

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

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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 type="checkbox"/> Address change		Reno County Farm Bureau Assoc.		
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return		10 S Main Street, Suite A		
<input type="checkbox"/> Final return/terminated		State	ZIP code	
<input type="checkbox"/> Amended return		South Hutchinson	KS	67505-1093
<input type="checkbox"/> Application pending		Foreign country name	Foreign province/state/county	Foreign postal code 05

G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	Other (specify) ►	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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 ► \$ 56,052

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

1 Contributions, gifts, grants, and similar amounts received	10,850
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	36,159
4 Investment income	4 6,752
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 0
6 Gaming and fundraising events	6
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 2,291
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 56,052
10 Grants and similar amounts paid (list in Schedule O)	10 4,200
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 19,390
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 2,057
15 Printing, publications, postage, and shipping	15 1,664
16 Other expenses (describe in Schedule O)	16 25,844
17 Total expenses. Add lines 10 through 16	17 53,155
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,897
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)	19 232,477
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	21 235,374

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2016)

05/00

2018
AUG 15SCANNED AUG 15 2018
Revenue
04 23 25 82 62 JUL 02 2018

9b0b65

Expenses
Not Assets

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	233,399	22	234,986
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	120	24	1,513
25 Total assets	233,519	25	236,499
26 Total liabilities (describe in Schedule O)	1,042	26	1,125
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	232,477	27	235,374

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Educate/improve life quality

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 All activities offered to educate and/or improve quality of life for members.

Programs offered to all members include health, safety, citizenship and marketing.

(Grants \$) If this amount includes foreign grants, check here ► 28a

29

(Grants \$) If this amount includes foreign grants, check here ► 29a

30

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a32 Total program service expenses. (add lines 28a through 31a) ► 32 0**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Cameron Peirce				
President	Hr/WK .00			
Myron Miller	Hr/WK .00			
Vice-President	Hr/WK .00			
Katie Johnson				
Sec/Treas	Hr/WK .00			
Ryan Yoder	Hr/WK .00			
Board Member	Hr/WK .00			
Jenny Burgess				
Board Member	Hr/WK .00			
Todd Miller				
Board Member	Hr/WK .00			
Matthew Krehbiel				
Board Member	Hr/WK .00			
	Hr/WK			

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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.

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

	Yes	No
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

34	X
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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

35a	X
35b	

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

35b	
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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

35c	X
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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

36	X
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37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

37a	
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b Did the organization file Form 1120-POL for this year? ► 37b

37b	X
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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

38a	X
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39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9. ► 39a

39a	
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b Gross receipts, included on line 9, for public use of club facilities. ► 39b

39b	
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40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____

40b	
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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. ► 40c

40c	
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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. ► 40d

40d	
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► 40e

40e	X
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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. ► 41

41 List the states with which a copy of this return is filed. ► 41

42 a The organization's books are in care of ► Office Secretary Telephone no. ► 620-663-4251
Located at ► 10 S Main Street, Suite A City South Hutchinson ST KS ZIP + 4 ► 67505-1093

42b	X
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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: ► 42c

42c	X
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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: ► 43

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

44a	X
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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

44b	X
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c Did the organization receive any payments for indoor tanning services during the year? ► 44c

44c	X
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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

44d	
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45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ► 45a

45a	X
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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

45b	X
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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. 46 Yes No

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. 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48 Yes No

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No

b If "Yes," was the related organization a section 527 organization? 49b Yes No

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	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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

62 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
	Cameron S. Price	11-9-17
Type or print name and title		

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

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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

Reno County Farm Bureau Assoc.

Employer identification number

48-0564910

Form 990-EZ, Part I, Line 8, Other Revenue: Return of premium: 745

Form 990-EZ, Part I, Line 8, Other Revenue: Membership awards: 1,546

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 1,475

Form 990-EZ, Part I, Line 16, Other Expenses: Board Expense: 1,674

Form 990-EZ, Part I, Line 16, Other Expenses: Dues: 275

Form 990-EZ, Part I, Line 16, Other Expenses: Gifts & Flowers: 98

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: Master Group Liability: 598

Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense: 556

Form 990-EZ, Part I, Line 16, Other Expenses: Subscriptions: 20

Form 990-EZ, Part I, Line 16, Other Expenses: Contributions: 4,645

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

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 1,024

Form 990-EZ, Part I, Line 16, Other Expenses: Non-investment Depreciation: 120

Form 990-EZ, Part I, Line 16, Other Expenses: Committees: 8,003

Form 990-EZ, Part I, Line 16, Other Expenses: Meetings: 6,626

Form 990-EZ, Part I, Line 16, Other Expenses: Seminars: Capital Experience: 690

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

Beginning of year: 120, End of year: 0

Form 990-EZ, Part II, Line 24, Other Assets: Accounts receivable: Beginning of year: 0, End of

year: 1,513

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

of year: 1,042, End of year: 1,125