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Form 990

Department of the Treasury

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.ire.gov/form990

OMB No 1545-0047 2014 Open to Public

-	The revenue dervi	O7 / O1 / 14	01111330.	mspection						
<u>A</u>	For the 2014	calendar year, or tax year beginning 07/01/14, and ending 06/30/15								
В	Check if applicable	C Name of organization	D Employer	Identification number						
	Address change	Wyandotte County Farm Bureau Assoc.								
[_]	Name change	Doing business as		110433 ·						
	ŭ	Number and street (or P O box if mail is not delivered to street address) Room/								
	Initial return	9340 Parallel	913-	<u> 299-0914 </u>						
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code								
	1	Kansas City KS 66112	G Gross rece	epts\$ 107,195						
	Amended return	F Name and address of principal officer	N In the control of t	ubordinates? Yes . X No						
	Application pending	Jerry Sipes) Is this a group return for su	ibordinates? Yes · X No						
		14427 Kreider Rd) Are all subordinates incli	uded? Yes No						
		Bonner Springs KS 66012	If "No," attach a list	(see instructions)						
_	Tax-exempt status									
÷			N C							
<u>J</u>			Group exemption number formation 1951 ·							
<u> </u>	Form of organization		ormation 1931	M State of legal domicile KS						
		ummary								
		describe the organization's mission or most significant activities.								
10m U	; See	Schedule O								
30 6	i									
2										
₩ 9	2 Check	his box ▶ if the organization discontinued its operations or disposed of more than 25% of	its net assets							
	3 Numbe	r of voting members of the governing body (Part VI, line 1a)	3	· 206						
> ×	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)	4	206						
多數	5 Total n	umber of individuals employed in calendar year 2014 (Part V, line 2a)	5	·1						
	S Total n	umber of volunteers (estimate if necessary)	6	· 79						
<u> </u>	7 Total II	•		0						
SCANNED NOV 0 4 2015 Activities & Governance	/a Total u	nrelated business revenue from Part VIII, column (C), line 12	7a							
	b Net uni	elated business taxable income from Form 990-T, line 34	Prior Year	Current Year						
Š	9 Contrib	utions and grants (Part VIII, line 1h)	26,767	26,086						
യ	6 Contrib		36,400	37,796						
Į,	9 Program	n service revenue (Part VIII, line 2g)								
و	10 Investr	nent income (Part VIII, column (A), lines 3, 4, and 7d)	17,479	24,812						
	11 Otner r	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,111	18,044						
_		evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,757	106,738						
		and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4) s, other compensation, employee benefits (Part IX column (A), line 4)	4,000	2,720						
	14 Benefit	s paid to or for members (Part IX, column (A), line 4)		0						
ď	15 Salarie	s, other compensation, employee benefits (Part IX, column A) lines 5-100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	30,970	31,429						
Section	16a Profes	sional fundraising fees (Part IX, column (A), line 11e)		0						
				<u> </u>						
ŭ		expenses (Part IX, column (A), lines 11a-11d, 11f-24e	59,872	57,141						
	18 Total e	xpenses. Add lines 13-17 (must equal Part IX, column A), line (25)	94,842	91,290						
	19 Reven	ue less expenses. Subtract line 18 from line 12	3,915	15,448						
5		Begin	nning of Current Year	End of Year						
sets	20 Total a	ssets (Part X, line 16)	922,557	933,268						
As	21 Total li	abilities (Part X, line 26)	1,211	1,506						
Š	문 22 Net as:	sets or fund balances. Subtract line 21 from line 20	921,346	931,762						
3	Part II	Signature Block		· · · · · · · · · · · · · · · · · · ·						
		of perjury, I declare that I have examined this return, including accompanying schedules and statements, a	nd to the best of my kn	owledge and belief, it is						
	•	complete. Declaration of preparer (other than officer) is based on all information of which preparer has an	•							
_		William X 2a		0/14/15						
S	ign 🔽	Signature of officer	Date	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	ere	JERRY SIPES		. ,						
• • •		Type or print name and title								
_	Prot/	ype preparer's name Preparer's signature	Date Check	of PTIN						
ъ.	aid	ype preparer's name rreparer's signature	l lonece	∟ "						
				ployed						
	reparer Firm's		Firm's EIN	<u> </u>						
U	se Only	prepared by a								
_		address > non-paid preparer.	Phone no							
_		uss this return with the preparer shown above? (see instructions)		Yes No						
		eduction Act Notice, see the separate instructions.		Form 990 (2014)						
D/	V1	A ~ 7 (V								

