	Application pending	Jess	ica Brunke	r					H(a) Is this a	group return for s	subordinates	9 Yes X No
			Tennessee					P	H(b) Are all s	ubordinates inc	luded?	Yes No
		Otta			KS (	66067			If "N	o," attach a list	(see ınstru	ictions)
_	Tour over the table		Gel .			7	// 527	1	1			
<u> </u>	Tax-exempt status	N/A	(c)(3) 501(c) (	5 ) ◀ (insert no		4947(a)(1) or	527	<del>"</del>	}			
<u> </u>		(5.5)					- (	1. v		xemption numb 1951	$\overline{}$	of legal domicile KS
K	Form of organizatio		ration Trust A	ssociation Other			<u> </u>	J.L. Ye	ear of formation	1901	M State	of legal domicile KS
: *1		ummary	_ <del></del> _			<del> </del>	- "					
			organization's mission	n or most significa	ant activ	/ities						
9	; See	Schedul	.e O									
Activities & Governance												
ŗ												
Š	2 Check t	hıs box ▶	If the organization of	discontinued its o	peration	ns or disposed of	more th	nan 25	% of its net a	ssets		
9	3 Number	r of votina me	mbers of the govern							3	336	;
ų.	4 Number	•	ent voting members	• , .	•	•				4	336	
<u>:</u>	5 Total nu	· •	riduals employed in o			· · · · · · · · · · · · · · · · · · ·				5	. 1	<u> </u>
, <del>,</del>	6 Total n			•	7 (1 ait	v, iiile zaj				6	40	
ă			nteers (estimate if ne		<b>~</b>							
C.	7 <b>a</b> lotaiur		ness revenue from Pa	•	-	12				7a	<del> </del>	0
O Grama 2018	는 <b>b</b> Net unr	<u>elated busine</u>	ss taxable income from	om Form 990-T, I	<del></del>			-	D			0
6			(5		1	RECEIVE	ED -	1 -	Prior \	7,400		Current Year
<u> </u>	8 Contrib	-	ants (Part VIII, line 1		1	, was a rec		엙ㅏ				10,400
€ <u>₹</u>	9 Program		enue (Part VIII, line 2		8	OCT 1 9 20	1012	RS-OSC		07,321		110,663
<b>⊢</b> }	10 Investm	ient income (l	Part VIII, column (A),	, lines 3, 4, and 7	d R	OCT 1 3 20	เมื่อ โ	ᆒ	1	25,870		49,376
0	11 Other re		VIII, column (A), line:					띄ㄴ		999		7,838
		venue – add	lines 8 through 11 (m	nust equal Part V	III, colu	m(A), hee(12)			24	<u>11,590</u>		<u> 178,277</u>
SCANNED	13 Grants	ants and similar amounts paid (Part IX, column (A), lines 1=3)								4,250		2,000
2	14 Benefits	s paid to or for members (Part IX, column (A), line 4)										0
Z ,	15 Salaries	s, other comp	ensation, employee	benefits (Part IX,	column	(A), lines 5-10)				32,586		33,070
3	16a Profess	ional fundrais	ing fees (Part IX, col	lumn (A), line 11e	e)							0
Ø §	b Total fu		enses (Part IX, colur	• •	•		0			·····	-	
Ĭ	17 Other e		t IX, column (A), line				•			56,630		49,183
	1		lines 13-17 (must e			line 25\		⊢		93,466		84,253
		=	ses Subtract line 18	-	ш (А),	iiile 25)		⊦		18,124		94,024
_		ie iess expens	ses Subtract line 18	from line 12			-		Beginning of C		<del></del>	End of Year
is o	20 Total as	ssets (Part X,	line 16\					F		35,078	<del>                                     </del>	929,235
تت	20 Total as	abilities (Part )	•					<b>Ի</b>		2,093		2,226
<u> </u>	71	•		- 04 f l 00				⊢		32,985		927,009
20			alances Subtract line	e 21 from line 20	_					2, 300	<u> </u>	327,003
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	Johnson County Fa		564295	Page 2
	tatement of Program Servi	<b>ce Accomplishments</b> a response <u>or</u> note to any line in this F	ert III	X
	ribe the organization's mission.	a response of note to any line in this r	<u> </u>	
See Sch				
-		rogram services during the year which were no	listed on the	
	990 or 990-EZ?	ula O		Yes X No
	scribe these new services on Scheo anization cease conducting, or make	ule O. e significant changes in how it conducts, any pro	ogram	
services?	<b>3</b> ,		· •	Yes X No
	scribe these changes on Schedule			
		complishments for each of its three largest prog inizations are required to report the amount of g	· · · · · · · · · · · · · · · · · · ·	
•	penses, and revenue, if any, for eac	-	rants and allocations to others,	
4a (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
		o educate and/or improvograms offered to all m		
		citizenship and marketi		
	, 5,		<b>-</b>	
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	
(	, (=, position 0	grante to t	, (	
		<u> </u>		
4c (Code.	) (Expenses \$	including grants of \$	) (Revenue \$	
4d Other progr	ram services (Describe in Schedule	0)		
(Expenses	,	•	Revenue \$	
	am service expenses >			
DAA				Form <b>990</b> (2014

