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Form, **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the	2016 cal	endar year, or tax year be	eginning	7/1/2016	, and e	nding	6/30/20	17
В	Check if a	pplicable	C Name of organization	Wyandotte County Far	m Bureau Associ	ation		D Employer iden	tification number
Ш	Address o	change	Doing business as						
	Name also		Number and street (or P O	box if mail is not delivered t	to street address)	Room/suite	_	48-6110433	
므	Name cha	ange	9340 Parallel			l		E Telephone num	ber
Ш	Initial retu	m	City or town		State	ZIP code		913-299-0914	
	Final returni	hotenmet	Kansas City		KS	66112		313-233-0314	
_	I III MALI TELLIKI K	remander.	Foreign country name	Foreign province/s	tate/county	Foreign postal	code		
Ш	Amended	return						G Gross receipts	85,683
	Applicatio	n pending	F Name and address of princip	oal officer			H(a) is ti	nis a group return for sub	ordinates? Yes X No
		, - 0	Jerry Sipes 14427 Kreid	er Rd. Bonner Spring	s. KS 66012			e all subordinates inc	= =
	-		501(c)(3) X 501(c)			_ [7]	1 ''	"No," attach a list (se	
	Tax-exem			() (insert no	o.) 4947(a)(1)	or 527	[•	•
J	Website	: ► N/A					H(c) Gr	oup exemption numb	er
K	Form of or	ganızatıon.	X Corporation True	st Association	Other ▶	LYea	ar of form	ation. 1951 N	State of legal domicile KS
F	Part I	Sui	mmary						
	1	Briefly d	escribe the organization's	s mission or most sig	nificant activitie	s. See	Schedu	ile O	
9	1		-	_					
a	1								
9	2	Check th	nis box ▶ ☐ If the orga	anization discontinue	d its operations	or disposed	of mor	e than 25% of its	net assets
ő	3		of voting members of the						202
රේ	4		of independent voting m						202
es	5		mber of individuals employed	_		•			1
₹	6		mber of volunteers (estin	•	,				123
Activities & Governance	7a		related business revenue						
_) b		elated business taxable in						
	+ -	110t dine	sidiod boomicoo idxable ii	iconio ironi i cini co	<u> </u>		г -	Prior Year	Current Year
_	8	Contribu	itions and grants (Part VI	II line 1h).				23,602	
Revenue	9	Program	service revenue (Part V	III line 2a)		EN/ED	1	39,319	
ē	10	Investm	n service revenue (Part V ent income (Part VIII, col evenue (Part VIII, column	ımn (A) lines 3 4 a	nd Zd) REC	FIAF	181	19,810	
2	11	Other re	venue (Part VIII, column	(A) lines 5 6d 8c 9	c 100 and 11e		191	18,363	
	12	Total rev	enue add lines 8 through	11 /must equal Part V	III rahima tar Tu	2017	1821	101,094	
	13							3,500	
	14	Renefite	paid to or for members (other compensation, empl onal fundraising fees (Pa	Part IX column (A)	line A)	SEAL U	T		0 0
"	15	Salaries	other compensation empl	ovee benefits (Part IX	column (A Cline	5-10	and the same	33,036	
Se	16a	Professi	onal fundraising fees (Pa	rt IX column (A) line	2 110	3-0 10)	<u> </u>	00,000	
Expenses	b	Total fur	ndraising expenses (Part	IX column (D) line 3	25)	0	7.		
X	17		rpenses (Part IX, column	, ,			1 43 3 30	74,675	
	18		penses. Add lines 13-17	- •				111.21	
	19		e less expenses. Subtrac					-10,11	
5 5		, coveriue	o logo experience, cubildo	o to nominio tz		· · · · ·	Bealnr	ling of Current Year	
Net Assets or	20	Total as	sets (Part X, line 16)					922,382	
Ass	21		bilities (Part X, line 26).					1,593	
ž	22		ets or fund balances. Sub		e 20			920,789	
	art II		nature Block	addi mio 21 nom mi		· · · · · ·	L	020,700	020,001
		es of perjun	y, I declare that I have examined	this return, including accor	mpanying schedules	and statements	, and to the	ne best of my knowled	ige
and	belief, it is	s true, corre	ct, and complete. Declaration of	preparer (other than office	r) is based on all info	rmation of which	prepare	r has any knowledge	
Sį	>_	1 1	the rru W	uelle				10	/9/17
He	yıı Fo		Signature of officer	k 41	^ -1	N	0	Date /	
			Kelcty-1	1 weller	Country	<u> </u>	dina	<i>Τος</i>	
C	id eparer		Type or print name and tille						
4	·	Print	t/Type preparer's name	Preparer	s signature		Dat	I	PTIN
Pa	id			1			[Check self-en	L if iployed
Pr,	eparer	·							
ٷڸٳ	e Only	/ Firm	's name					Firm's EIN	
		I Firm	's address 🕨					Phone no	
Ma	y the IR	RS discus	s this return with the prep	parer shown above?	(see instruction:	s)		<u> </u>	Yes No
Ea	Panan	vork Bod	uction Act Notice see the	congrate instruction	10				Earn 990 (2016)