		Farm Bureau Assoc. 48-	5110433	Page 2
	tatement of Program Servi	ce Accomplishments a response or note to any line in this	Part III	X
	ribe the organization's mission:	a response of note to any line in this		<u> </u>
See Sch	edule O			
2 Did the orga	inization undertake any significant i		nt listed on the	
_	90 or 990-EZ?	nogram ochriscis daring the year milen word its	or noted on the	Yes X No
•	scribe these new services on Scheo	lule O e significant changes in how it conducts, any pi	ogram	
services?	inization cease conducting, or mak	e significant changes in now it conducts, any pi	ogram	Yes X No
	scribe these changes on Schedule			
	=	complishments for each of its three largest pro inizations are required to report the amount of	-	
	penses, and revenue, if any, for each		,	
4a (Code:) (Expenses \$	including grants of \$) (Revenue \$	
All act	ivities offered t	o educate and/or improv	e quality	,
		ograms offered to all m		
include	nealtn, sarety,	citizenship and marketi	.ng.	
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$,
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
4 c (Code.) (Expenses \$	including grains or \$) (nevenue \$	•
4d Other progr	am services (Describe in Schedule	O.)		
(Expenses		uding grants of \$)	(Revenue \$)
4e Total progra	am service expenses			Form 990 (2014
				10111 200 (2014

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			₹.
4	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)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
3	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ĺ		
L.	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		v
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		X
	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	110		-
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		_X_
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>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		İ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		-	
45	foreign investments valued at \$100,000 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			7.5
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
	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	-'		
	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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21		_		Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. Countin (A), line 2 If I Yee," complete Schedule I, Parts I and III 22 X depression of the organization is current and former officers, directors, Incisees, key employees, and highest compensated employees? If Yee," complete Schedule I. A standard property of the part IX. Schedule I. A standard property of IX. Schedule I. A standard property of IX. Schedule I. A standard property of IX. Schedule IX. If Yee," or to said the organization report any proceeds of tax-evenpt bonds beyond a temporary period exception? 24a IX. Did the organization marks any proceeds of tax-evenpt bonds beyond a temporary period exception? 25b Did the organization marks and schedule IX. If Yee, I are the organization and the schedule IX. If Yee, I are the organization and the schedule IX. If Yee, I are the organization engage in an excess benefit transaction with a dequalitied person during the year? If Yee, I complete Schedule IX. Part I is the organization aware that the angaged in an excess benefit transaction with a dequalitied person during the year? If Yee, I complete Schedule IX. Part I is the organization aware that the angaged in an excess benefit transaction with a dequalitied person of the organization engage in an excess benefit transaction with a dequalitied person of the organization propert 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, substantial contributor or employee hereof, a grant selection committee member, or to a 36% controlled entity or family member of any of these specars of If Yee, I complete Schedule IX. Part II 25c	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 2º I l'res, "complete Schedule I, Parts I and III 22 X X Od the organization naives" yes* for Part IVI, Section A, line 3.4, or 5 should compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than 3100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 24a X 24b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Dd the organization makes an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 24c Dd the organization are are an an escrow account other than a refunding secrow at any time during the year? 24d Dd Dd the organization are any time during the year? 24d Dd Dd Dd the organization are any tax-exempt bonds? 24d Dd Dd Dd the organization are any tax-exempt bonds? 24d Dd		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
30 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organizations current and former officiers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 31 A	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		
organization's current and former officers, directors, frustless, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 148 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer ines 24b through 24d and complete Schedule K. If "No", 50 to line 258 Did the organization marked an ascrow account other than a refunding escow at any time during the year to defease any tax-exempt bonds? 24d Did the organization marked an ascrow account other than a refunding escow at any time during the year? 24d Did the organization rate and an ascrow account other than a refunding escow at any time during the year? 24d Did the organization act as an 'into behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act as an 'into behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act and 'into behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act and 'into behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act and 'into behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act and 'into behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act and 'into behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act and 'into behalf of issuer for bonds behalf of year? 25d Did the organization act and the access behalf transaction with a disqualified person in a prior of the sea of year? 25d Did the organization provide a grant or other assistance to an officer, director, trustee, we employee, or disqualified persons? If "Yes," complete Schedule the part III is the provided outstanding the year of the progranization provide a grant or other assistance to an officer, director, tr			22		<u> </u>
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pend exception? I bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? I did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d					
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Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 35a X 35a X 35b 37b 37b 37b 37b 37c 37c 38c 37c 37c 37c 37c 38c 37c 37	34				
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controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 35b 36 37 X	_	· · · · · · · · · · · · · · · · · · ·	35a		<u> </u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X	D		l		
related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X			35b		
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 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 X	36		1		
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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 X			36		
Part VI 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 37 X 38 X	3/	· · · · · · · · · · · · · · · · · · ·			
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 X					
19? Note. All Form 990 filers are required to complete Schedule O	20		37		<u> </u>
	30		_	. l	
		19. Hote. All I offit and field are required to complete actientie of	38		