	The Chicamor of Troquinos Constants			
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1	v
•	complete Schedule A	1 2	χ.	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		_
3	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)	<u> </u>		
7	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		Х
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	*	2	24.2
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	<u>X</u> ·	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X.	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	44.4		<b>.</b>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate of consolidated financial statements for the tax year include a foothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111	_	
	Schedule D, Parts XI and XII	12a		x
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		ж
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			ļ
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			l
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X.
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
^^	If "Yes," complete Schedule G, Part III	19	<b>_</b>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	<u> </u>

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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>_x</u> _
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		İ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 1	1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
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		ŀ	
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-	- 1	
	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), 501(c)(4), and 501(c)(29) 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			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	l	1	
	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			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		_ <u>x</u>
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	ļ		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>x</u> .
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	Į
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	İ		
	Schedule L, Part IV	28b		<u>x</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		i	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	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,	ļ	Į	
	Part I	31		_ <u>x</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		<u>_X</u> _
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	Ì	Ì	
	sections 301.7701-2 and 301 7701-37 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,	i		
	or IV, and Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$\dashv$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	related organization? 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			-
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule O	38	$\mathbf{X} \cdot \mathbf{I}$	

Form 990 (2014) Johnson County Farm Bureau Assoc. 48-0564295 Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>	Check if Schedule O contains a response or note to any line in this Part	V				
	Officer w Confidence Confidence a respective of thete to any fine in time Fact	<u> </u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	l 1a	2		,	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			ſ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			350.0		
	reportable gaming (gambling) winnings to prize winners?			1c		_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				
	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 ret	urns?		2b	<b>X</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b_		
4a			•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other f	ınancıal		j		
	account)?			4a		X
þ	If "Yes," enter the name of the foreign country			j '		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts			
	(FBAR)					
	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.	action?		_5b		X
C	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	tne				<b>.</b>
L	organization solicit 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 contribut	ions or		6.		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(s)			6b		<del>-</del>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r annds		1		
а	and services provided to the payor?	goods		7a	١.	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas		1.0		
	required to file Form 8282?	•40		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	]			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		t?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			71		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		99 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by t	he			
	sponsoring organization have excess business holdings at any time during the year?			_8_		
9	Sponsoring organizations maintaining donor advised funds.					_!
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter		1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L	_		
11	Section 501(c)(12) organizations. Enter	1	i			
а	Gross income from members or shareholders	11a	<del> </del>	_	Į.	
Ь	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b	<u></u>	⊢		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	1	? 	12a		<del>                                     </del>
. b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120	<del> </del> -	
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.			13a	<del>                                     </del>	<del>                                     </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which					
J	the organization is licensed to issue qualified health plans	124	1		1	1
С	Enter the amount of reserves on hand	13b 13c	<del> </del>	$\dashv$		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	136	<u> </u>	14a	<del>                                     </del>	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b	<del> </del>	<del>  *</del>