Statement of Program Service Accomplishments Check if Schedulde O contains a response or note to any line in this Part III. See Schedule O. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as reviews on Schedule O. Describe the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 901(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and review lift any, for each program service reported. 4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) All activities offered to educate and/or improve quality of life for members. Programs offered to all members include health, safety, citizenship and marketing. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) All activities offered to educate and/or improve quality of life for members. Programs offered to all members include health, safety, citizenship and marketing.	Form 9	90 (2016)	Wyandotte County Farm Bureau Association	48-6110433	Page 2
1 Birlefty describe the organization's mission: See Schedule O 2 Did the organization undertake any significant program services during the year which were not listed on the prior For Gene 900 or 990-E27.	Pa	t III	Statement of Program Service Accomplishments		
See Schedule O 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of list three largest program services, as measured by expenses. Section 501(52) and 501(54) 3 an	•		Check if Schedule O contains a response or note to any line in this Part III	· · · · · · ·	X
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27. If Yes (Seconbe these new services on Schedule O.) 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes (Seconbe these changes on Schedule O.) 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, Section 501(c)3 and 501(c)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code:) (Expenses \$ including grants of \$) (Revenue \$) All activities offered to educate and/or improve quality of life for members. Programs offered to all members include health, safety, critizenship and marketing. 4 (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4 (Code:) (Expenses \$ including grants of \$) (Revenue \$)	1	_			
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Part IV

•			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-^-
3		 -		
J	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			!
	Part III	5	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1 1		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		١ (
	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," complete			
_	Schedule D, Part VI	11a	- <u>×</u> -	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		Ì	v
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		<u> </u>
Ų.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	l	х
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	-+	<u> </u>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	110		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\frac{x}{x}$
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	Х
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		<u>X</u> _
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>X</u> _
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	امما	{	.,
4 E	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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	-	¥
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		<u> </u>
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	İ	Χ_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u>^</u>
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			 -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18]	<u> </u>
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		<u> </u>

Form 990 (2016) Wyandotte County Farm Bureau Association 48-6110433 Part IV Checklist of Required Schedules (continued) Yes No 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?...... 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III......... 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. 31 Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Part II. 34 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

Χ

rai	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Should be delicated to contain a responde of their to any line in this fact of the respondence of their to any	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			l
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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	_		V
b	account)?	4a		X
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).	1		l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
L	and services provided to the payor?	7a		
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>	l	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12	1	ł	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		- 1	
11	Section 501(c)(12) organizations. Enter:]	
а	Gross income from members or shareholders	1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources		Į.	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		}	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	, [ţ	
С	the organization is licensed to issue qualified health plans	. 1	ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI

Sect	ion A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 202					
	If there are material differences in voting rights among members of the governing body, or		1				
	if the governing body delegated broad authority to an executive committee or similar		l				
	committee, explain in Schedule O.						
ь	Enter the number of voting members included in line 1a, above, who are independent	1 b 202	Į.				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		ĺ				
	any other officer, director, trustee, or key employee?		2		Х		
3	Did the organization delegate control over management duties customarily performed by or under						
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	1	Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	•	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X		
6	Did the organization have members or stockholders?		6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		<u> </u>	 ^-			
	one or more members of the governing body?		7a	х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		/ a	$\vdash $			
•	stockholders, or persons other than the governing body?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken		10				
J	the year by the following:	i duinig					
а	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	x			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r		- OD	-^-			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Х		
Sect	ion B. Policies (This Section B requests information about policies not required by the						
900.	ion bit oneles (this couldn't requests information about pointed not required by the	internar revenue e	ouc.	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10ь	1			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	-	11a	X			
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	Х			
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	give rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						
	describe in Schedule O how this was done		12c	х			
13	Did the organization have a written whistleblower policy?		13	Х			
14	Did the organization have a written document retention and destruction policy?		14	Х			
15	Did the process for determining compensation of the following persons include a review and appro-	val by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation]		j		
а	The organization's CEO, Executive Director, or top management official		15a		X		
b	Other officers or key employees of the organization		15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			}		
	with a taxable entity during the year?		16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its			1		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe			j)		
	the organization's exempt status with respect to such arrangements?	· · · · · · ·	16b				
Sect	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)							
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 C							
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po							
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:	•				
	Office Secretary	913-299-0914					
	0340 Parallel Kansas City KS 66112						