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which

Form 990 (2014)

14a

13b

13c

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year ′206 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. 206 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 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). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None. 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website · X Upon request Other (explain in Schedule O) 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: > 20 Office Secretary 9340 Parallel Kansas City KS 66112

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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle icer a	Position not check more than one , unless person is both an cer and a director/hustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Officer Frommer Fromme		from the organization and related organizations			
(1) Floyd Eberth	0.00									
Board Member	0.00	\mathbf{x}						0	o	O
(2) Luke Kreider	1	 	\vdash	\vdash		1 1				
(1)	0.00									
Board Member	0.00	x						o	o	0
(3) Paul Meinke	1,11	T		\vdash		T				
(4, = 111	0.00									
Board Member	0.00	x						o	o	0
(4) Jim Mueller										
•	0.00	ļ								
Board Member	0.00	X.						0	0	0
(5) Diana Tuttle		ĺ								
	0.00									
Board Member	0.00	x						0	0	0
(6) Jerry Sipes										
	0.00									
President	0.00			X				0	0	0
(7) Gary Wohlforth									 -	
	0.00	1	1	1	1	1 1				
Vice-President	0.00			X	L			0	0	0
(8) Oran Eddy						\prod				
	0.00				1					
Sec/Treas	0.00			X	$oxed{oxed}$			0	0	0
(9)										
(10)				-						
(11)				-	-					
DAA			<u>_</u>	<u></u>	<u> </u>					Form 990 (2014)

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
	(A) (B) (C) Name and title Average hours per week (list any hours for					an ee)	(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)	(2.336)	organization and related organizations
(12)											
(13)							-				
(14)					-						
(15)					<u>-</u>	-					
(16)											
(17)											
(18)											
(19)											
1b c	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion .	Α	L.		> >			
2	Total number of individuals (in reportable compensation from	ncluding but not in the organization	lımıte n ▶	ed to	thos	se lis	ted a	abov	ve) who received more than	\$100,000 of	·
3	Did the organization list any for employee on line 1a? If "Yes,"	" complete Sche	dule	J fo	r suc	:h ind	ıbivit	Jal			Yes No
4 5	For any individual listed on lin organization and related orga individual Did any person listed on line	nızatıons greateı	thai	n \$1	50,00	00?	f "Ye	es," (complete Schedule J for su	uch	4 X
Soot	for services rendered to the o	rganization? If "\									5X
1	Complete this table for your fi compensation from the organ	ve highest comp	ensa	ated	ınde	pend	dent	cont	tractors that received more	than \$100,000 of	
		(A) d business address	Omp	E1156	allOII	101 (ne C			(B) ption of services	(C) Compensation
				_							
								<u> </u>	-	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>					_	-			
							_				
2 DAA	Total number of independent received more than \$100,000	contractors (incl of compensatio	udın n fro	g bu m th	t not e org	limit	ed to	tho	ose listed above) who	0	Form 990 (20)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt function business excluded from tax revenue under sections revenue 512-514 1a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above .26,086 1f Noncash contributions included in lines 1a-1f 26,086 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 110000 37,796 37,796 County Dues b f All other program service revenue 37,796 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, .7,766 24,812 and other similar amounts) .17,046 Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (ii) Personal 18,000 6a Gross rents **b** Less rental exps 18,000 C Rental inc or (loss) Þ 18,000 Net rental income or (loss) **18,000** 7a Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 501 returns and allowances 457 b Less. cost of goods sold b 44 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a b c All other revenue \blacktriangleright Total. Add lines 11a-11d 106,738 Total revenue. See instructions. 45,562 35,090