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 336 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 · 336 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 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision 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? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 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 8 X 8a The governing body? 8b 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 10a Х 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 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 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 χ. Did the organization have a written document retention and destruction policy? 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? 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 X · with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 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) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website \( \begin{align\*} \be Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records OFFICE SECRETARY . 117 S Main St KS 66083 Spring Hill

Form 990 (2014	Johnson	County	Farm	Bureau	Assoc.	48-0564295	Page		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and									
	Independent	Contractor	'S						
	Check if Sche-	dule O cont	ains a re	esponse 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1035-MIGC)	organization and related organizations
(1)Byron Finley									- ·····	-
Daniel Wamban	0.00	x						o	0	_
Board Member (2) Robert Moss	0.00	^	_	-				U	0	0
(2) RODEL C MOSS	0.00									
Board Member	0.00	x						0	0	o
(3) Melvin Roettger	0.00	<u>^</u>	$\vdash$		-	$\vdash \vdash$		0		<u> </u>
(3)MCIVIM ROCCUGUI	0.00	1								
Board Member	0.00	x						o	0	0
(4) Jessica Brunker					l					
(,,	0.00									
President	0.00			x				o	0	0
(5) Rick Miller										
	0.00									
Vice-President	0.00			X				0	0	0
(6) Lisa Guetterman										
	0.00									
Treasurer	0.00			X				0	0	0
(7)										
(8)										
(9)									<u> </u>	
(10)										
(11)	<u>.</u>									
DAA										Form <b>990</b> (2014)

Pε	ı <u>rt V</u>	Statement of Check if Scheo	<b>Revenue</b> dule O co	entains a	response	or note to any line	ın this Part VIII		
and an an an an an an an an an an an an an		*	*			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a						
Sra	ь	Membership dues	1b			]		,	
A, C	c	Fundraising events	1c			]	,		
돌	d	Related organizations	1d			]			
ě,E	e	Government grants (contributions)	1e			٠,	İ		
ဦလ	f	All other contributions, gifts, grants	s,					*	
3 <u>5</u>		and similar amounts not included a	above 1f		10,400	<b>.</b>	* /		
FO OF	g	Noncash contributions included in	lines 1a-1f	\$				. 9	_^
Program Service Revenue Contributions, Gifts, Grants	h	Total. Add lines 1a-1f				10,400	>,,	<b>≥</b> ~ °	**
Ę	1				Busn. Code	, ,	.X	· /A ·	₹
še	2a	County Dues			110000	110,663	110,663		, , ,
Ä	Ь								
ξ̈	c								
Se	d						<u> </u>		
Щ	e								-
ᅙ	f	All other program service	e revenue						
<u> </u>	g	Total. Add lines 2a-2f			<u> </u>	110,663	W .	i.	
	3	Investment income (incli	_	ends, intere	est,				
		and other similar amoun	•		•	49,376			49,376
		4 Income from investment of tax-exempt bond p			roceeds >				
	5	Royalties			<u> </u>	* ***			
			Real	(11)	Personal		- ` <u>**</u>		
	6a	Gross rents							
	b	Less rental exps	<del></del> .						<b>**</b>
	С	Rental inc or (loss)				· · · · · · · · · · · · · · · · ·	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·	
	d   7a	Net rental income or (los		_			700/2 - 2000o		
	,	sales of assets (i) Se	ecurities	(1)	) Other				? <b>%</b>
	١.	other than inventory			·		<b>.</b>	``````````````````````````````````````	
	b	Less cost or other					\$ <sup>2</sup> ,	*	
		basis & sales exps		+	<del></del>	* **	1.	*	
		Gain or (loss)					* * *****	- ~ ~ * ***	``
		Net gain or (loss)			<u> </u>	-	<u> </u>		
ne ne	вa	Gross income from fundraisi	ing events						~ ,
Ven		(not including \$	t 4-3						
Re		of contributions reported on							1
Other Revenue	_	See Part IV, line 18		]	<del></del>				
ਰ		Less: direct expenses	t m fundrala						~~
		Net income or (loss) from Gross income from gaming a		ig events		-			
	78	See Part IV, line 19		,					,
	h	Less. direct expenses	i I						
		Net income or (loss) from				1			
		Gross sales of inventory		Clivilles					
	,04	returns and allowances							
	h	Less. cost of goods sold							
		Net income or (loss) from		·					
		Miscellaneous Re		i i voi noi y	Busn. Code	<del></del>			
	11a	Gain from LLC - 1			<u> </u>	7,838	7,838		
	b					.,050	,,030		
	c								<del></del>
	d	All other revenue							
	е	Total. Add lines 11a-11	đ		<b></b>	7,838			
	12	Total revenue. See inst			•	178,277		0	49,376
								<u> </u>	