Form 990 (2016)	Wyandotte County Farm Bureau A	ssociation								48-61104	433	Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, l	(ey	En	nple	oyee	s, I	Highest Comp	ensated		
	Employees, and Independent C	ontractors		-		•						
	Check if Schedule O contains a re	esponse or no	te to	an	y Iir	ne ii	n this	Pa	art VII			
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsate	ed E	Employees			
1a Complete t	this table for all persons required to be	isted. Report co	mpe	nsat	ion :	for t	he ca	len	dar year ending	with or within the	;	
organization's	tax year.											
• List all	of the organization's <mark>current</mark> officers, di	rectors, trustees	(wh	ethe	r ind	divid	luals	or c	organizations), re	gardless of amo	ount	
of compensati	ion. Enter -0- in columns (D), (E), and (F) if no compens	satior	ı wa	s pa	aid.						
	of the organization's current key emplo											
	organization's five current highest con											
	reportable compensation (Box 5 of Form	m W-2 and/or Bo	OX / (of Fe	orm	109	9-MI	SC)	of more than \$1	00,000 from the		
-	and any related organizations.		المالد:	-L			4	. د ـ				
	of the organization's former officers, ke eportable compensation from the organ	•		-		_			empioyees who r	eceived more th	an	
•	•	•			_				ao a farmar dura	dar ar tructae af	46.0	
	of the organization's former directors or more than \$10,000 of reportable compe										tne	
•	the following order: individual trustees		_					•	•			
•	employees; and former such persons.	or directors, ins	utuu	Jilai	แนะ	ole e	5, UIII	CEI	s, key employees	s, nignesi		
	s box if neither the organization nor any	rolated organia	otion		~~~	n oo	tod o		urrent efficer du	catar ar truataa		
X) Check thi	S box in heither the organization not any	related organiz	T	COI	<u> </u>		ieu a	ily C	turrent onicer, di	ector, or trustee		
			ĺ			C)					İ	
	(A)	(B)	(do	not c		more	than o	опе	(D)	(E)) (F	F)
	Name and Title	Average hours per	·						Reportable	Reportable	Estin	ated
		week (list any		$\overline{}$				_	compensation from	compensation from related	amou oth	
		hours for related	individual trustee or director	SE	Officer	Key employee	Highest ∞ employee	Former	the organization	organizations (W-2/1099-MISC)	comper	
		organizations	ecto dia	출	=	ğ	st α	*	(W-2/1099-MISC)	(**-2/1039-14113C)	organı	zation
		below dotted line)] ag	를	1) §) mg	İ			and re organiz	
			i ii	Institutional trustee	İ	١٣	Highest compensated employee		j		organiz	20113
			1	•	1	1	i i i i i i i i i i i i i i i i i i i	1	1		1	
(1) Mark W	lise	0.00										
Board Member	er	0.00	X	<u> </u>				L	L			
(2) Charles	Eberth	0.00	l				l		[ĺ	
Board Membe	er	0.00	X		$oxed{oxed}$	L		L				
(3) Paul Mo	einke	0.00		İ]		1		ĺ	
Board Member	````````````````````````	0.00		ـــــ	<u> </u>			_				
(4) Jeffery	Meyer	0.00		1	ł	1	•		ļ		ĺ	
Board Membe		0.00		╄	┞-	L.		<u> </u>				
(5) Jim Mu		0.00		1							İ	
Board Membe		0.00		}	├	-					<u> </u>	
(6) Diana 1		0.00		1	İ	1	1				ĺ	
Board Membe		0.00	_	┼	⊢	_	<u> </u>	-	ļ			
(7) Jerry Si	pes	0.00				l	(,	l	
President	 	0.00		┼-	X	├		-				
(8) Gary W		0.00				}]			ĺ	1	
Vice-Presiden		0.00		┼-	X			-	}		 	
(9) Luke Ki	reluel	0.00 0.00			-	}	}	1	l i		ĺ	
Sec/Treas		U.UU	I	L	LX.	L	L	I _	1		1	