Statement of Functional Expenses **Part IX** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (B) Program service Do not include amounts reported on lines 6b. (A) (C) Management and (D) Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,720 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 26,613 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,527 9 Other employee benefits 10 Payroll taxes 2,289 Fees for services (non-employees): Management а b Legal c Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) < 332 12 Advertising and promotion Office expenses Information technology 14 15 Rovalties 14,777 16 Occupancy 3,478 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15,151 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 14,172 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 O) Contributions 4,000 Newsletter 1,621 b Supplies 1,496 C Insurance: Master Group L 870 d 1,244 All other expenses Total functional expenses. Add lines 1 through 24e 91,290 0 0 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 12,156 16,189 Cash-non-interest bearing 9,919 Savings and temporary cash investments 2 10,015 3 Pledges and grants receivable, net 3 100,000 100,000 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 12,071 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or 458,469 other basis Complete Part VI of Schedule D 10a 120,084 338,385 **b** Less accumulated depreciation 10b 352,557 10c 11 Investments—publicly traded securities 443,892 460,641 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 922,557 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 933,268 17 Accounts payable and accrued expenses 1,211 17 1,506 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 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 26 Total liabilities. Add lines 17 through 25 1,211 26 1,506 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 28 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. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 921,346 Set 32 Retained earnings, endowment, accumulated income, or other funds 931,762 32 921,346 Total net assets or fund balances 33 931,762 Total liabilities and net assets/fund balances 922,557 933,268

	990 (2014) Wyandotte County Falm Buleau Assoc. 48-6110455				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	6,	738
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	1,:	290
3	Revenue less expenses. Subtract line 2 from line 1	3		1	.5,4	448
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				3 <u>4</u> 6.
5	Net unrealized gains (losses) on investments	5				032
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		93	1.	762
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		Г			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O		1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	^	x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.				¥	
	Separate basis Consolidated basis Both consolidated and separate basis				Ì	E c
b	Were the organization's financial statements audited by an independent accountant?			2ь	Ī	x .
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:			- 1	ļ	í
	Separate basis Consolidated basis Both consolidated and separate basis			- 1]	,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ŀ		\$
	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.			-		;
3a	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		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				\neg	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			зь	ŀ	
	, , , and ,		<u>L</u>		990	(2014)
				. 0.11		(4-U1-7)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

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

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

• :	section 501(c)(4), (5), or (6) organizations: Complete Part III	l						
Nam	e of organization				ification number			
	Wyandotte County Fa	rm Bureau Assoc	<u> </u>	48-61104				
Pa	rt I-A Complete if the organization is exen	npt under section 501(c	<u>) or is a sectio</u>	n 527 organizatio	on.			
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV.					
2	Political expenditures			▶ \$				
3	Volunteer hours							
	t I-B Complete if the organization is exen)(3).					
1	Enter the amount of any excise tax incurred by the organiz			▶ \$				
2	Enter the amount of any excise tax incurred by organization	•	5	▶ \$				
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No			
	Was a correction made?				Yes No			
	If "Yes," describe in Part IV.			504(-)(0)				
	rt I-C Complete if the organization is exen			on 501(c)(3).				
1	Enter the amount directly expended by the filing organizati	ion for section 527 exempt fund	tion					
_	activities			▶ \$				
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection					
	527 exempt function activities			▶ \$				
3	Total exempt function expenditures Add lines 1 and 2. En	iter here and on Form 1120-PO	L,					
4	line 17b							
	 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 							
5								
	organization made payments. For each organization listed							
	the amount of political contributions received that were pro							
	as a separate segregated fund or a political action commit							
	(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)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(' '								
(2)								
(-,								
(3)								
ν-,								
(4)								
` ',								
(5)								
ν-,								
(6)			·					

Schedule C (Form 990 or 990-EZ) 2014 Wya .	ndotte Coun	ty Farm Bu	reau Ass	oc. 4	8-6110	433	Page 2
Part II-A Complete if the orga							
section 501(h)). A Check ► if the filing organize name, address, El B Check ► if the filing organize	N, expenses, and	share of excess I	obbying expe	enditures).	d group	member's
	obbying Expend		illioi piovisi	, '''	(a) Filing		(b) Affiliated
(The term "expenditures				1	zation's totals		group totals
1a Total lobbying expenditures to influence	public opinion (grass	roots lobbying)			_		
b Total lobbying expenditures to influence	e a legislative body (dii	rect lobbying)					
c Total lobbying expenditures (add lines	1a and 1b)						
d Other exempt purpose expenditures							
e Total exempt purpose expenditures (ad	·			ļ .			
f Lobbying nontaxable amount. Enter the	amount from the follo	wing table in both					
columns.	Vina The table down						
If the amount on line 1e, column (a) or (b Not over \$500,000	20% of the amou	ontaxable amount is:					*
Over \$500,000 but not over \$1,000,000		5% of the excess over \$	500,000				
Over \$1,000,000 but not over \$1,500,000		0% of the excess over \$		1	ś		\$
Over \$1,500,000 but not over \$17,000,000		% of the excess over \$1					
Over \$17,000,000			,	ľ			
g Grassroots nontaxable amount (enter 2	5% of line 1f)						
h Subtract line 1g from line 1a. If zero or	less, enter -0-						
i Subtract line 1f from line 1c. If zero or le	ess, enter -0-						
j If there is an amount other than zero or	either line 1h or line 1	I, did the organization	n file Form 4720)			
reporting section 4911 tax for this year?	<u> </u>	_ _					Yes No
		ging Period Under					
(Some organizations that m			_		f the five o	columns	below.
	See the separate	instructions for li	nes 2a throuç	gh 2f.)			
	Lobbying Expendi	tures During 4-Ye	ar Averaging	Period		•	
Calendar year (or fiscal year							
beginning in)	(a) 2011	(b) 2012	(c) 20°	13	(d) 201	4	(e) Total
2a Lobbying nontaxable amount							
b Lobbying ceiling amount			4			χ.	
(150% of line 2a, column(e))	***	* *	*	» ;	*	<u></u>	
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))	** ,	*	* •	·	>	>	
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2014