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must contains a response			mplete column (A)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	Схрепзез
•	and domestic governments See Part IV, line 21				•
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	2,000			•
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			_	<del></del>
	trustees, and key employees			_	
6	Compensation not included above, to disqualified				<del></del>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	26,380			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,282			
10	Payroll taxes	2,408			
11	Fees for services (non-employees):				
а	Management				<u> </u>
þ	Legal	100			
	Accounting				
	Lobbying		<u> </u>		
е	Professional fundraising services See Part IV, line 17				<u>.                                    </u>
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	}			
	(A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion	886			
13	Office expenses				
14	Information technology		<del></del>		
15	Royalties	. 7 503			
16	Occupancy	7,503			<del></del>
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	20,872	<del></del>		
19	Conferences, conventions, and meetings	20,672			
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	773			
23	Insurance	775	<del></del>	<u> </u>	
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)				
а	Fair Expense	4,941			
b	4-H Promotion	4,174			
c	Board Expense	3,289			
d	Newsletter	1,766			
e	All other expenses	4,209			
25	Total functional expenses. Add lines 1 through 24e	84,253	0	0	0
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	,200	<u>_</u>		

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 23,782 29,998 Cash—non-interest bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 4 100,000 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 other basis. Complete Part VI of Schedule D 6,561 10a **b** Less accumulated depreciation 4,273 10b 3,061 2,288 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 708,235 896,949 12 13 Investments—program-related, See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 835,078 929,235 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 2,093 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25  $\cdot 2,093$ 2,226 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Set 32 Retained earnings, endowment, accumulated income, or other funds 832,985 927,009 32 33 Total net assets or fund balances 832,985 927,009 33 929,235 Total liabilities and net assets/fund balances 835,078

-om	1990 (2014) Johnson County Farm Bureau Assoc. 48-0564295				Pa	ge <b>12</b>		
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1'	78,	<u>277</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	Ī			253		
3	Revenue less expenses Subtract line 2 from line 1	3		9	94,	024		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		832,985				
5	Net unrealized gains (losses) on investments	5						
6	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						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		·					
	33, column (B))	10		92	27,	009		
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		[			i		
	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?		L	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		_					
b	Were the organization's financial statements audited by an independent accountant?			2b		_ <b>X</b> _·		
	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			_				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				- 1			
	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.			_				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?			3a		_ <b>X</b> _		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b				

Form **990** (2014)

#### 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

2014

**Employer identification number** 

Open to Public

Department of the Treasury Internal Revenue Service

Name of organization

► Complete if the organization is described below. 
► Attach to Form 990 or Form 990-EZ.

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

- 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.