(10)

(11)

(12)

(13)

(A) Name and title		(B) Average hours per	(do n box, office	ot ch unles	Pos eck s pe d a d	c) ition more rson irecto	than o	one i an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)											
(17)							-				
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b c	Sub-total	ection A						>	0	0	
<u>d</u>	Total (add lines 1b and 1c)	mited to those lis	ted a	ıbov	e) v 0	vho	recei	ved	0 more than \$100	0,000 of	0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched				loye	e, c	r higl	hesi	t compensated		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual									h 	4 X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			•			_			5 X
Sec 1	tion B. Independent Contractors Complete this table for your five highest compe	neated indepen	lont (raci	0.50	that r		ived more than 9	\$100.000 of	
	compensation from the organization. Report co year.										tax
	(A) Name and business add	ress							(B) Description of sen	vices	(C) Compensation
<u> </u>								_			0
											0
											0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		ted to	tho	se	ıste	d abo	ve)	who received		

Total. Add lines 11a-11d

Total revenue. See instructions. .

Form 990 (2Q16) 48-6110433 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (B) (D) (A) Revenue Related or Unrelated Total revenue business excluded from exempt tax under sections function revenue 512-514 revenue 0 Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b 0 0 1c 1d 0 1e 0 Government grants (contributions) . . . All other contributions, gifts, grants, and similar amounts not included above . . . 1f 7,400 Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 7,400 **Business Code** Program Service Revenue County Dues 110000 38,735 38,735 0 _____ 0 0 0 0 f All other program service revenue Total. Add lines 2a-2f 38,735 Investment income (including dividends, interest, and <u>4,</u>564 18,767 Income from investment of tax-exempt bond proceeds . 0 5 Royalties *.* 0 (II) Personal (ı) Real 18,000 **6a** Gross rents Less: rental expenses . . . 18,000 c Rental income or (loss). . . d Net rental income or (loss). ightharpoons18,000 18,000 (ı) Secunties (II) Other 7a Gross amount from sales of assets other than inventory . . **b** Less: cost or other basis and sales expenses . . . Gain or (loss) 0 Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses 0 c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19. 0 **b** Less: direct expenses c Net income or (loss) from gaming activities . . . 0 10a Gross sales of inventory, less returns and allowances a 0 **b** Less. cost of goods sold 0 c Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a Membership Awards 110000 1,610 Return of Premium 110000 1,171 0 C All other revenue 0

2.781

43,299

85,683

Wyandotte County Farm Bureau Association Statement of Functional Expenses

_	on 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other or	ganizations must c	omplete column (A)	,					
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	domestic governments. See Part IV, line 21	0								
2	Grants and other assistance to domestic	1								
	individuals. See Part IV, line 22	500								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
_	trustees, and key employees	0		0						
6	Compensation not included above, to disqualified			i ,						
	persons (as defined under section 4958(f)(1)) and									
-	persons described in section 4958(c)(3)(B)	0 28,713								
7	Other salaries and wages	28,713		<u> </u>						
8	Pension plan accruals and contributions (include	ا								
•	section 401(k) and 403(b) employer contributions)	2,969								
9	Other employee benefits	2,469	 							
10 11	Payroll taxes	2,409								
	· · · · · · · · · · · · · · · · · · ·	o								
a b	Management	0								
C	Legal	0								
d	Lobbying	0								
e	Professional fundraising services. See Part IV, line 17	0	· · · · · · · · · · · · · · · · · · ·							
f	Investment management fees	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column	<u>-</u> -	······································							
•	(A) amount, list line 11g expenses on Schedule O.)	o								
12	Advertising and promotion	133	·····							
13	Office expenses	282								
14	Information technology	0								
15	Royalties	0								
16	Occupancy	18,380								
17	Travel	4,019								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	9,276								
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	13,819	0	0	0					
23	Insurance	0								
24	Other expenses. Itemize expenses not covered	(İ						
	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.)									
a	Supplies	2,141								
b	Newsletter	1,937								
C	Contributions	1,900								
d	Insurance: Master Group Liability	936 398								
9 25	All other expenses Total functional expenses. Add lines 1 through 24e	87,872	0	0						
25 26	Joint costs. Complete this line only if the	01,012	0	U	0					
20	organization reported in column (B) joint costs			l						
	from a combined educational campaign and			ľ						
	fundraising solicitation. Check here	ļ								
	following SOP 98-2 (ASC 958-720)									

33

Total liabilities and net assets/fund balances . . .

