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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

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

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

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

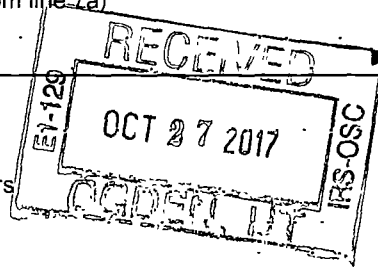
OMB No 1545-1150

2016**Open to Public
Inspection**

A For the 2016 calendar year, or tax year beginning	7/1/2016	, and ending	6/30/2017
B Check if applicable	C Name of organization		
<input checked="" type="checkbox"/> Address change	Crawford County Farm Bureau Assoc		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		Room/suite
<input type="checkbox"/> Initial return	112 W St John		
<input type="checkbox"/> Final return/terminated	City or town	State	ZIP code
<input type="checkbox"/> Amended return	Girard	KS	66743
<input type="checkbox"/> Application pending	Foreign country name	Foreign province/state/county	Foreign postal code
D Employer identification number	48-0558137		
E Telephone number	620-724-4213		
F Group Exemption Number			
G Accounting Method	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		
I Website: ▶	N/A		
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$ 100,476		

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	9,085
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	42,294
	4 Investment income	4	8,014
	5a Gross amount from sale of assets other than inventory	5a	40,390
	b Less cost or other basis and sales expenses	5b	5,543
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	34,847
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	693
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	94,933
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	46,185
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	21,569
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	4,781
	15 Printing, publications, postage, and shipping	15	224
	16 Other expenses (describe in Schedule O)	16	18,389
	17 Total expenses. Add lines 10 through 16	17	91,148
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,785
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	207,411
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	211,196



For Paperwork Reduction Act Notice, see the separate instructions.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b , section 4955 40c		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of 42a Office secretary Telephone no. 42b 620-724-4213		
Located at 42c 112 W St. John City Girard ST KS ZIP + 4 42d 66743-1531		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

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

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

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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

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


(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A.

☐ Yes ☒ No

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

Sign Here		Signature of officer	Date
	Brandon S. Poland, President	Type or print name and title	10-23-17

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Crawford County Farm Bureau Assoc.

Employer identification number

48-0558137

Form 990-EZ, Part I, Line 8, Other Revenue Return of premium 693

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Crawford County Fair

Association Girard KS 66743, Cash Grant 40,000, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Program and Image Enhancement 1,870

Form 990-EZ, Part I, Line 16, Other Expenses 4-H Promotion-Livestock Sale 1,503

Form 990-EZ, Part I, Line 16, Other Expenses Board Expense 272

Form 990-EZ, Part I, Line 16, Other Expenses Committees 2,734

Form 990-EZ, Part I, Line 16, Other Expenses Fair Expense 590

Form 990-EZ, Part I, Line 16, Other Expenses Insurance Master Group Liability 531

Form 990-EZ, Part I, Line 16, Other Expenses Meetings 6,384

Form 990-EZ, Part I, Line 16, Other Expenses Pedal Pull 275

Form 990-EZ, Part I, Line 16, Other Expenses Safety Deposit Box 10

Form 990-EZ, Part I, Line 16, Other Expenses Bank Service Charge 27

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 72

Form 990-EZ, Part I, Line 16, Other Expenses Office Expense 624

Form 990-EZ, Part I, Line 16, Other Expenses Gifts & Flowers 230

Form 990-EZ, Part I, Line 16, Other Expenses Taxes Sec of State 40

Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,733

Form 990-EZ, Part I, Line 16, Other Expenses Non-investment Depreciation 148

Form 990-EZ, Part I, Line 16, Other Expenses Seminars 1,346

Form 990-EZ, Part II, Line 24, Other Assets Accounts receivable Beginning of year 1,026,

End of year 1,782

Form 990-EZ, Part II, Line 24, Other Assets Equipment less accumulated depreciation

Beginning of year 277, End of year 129

Form 990-EZ, Part II, Line 26, Liabilities Accounts payable and accrued expenses Beginning

of year 1,099, End of year 1,098

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

Schedule O (Form 990 or 990-EZ) (2016)

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