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

	Johnson County Farm	Bureau Assoc.		48-05642	<u>95                                    </u>
Pai	t I-A Complete if the organization is exem	pt under section 501(c	or is a section	n 527 organizatio	on
1	Provide a description of the organization's direct and indire	ct political campaign activities	ın Part IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
		·			
Pa	t I-B Complete if the organization is exem	pt under section 501(c	)(3)		
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	1 1	<del></del>	504( )(0)	
Pa	t I-C Complete if the organization is exem			ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	ted to other organizations for s	ection		
_	527 exempt function activities		_	▶ \$	
3	Total exempt function expenditures. Add lines 1 and 2. Ent	er here and on Form 1120-PO	L,		
	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 pro	• •		<del>-</del>	
_	as a separate segregated fund or a political action committee				(-) 4 1 1 1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds if none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
(1)	<del></del>		<del> </del>	<del></del>	
(')					
(2)					
(-)					
(3)	· · · · · · · · · · · · · · · · · · ·	<del></del>			
(-,					
(4)			<del></del>	<del></del>	
``			ļ		
(5)				· · · · · · · · · · · · · · · · · · ·	
. ,					
(6)				<u> </u>	
		]	]	1	
For F	aperwork Reduction Act Notice, see the Instructions for Form	990 or 990-EZ.		Schedule C (Fo	orm 990 or 990-EZ) 201
					- <b>,</b> -

chec	dule C (Form 990 or 990-EZ) 2014 <b>Johns</b>								
Par	t II-A Complete if the organiz	ation is exemp	t under section s	501(c)(3) and	filed Form 5768 (el	ection under			
	section 501(h)).			<del>_</del>	<del></del>	<del></del>			
<b>A</b> (	Check 🕨 🗌 if the filing organizatio	-				oup member's			
	_ name, address, EIN, e	•			•				
3 (	Check  if the filing organization	n checked box A	and "limited con	trol" provision	s apply.				
		bying Expendit			(a) Filing	(b) Affiliated			
	(The term "expenditures" n				organization's totals	group totals			
1a	Total lobbying expenditures to influence pu			<u> </u>					
þ	, , ,		ct lobbying)	Ļ					
C	<del></del>								
d				ļ					
е	Total exempt purpose expenditures (add lin			<u> </u>					
f	Lobbying nontaxable amount. Enter the am	ount from the follow	ing table in both						
_	columns.	<del></del>		<del></del>	<u> </u>				
}	If the amount on line 1e, column (a) or (b) is:		ntaxable amount is:	<del></del>					
-	Not over \$500,000	20% of the amoun	<del></del>						
ŀ	Over \$500,000 but not over \$1,000,000	1	% of the excess over \$50			<u>{</u>			
-	Over \$1,000,000 but not over \$1,500,000	000,000							
ŀ	Over \$1,500,000 but not over \$17,000,000	00,000							
	Over \$17,000,000	\$1,000,000	<del>_</del>						
	Grassroots nontaxable amount (enter 25%			<u></u>	- <del></del>	<del></del>			
	Subtract line 1g from line 1a If zero or less								
	Subtract line 1f from line 1c If zero or less,		Part de la companya d	(					
J	If there is an amount other than zero on eit	ner line 1n or line 11,	, did the organization	file Form 4/20		□ <b>v</b> □ <b>v</b>			
	reporting section 4911 tax for this year?					Yes No			
		_	ing Period Under :	• •					
	(Some organizations that made			-		mns below.			
	S.	ee the separate i	nstructions for lin	es 2a through	2f.)				
	Ļol	bying Expendite	ures During 4-Yea	r Averaging Po	eriod				
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
е	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Part IV Supplemental Information

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, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information

Schedule C (Form 990 pr 990-EZ) 2014 Johnson County Farm Bureau Assoc.

48-0564295

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Internal Revenue Service Name of the organization