Part X **Balance Sheet** Beginning of year End of year 9,640 1 1,607 9.116 2 8.713 2 0 3 3 100,000 4 151,512 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 9 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10b 349.137 Less: accumulated depreciation 10c 335,318 11 454,489 11 430,384 12 Investments—other securities. See Part IV, line 11 12 0 13 Investments—program-related. See Part IV, line 11 ol 13 0 ol 14 14 0 15 0 15 0 Total assets. Add lines 1 through 15 (must equal line 34) 922,382 16 927,534 16 17 17 1,593 1,703 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and 22 23 0 0 Secured mortgages and notes payable to unrelated third parties 23 0 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 1.593 26 Total liabilities. Add lines 17 through 25 26 1,703 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 920.789 925,831 32 Retained earnings, endowment, accumulated income, or other funds . . . 32

925,831

927,534

920,789

922,382

33

34

Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Form 9	990 (2016) Wyandotte County Farm Bureau Association	4	8-6110433	_Pag	ge_ 12
Total revenue (must equal Part VIII, column (A), line 12). 1 85,683 2 Total expenses (must equal Part IX, column (A), line 25). 2 37,872 3 Revenue less expenses. Subtract line 2 from line 1 . 3 3 . 2,189 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 4 920,789 5 Net unrealized gains (losses) on investments. 5 7,231 6 Donated services and use of facilities. 6 7 Investment expenses. 8 8 Prior period dylustments. 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)). 925,831 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.	Part	XI Reconciliation of Net Assets				
Total expenses (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 2 from line 1		Check if Schedule O contains a response or note to any line in this Part XI			.	
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net assets or fund balances Pror period adjustments Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. I Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? 2b 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: Separate basis Consolidated basis Both consolidated and separate basis The organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? If "Yes," did the organization undergo the required audit or audits, explain why in Schedule	1	Total revenue (must equal Part VIII, column (A), line 12)	1		85	5,683
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). Net unrealized gains (losses) on investments. Donated services and use of facilities. Investment expenses. Prior period adjustments. Net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 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 Donsolidated basis. Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? If "Yes," did the organization undergo the required audit or audits, expla	2	Total expenses (must equal Part IX, column (A), line 25)	2		87	,872
5 Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3		-2	2,189
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		920),789
7 Investment expenses	5	Net unrealized gains (losses) on investments	5		7	⁷ ,231
8 Pnor 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)) . 10 925,831 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII .	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. C If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis C If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	8	Prior period adjustments	8			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain in Schedule O)	9			
Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
Check if Schedule O contains a response or note to any line in this Part XII			10		925	5,831
Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 Were the organization's financial statements audited by an independent accountant? . 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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. 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?	Part	· · · · · · · · · · · · · · · · · · ·				
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u> .		.	Ш
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_	_ []		
Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		Schedule O.				
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Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
b Were the organization's financial statements audited by an independent accountant?		reviewed on a separate basis, consolidated basis, or both:			- 1	1
b Were the organization's financial statements audited by an independent accountant?		Separate basis Consolidated basis Both consolidated and separate basis				1
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	ь	Were the organization's financial statements audited by an independent accountant?		2b		X
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · · · · · · · · · · · · · · · · · ·		·		
Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		•		1 1	1	1 1
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						. 1
the audit, review, or compilation of its financial statements and selection of an independent accountant?	_				1	i l
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?	C	· · · · · · · · · · · · · · · · · · ·		-		
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?		·		<u>2</u> C		
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?					I	
the Single Audit Act and OMB Circular A-133?	3-					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Ja			20]	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	h		• • •	Ja		
	U			26	l	
		required addit of addite, explain with in confedure of and describe any steps taken to dildelyo such addits.	÷		190	2016)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

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," on 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," on 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," on 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