Part IV: Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

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

Schedule C (Form 990 or 990-EZ) 2014 Wyandotte County Farm Bureau Assoc. 48-6110433

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury 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, Attach to Form 990.

Schedule D (Form 990) 2014

Employer Identification number

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

Open to Public Inspection

OMB No 1545-0047

Wyandotte County Farm Bureau Assoc. 48-6110433 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. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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) and section 170(h)(4)(B)(ii)? | Yes | | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Sche	edule D (Form 990) 2014 Wyandotte								Page 2
Pa	art III Organizations Maintaining							(continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	s, chec	k any of the fol	lowing that a	re a signif	icant use of its		
а	Public exhibition	d 🗌	Loan or	r exchange pro	grams				
b	Scholarly research	e 🗍	Other		_				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ney further the	organızatıon'	s exempt	purpose in Part		
	XIII.	•		•	Ū	·			
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical treasu	res, or other	sımılar			
	assets to be sold to raise funds rather than to							Yes	No
Pa	art IV Escrow and Custodial Arr	_							
1	Complete if the organization	answered "Yes	" to Fo	rm 990, Par	rt IV, line 9	, or repo	orted an amount o	on Form	
	990, Part X, line 21.					•			
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for	contributions of	or other asse	ts not			
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table.					
								Amount	
C	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 F	orm 990, Part X, line	21, for	escrow or cust	todial accour	nt liability?		Yes	No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanatı	on has been pr	rovided in Pa	ırt XIII			
Pa	art V Endowment Funds.								
	Complete if the organization	answered "Yes"	" to Fo	rm 990, Par	t IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two yes	ars back	(d) Three years back	(e) Four year	s back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships				_				
е	Other expenditures for facilities and			,					_
	programs	_							
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a))	held as				
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation the	at are held and	administered	d for the			
	organization by.							Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" to 3a(II), are the related organization	s listed as required o	n Sche	dule R?				3b	
_4	Describe in Part XIII the intended uses of the	organization's endo	wment	<u>f</u> unds					
Pa	art VI Land, Buildings, and Equi								
	Complete if the organization	answered "Yes"	' to Fo	rm 990, Par	t IV, line 1	1a. See	Form 990, Part >	(, line 10.	
	Description of property	(a) Cost or other t		(b) Cost or o		_	Accumulated	(d) Book value	
		(investment)	_	(othe	er)	de	epreciation		
1a	Land				26,527			26,	527
b	Buildings				23,845		112,830	311,	
С	Leasehold improvements								
d	Equipment				8,097		7,254		843
e	Other								
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Par	t X, colu	ımn (B), line 10	Oc.)			338,	385
							Sched	lule D (Form 99	

	line 25	
1	(a) Description of liability	(b) Book value
(1) Federa	al income taxes	
(2)		
(3)		
(4)		
(6)		
(7)		
(8)		
(9)		

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

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

Sche	dule D (Form 990) 2014 Wyandotte County Farm Bureau			Page 4
Pa	irt XI Reconciliation of Revenue per Audited Financial Stateme		-	
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 12a	<u>. </u>	
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	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
8	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5_	
PE	art XII Reconciliation of Expenses per Audited Financial Staten		•	
	Complete if the organization answered "Yes" to Form 990, P	<u>art IV, line 12a</u>		-, <u></u> -
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		<u> </u>	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
'≅Pŧ	art XIII Supplemental Information.			

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

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

SCHEDULE O (Form 990 or 990-EZ) 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

Department of the Treasury

► 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

Wyandotte County Farm Bureau Assoc.

Employer identification number 48-6110433

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 Wyandotte 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 Wyandotte County Farm Bureau President, he/she will determine whether

Employer identification number

Wyandotte County Farm Bureau Assoc.

48-6110433

to (a) 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 Wyandotte County Farm Bureau.

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