## 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.

Employer identification number

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

48-0564295 Johnson County Farm Bureau Assoc. 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 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of 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 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 a 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 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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)(i) 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2014 Johnson						48-0					Page 2
	art III Organizations Maintaini										(continue	ed)
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and othe	er records	, check any of	the follo	wing that a	re a signifi	cant us	e of its			
а	Public exhibition		d 🗌 L	oan or exchan	ge prog	rams						
b	Scholarly research		е 🗌 (	Other								
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part											
	XIII											
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar											
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									No		
Pa	art IV Escrow and Custodial A			_							_	
	Complete if the organization 990, Part X, line 21.	on answere	d "Yes"	to Form 990	0, Part	IV, line 9	, or repo	orted a	n am	ount o	n Form	
1a	Is the organization an agent, trustee, custo	dian or other	ıntermedi	ary for contribu	itions or	other asset	ts not					
	included on Form 990, Part X?										Yes	No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:											
				-							Amount	
С	Beginning balance								1c			
d	Additions during the year								1d			
е	Distributions during the year								1e			
f	Ending balance								1f			
2a	Did the organization include an amount on	Form 990, Pa	art X, line	21, for escrow	or custo	odial accour	nt liability?				Yes	U No
<u>b</u>	If "Yes," explain the arrangement in Part X	III Check here	e if the ex	planation has I	been pro	ovided in Pa	ırt XIII					
Pa	art V Endowment Funds.											
	Complete if the organization	on answere	<u>d "Yes"</u>	to Form 99	<u>0, Part</u>	IV, line 1	0	1				
		(a) Current	year	(b) Prior yea	ar	(c) Two yea	ars back	(d) Ti	ree year	s back	(e) Four ye	ears back
1a	Beginning of year balance	L									ļ	
b	Contributions										<u> </u>	
C	Net investment earnings, gains, and											
	losses			<u>-</u>							<u>                                      </u>	
	Grants or scholarships	<u> </u>			<del></del>						<del> </del>	
е	Other expenditures for facilities and											
	programs	<u> </u>		·				<u> </u>			<del> </del>	
Ŧ	Administrative expenses										<u> </u>	
g	End of year balance		el la el e e e	. ()	(5)) 1						<u> </u>	
2	2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.											
a 5	Board designated or quasi-endowment Permanent endowment > %		%									
	Temporarily restricted endowment	。 %										
·	The percentages in lines 2a, 2b, and 2c sh		n%									
3a	Are there endowment funds not in the pos	•		tion that are he	eld and a	administere	d for the					
-	organization by:		organiza	non that are ne	na ana c	2011111101010101	3 101 1110				[v	es No
	(i) unrelated organizations										3a(i)	50 110
	(ii) related organizations										3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	ons listed as r	eauired o	n Schedule R?	,						3b	
4	Describe in Part XIII the intended uses of		•								<u></u>	· · · · · · · · · · · · · · · · · · ·
Pa	art VI Land, Buildings, and Eq											
	Complete if the organizati	-	d "Yes"	to Form 99	0, Part	IV, line 1	1a. See	Form	990.	Part X	(, line 10.	
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated							(d) Book va	lue			
		(	nvestment)		(other	r)	de	epreciation	1			
1a	Land											
b	Buildings											
c	Leasehold improvements											
d	I Equipment					6,561		- 4	,27	3		2,288
-	Other											
Tota	al. Add lines 1a through 1e (Column (d) mus	st equal Form	990, Part	X, column (B)	, line 10	c)				<u> </u>		2,288