<u>• S</u>	ection 501(c)(4), (5), or (6) or	rganizations: Complete Part III.						
	e of organization			Emplo	yer identification number			
Wya	ndotte County Farm Burea				48-6110433			
Pai		he organization is exempt und						
1	•	he organization's direct and indirect p	olitical campaign	activities in Part IV. (see i	nstructions for			
	definition of "political cam							
2		expenditures (see instructions)						
3_	Volunteer hours	<u> </u>	 	<u> </u>				
Pai		he organization is exempt und						
1	Enter the amount of any	excise tax incurred by the organizatio	n under section 49	955 <i>,</i> >	\$			
2		excise tax incurred by organization m						
3		ed a section 4955 tax, did it file Form	•					
4a	Was a correction made?				Yes No			
b	If "Yes," describe in Part I	IV.						
Pai	rt I-C Complete if t	he organization is exempt und	ler section 501	c), except section 50)1(c)(3).			
1	Enter the amount directly	expended by the filing organization f	or section 527 exe	empt function				
	activities				\$			
2	Enter the amount of the fi	ling organization's funds contributed	to other organizati	ons for section				
	527 exempt function activ	rities			\$			
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,							
	line 17b				\$ <u>0</u>			
4	Did the filing organization	file Form 1120-POL for this year?.			Yes No			
5		ses and employer identification numb						
		ents. For each organization listed, en						
		ntributions received that were prompt						
	as a separate segregated	fund or a political action committee	(PAC). Il additiona	r space is needed, provid	e information in Part IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political			
				filing organization's funds If none, enter -0-	contributions received and promptly and directly			
					delivered to a separate political organization if			
			ı		none, enter -0-			
(1)			}		1			
				<u> </u>				
(2)								
(3)								
(5)								
(4)				1				
					+			
(5)								
(6)								
		1	I	i	1			

						Page Z
Р	art II-A Complete if the organizat under section 501(h)).	ion is exempt	under section 5	01(c)(3) and filed	i Form 5768 (ele	
A	Check ▶☐ if the filing organization name, address, EIN, ex	penses, and s	hare of excess lo	bbying expenditur	es).	up member's
В	Check ▶ if the filing organization	checked box A	A and "limited con	trol" provisions ap	oply.	
	Limits on Lo (The term "expenditures"	bbying Expend means amount)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p	ublic opinion (gr	ass roots lobbying)			0
b	Total lobbying expenditures to influence a	legislative body	(direct lobbying).			0
С	Total lobbying expenditures (add lines 1a	and 1b)			0	0
d	Other exempt purpose expenditures	•				0
е	Total exempt purpose expenditures (add				0	0
f	Lobbying nontaxable amount. Enter the a	-			<u> </u>	<u> </u>
	columns.		y		0	o
	If the amount on line 1e, column (a) or (b)	s: The lobbyi	ng nontaxable amo	unt ls:	<u></u>	
	Not over \$500,000		amount on line 1e.			
	Over \$500,000 but not over \$1,000,000		lus 15% of the excess	over \$500,000.		
- 1	Over \$1,000,000 but not over \$1,500,000		lus 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		lus 5% of the excess			
ı	Over \$17,000,000					
	Grassroots nontaxable amount (enter 259	% of line 1f)			0	0
h	Subtract line 1g from line 1a. If zero or les				0	0
j	Subtract line 1f from line 1c. If zero or les				0	
i	If there is an amount other than zero on e	•			0 reporting	
•	section 4911 tax for this year?					Yes No
	*** . 		g Period Under se			
	(Some organizations that made a	_	-	• •	of the five columns	below.
		·	structions for lines	-		
	Lobb	ying Expenditu	res During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount			0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
c	Total lobbying expenditures			0	0	0
d	Grassroots nontaxable amount	——————————————————————————————————————		0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))	· · · · · · · · · · · · · · · · · · ·				0
f	Grassroots lobbying expenditures			0	n	0

Schedule C (Form 990 or 990-EZ) 2016

	(election under section 501(h)).				41.5	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a) 	├	(b)_	
desc	ription of the lobbying activity.	Yes	No	}	Amoun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or			1		
	referendum, through the use of			.]		
а	Volunteers?			1		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?			<u> </u>		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?			<u> </u>		
f	Grants to other organizations for lobbying purposes?			}		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			├ ──		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			├		
	Other activities?		<u> </u>	 		
j	Total. Add lines 1c through 1i					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			 		
b	If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	I				
rail	501(c)(6).	cy(s),	01 3	ecuo		
*					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year. III-B Complete if the organization is exempt under section 501(c)(4), section 501(<u> </u>
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." Dues, assessments and similar amounts from members) Pa 	rt III-/	₹ , line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	•				
-	political expenses for which the section 527(f) tax was paid).			ĺ		
а	Current year		2a			
b	Carryover from last year		2b			
c	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	ľ				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	l		l		
	lobbying and political expenditure next year?	. [4			
5	Taxable amount of lobbying and political expenditures (see instructions)	[5			0
Part						
	de 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); P	art II-	A, line	s 1 and	1
2 (se	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
					 -	
					- 	

Wyar	ndotte County Farm Bureau Association orm 990 or 990-EZ) 2016	48-6110433
		Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Wyan	dotte County Farm Bureau Association			48-6110433	
	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.				
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
	(a) Donor advised funds (b) Funds and other accounts				
1	Total number at end of year				
2	Aggregate value of contributions to (during year) .				
3	Aggregate value of grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and do				
	funds are the organization's property, subject	=	_		
6	Did the organization inform all grantees, done				
	used only for chantable purposes and not for				
	purpose conferring impermissible private ben	ent?		Yes No	
Part				_	
	Complete if the organization answ			7.	
1	Purpose(s) of conservation easements held t	- · · · · · · · · · · · · · · · · · · ·	_		
	Preservation of land for public use (e.g., recr	eation or education)] Preservatioi	n of a historically important land area	
	Protection of natural habitat	<u></u>	Preservation	n of a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organizat	ion held a qualified conserva	tion contribution	on in the form of a conservation	
	easement on the last day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements				
b	Total acreage restricted by conservation ease				
C	Number of conservation easements on a cert			2c	
đ	Number of conservation easements included			1	
_	historic structure listed in the National Registr				
3	Number of conservation easements modified	, transferred, released, extinç	guisnea, or ten	minated by the organization during	
4	Number of states where property subject to c	onservation easement is loca	ated >		
5	Does the organization have a written policy re		-	handling of	
•	violations, and enforcement of the conservati				
6	Staff and volunteer hours devoted to monitoring, i				
	>		. 3	3 ,	
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, an	d enforcing cons	servation easements during the year	
	▶ \$				
8	Does each conservation easement reported of				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization re				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes				
Part	the organization's accounting for conservation Organizations Maintaining Colle		Troscures	or Other Similar Assets	
rail	Complete if the organization answ				
1a	If the organization elected, as permitted under works of art, historical treasures, or other sim				
	of public service, provide, in Part XIII, the text	•			
b	If the organization elected, as permitted under				
	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) Revenue included on Form 990, Part VIII, line 1				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of a				
	following amounts required to be reported un	der SFAS 116 (ASC 958) rel	ating to these i	items:	
а	Revenue included on Form 990, Part VIII, line	91 .		. > \$	
h	Assets included in Form 990, Part X			2 <	

Schedu	le D (Form 990) 2016 Wyandotte County Farm	n Bureau Association		48-61	10433 Page 2
Part	III Organizations Maintaining Col	lections of Art, Histo	rical Treasures, o	r Other Similar Ass	sets (continued)
3	Using the organization's acquisition, access	sion, and other records, c	heck any of the followi	ng that are a significar	nt use of its
	collection items (check all that apply):				
а	Public exhibition	d []	Loan or exchange	programs	
b	Scholarly research	e 🗍	Other		
c	Preservation for future generations				
4	Provide a description of the organization's c	collections and evalua ha	we those further the error	anization's avamat aur	noco in Bort
4	XIII.	onections and explain no	w they lutther the orga	anization's exempt pur	pose in Part
5	During the year, did the organization solicit	or receive departure of a	rt historical trassuras	or other similar	
J	assets to be sold to raise funds rather than				Yes No
David			Or the organization of		
Part	IV Escrow and Custodial Arrange Complete if the organization ans		000 Part IV line 0	or concreted on ome	unt on Form
		wered tes on Form	990, Part IV, line 9,	or reported an amo	ount on Form
	990, Part X, line 21.	di			
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	·			Yes No
ь	If "Yes," explain the arrangement in Part XII				Yes No
U	ii res, explain the arrangement in rart An	ii and complete the follow	mig table.	[Amount
С	Beginning balance			1c	0
ď	Additions during the year			1d	
e	Distributions during the year			1e	·
f	Ending balance			1f	0
2a	Did the organization include an amount on I				Yes No
	5	•		•	
b	If "Yes," explain the arrangement in Part XII	ii. Check here if the expla	mauon nas been provi	ded on Part Alli	<u>····</u>
Part			000 Day IV I'm a 40	•	
	Complete if the organization ans				. 1 / / 2
4-] -	a) Current year (b) Pno	r year (c) Two years	back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and losses	ľ			
d	Grants or scholarships				
e	Other expenditures for facilities				
·	and programs				
f	Administrative expenses				
g	End of year balance	0	0	o	0 0
2	Provide the estimated percentage of the cui	rrent year end balance (li	ne 1g, column (a)) hel	d as:	
а	Board designated or quasi-endowment	▶ %			
b	Permanent endowment	%			
С	Temporarily restricted endowment	%			
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.			
3a	Are there endowment funds not in the posse	ession of the organization	n that are held and adr	ministered for the	
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
þ	If "Yes" on line 3a(iı), are the related organiz				3b
4	Describe in Part XIII the intended uses of the		nent funds.		
Part			000 B 1841		
	Complete if the organization ans				
	Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
4 -		(investment)	basis (other)	depreciation	
1a	Land	0	26,527	400.007	26,527
b	Buildings	——————————————————————————————————————	446,782	139,307	307,475
C	Leasehold improvements	0	0 8,570	7 254	1 216
d	Equipment		8,570	7,254 0	1,316
Total	Other	بابتناء والمستحد والمستحد والمستحد والمستحد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحد	<u> </u>		335,318
- otal	The miss is through is. (Column to) must	oquar omi oso, Fart X,	ovidini (D), into 100.)		333,310