	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	(b) Book value	(c) Method of valuation			
	(including name of security)		Cost or end-of-year market value			
) Fınancıal	derivatives					
	eld equity interests					
_	KFBL Annuity #A00340511	869,846				
1 1	rnett Ethanol Plant	27,103	Cost			
(B)						
(C)						
(D)						
(E)						
(F)			-			
(G)						
(H)	on (h) must soud Farr 000 Bart V and (B) by 40 \	906 040				
Part VIII	nn (b) must equal Form 990, Part X, col (B) line 12 ) ► Investments—Program Related.	896,949				
art VIII,	Complete if the organization answered "Yes"	to Form 000 Part IV line	110 Soc Form 000 Port V line 12			
	(a) Description of investment	(b) Book value	(c) Method of valuation			
	(a) Description of threshitett	(b) Book value	Cost or end-of-year market value			
1)			The state of year market states			
2)						
<del>-/</del> 3)	· · · · · · · · · · · · · · · · · · ·					
<del>1</del> )						
5)			<del></del>			
5) 6)						
7)						
3)						
9)						
Jian. (Coluit	nn (b) must equal Form 990. Part X, col (B) line 13.)					
Part IX	nn (b) must equal Form 990, Part X, cot (B) line 13.) ► Other Assets.					
	Other Assets.	to Form 990. Part IV. line	11d. See Form 990. Part X. line 15.			
		to Form 990, Part IV, line				
Part IX	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.			
Part IX	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line				
Part IX	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line				
Part IX 1	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line				
Part IX	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line	• • • • • • • • • • • • • • • • • • • •			
Part IX 1) (1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line				
Part IX   1)   2)   3)   4)   5)   6)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line				
Part IX (1) (2) (3) (3) (4) (5) (5) (5) (7)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line				
Part IX   1)   2)   3)   4)   5)   6)   7)   8)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line				
Part IX   1)   2)   33)   44)   55)   66)   77)   88)   99)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line				
Part IX   1)   2)   3)   4)   5)   6)   7)   8)   9)	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, cot. (B) line 15 )  Other Liabilities.		(b) Book value			
Part IX   1)   2)   2)   3)   4)   5)   6)   7)   8)   9)   ttal. (Column	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, cot. (B) line 15)  Other Liabilities. Complete if the organization answered "Yes"		(b) Book value			
Part IX (1) (2) (2) (3) (4) (5) (6) (7) (3) (9) (4) (4) (5) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, cot. (B) line 15 )  Other Liabilities.		(b) Book value			
Part IX	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, cot. (B) line 15)  Other Liabilities. Complete if the organization answered "Yes"		(b) Book value			
Part IX (1) (2) (3) (4) (5) (5) (7) (8) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes"  (a) Description  (b) must equal Form 990, Part X, cot. (B) line 15)  Other Liabilities. Complete if the organization answered "Yes" line 25.	to Form 990, Part IV, line	(b) Book value			
Part IX  (2) (3) (5) (6) (7) (7) (8) (9) (1) (1) (2) (3) (4) (5) (7) (7) (8) (7) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	to Form 990, Part IV, line	(b) Book value			
Part IX  (a) (b) (c) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	to Form 990, Part IV, line	(b) Book value			
Part IX  (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (1) Federa (2) (3)	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	to Form 990, Part IV, line	(b) Book value			
Part IX	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	to Form 990, Part IV, line	(b) Book value			
Part IX   1)   2)   3)   4)   5)   6)   7)   8)   9)   41   1)   Federa   2)   3)   4)   5)	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	to Form 990, Part IV, line	(b) Book value			
Part IX	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	to Form 990, Part IV, line	(b) Book value			
Part IX   1)   2)   3)   4)   5)   6)   7)   8)   9)   htal. (Column   Part X   1)   1)   Federa   2)   3)   4)   5)   6)	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	to Form 990, Part IV, line	(b) Book value			
Part IX   1)   1)   2)   3)   4)   5)   6)   7)   8)   9)   11   Federa   2)   3)   4)   5)   6)   7)   8)   9)   9)   7)   8)   9)   9)   9)   9)   9)   9)   9	Other Assets. Complete if the organization answered "Yes"  (a) Description  In (b) must equal Form 990, Part X, col. (B) line 15 )  Other Liabilities. Complete if the organization answered "Yes" line 25.  (a) Description of liability	to Form 990, Part IV, line	(b) Book value			

Sche	dule D (Form 990) 2014 Johnson County Farm Bureau A	ssoc.	48-0564295	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Return	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 1	2a	
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 (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	,		
е	Add lines 2a through 2d	_ <u>2e</u>		
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		<u>4c</u>	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<u> </u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial State			rn.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 1	2a	·
1	Total expenses and losses per audited financial statements		1_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		
С	Other losses	2c	, ,	
d	Other (Describe in Part XIII )	_2d		,
е	Add lines 2a through 2d		_2e	
3	Subtract line 2e from line 1	· 1	_3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<u>5</u>	

▶ 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) 2014 Johnson County Farm Bureau Assoc. 48-0564295
Part XIII. Supplemental Information (continued)

Page 5

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.

2014

OMB No 1545-0047

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

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)

Schedule O (Form 990 or 990-EZ) (2014)

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.