	Complete if the organization ar	swered "Yes" on Form 9	90, Part IV, line 11b. See Fo	orm 990, Part X, line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial	derivatives	0	 	
• •	eld equity interests	0	 	
(A)				
<u>(Ç)</u>			<u> </u>	
<u>(D)</u>				
(E)				
(F)				
(<u>G)</u> (H)				
	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relat			
	Complete if the organization ar		90, Part IV, line 11c. See Fo	orm 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-year	
_(1)				
(2)				
(3)				
(4)				
(5)			 	
<u>(6)</u>			 	
			 	
<u>(8)</u> (9)				
	must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.		<u> </u>	····
	Complete if the organization ar	swered "Yes" on Form 9	90, Part IV, line 11d. See Fo	orm 990, Part X, line 15.
	(a) Description		(b) Book value
(1)				<u> </u>
_(2)				<u> </u>
(3)				
(4)				
(5) (6)				
(7)			····	
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, co	l. (B) line 15.)		0
Part X	Other Liabilities.			
	Complete if the organization ar	nswered "Yes" on Form 9	90, Part IV, line 11e or 11f. \$	See Form 990, Part X,
	line 25.			
1. (1) Enderel	(a) Description of liability	(b) Book value	-	
(2)	income taxes	0	1	
(3)		i	1	
(4)			1	
(5)]	
(6)				
(7)			4	
(8)			4	
(9)			4	
	must equal Form 990, Part X, col (B) line 25)	0	1	- 414 4 41
-	uncertain tax positions. In Part XIII, provid		~	

Sched	ule D (Form 990) 2016 Wyandotte County Farm Bureau Association		48-6110433	Page 4
Par	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Page 1			
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:	-		
a	Net unrealized gains (losses) on investments	2a	1 1	
b	Donated services and use of facilities	2b	┦	
c	Recoveries of prior year grants	2c	1 1	
ď	Other (Describe in Part XIII.)	2d	7 1	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	-	
a	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	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	<u>0</u> 0
Par	Reconciliation of Expenses per Audited Financial Stateme		oer Keturn.	
	Complete if the organization answered "Yes" on Form 990, Pa		 _ 	
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:	1 - 1	1 1	
а	Donated services and use of facilities	2a	.	
b	Prior year adjustments	2b	1 1	
C	Other losses	2c]]	
d	Other (Describe in Part XIII.)	2d	_	
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	0
Pai	t XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P ort XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro			
			*	~
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Schedule D (Form	1 990) 2016 Wyandotte County Farm Bureau Association	<u>48-6110433</u>	Page 5
Part XIII	Supplemental Information (continued)		
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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.

► 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Wyandotte County Farm Bureau Association	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 I, 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 to (a) take 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 Fa	rm	
Bureau does not currecutly make its governing documents, conflict of interest policy, or		
financial statements avaliable to the general public.		