Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public

| Inter | nal Reven | ue Service | ▶ Information about Form 990 and its instructions is at www.irs.gov/form | 990. \\\ | Inspection |
|---------------------------|-------------|-----------------|---|-----------------|--|
| A | For the | 2016 cale | ndar year, or tax year beginning 9-1 , 2016, and ending | 8-31 | , 20 17 |
| В | Check if | applicable | C Name of organization Rottawatomie County Farm Bureau | D Empl | oyer identification number |
| | Address | | Doing business as | 1 | 73-6103507 |
| | Name ch | | Number and street (or P O box if mail is not delivered to street address) Room/suite | E Telepi | hone number |
| 7 | Initial ret | J | 3301 N Kickapoo | | 405-273-4261 |
| $\overline{\Box}$ | | rn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | |
| ī | Amende | | Shawnee, Ok 74804 | G Gross | receipts \$ 302,226 35 |
| \exists | | • | | | for subordinates? Yes No |
| _ | приса | | 1 | | ates included? Yes No |
| $\overline{}$ | Tay-eye | mpt status | | | h a list (see instructions) |
| <u>:</u> | Website | | | | on number ▶ 1480 |
| ĸ | | | Corporation ☐ Trust ☐ Association ☐ Other ► | | ate of legal domicile OK |
| _ | art I | Summ | | 42 10100 | tie of legal dofflione OK |
| | 1 | | scribe the organization's mission or most significant activities Agricultural Mem | horchin C | Proprietion |
| a) | 1 1 | Differing de | Scribe the organization's mission of most significant activities Agricultural Men | inei silih C | |
| Š | } | | | | |
| Ţ. | | Chapleth | | OE0/ | |
| ove. | 2 | | s box \(\subseteq \subseteq \) if the organization discontinued its operations or disposed of more the | I - | _ |
| Ō | 3 | | of voting members of the governing body (Part VI, line 1a) | 3 | |
| Se 6 | 1 | | of independent voting members of the governing body (Part VI, line 1b) | . 5 | |
| Ě | 5 | | aber of individuals employed in calendar year 2016 (Part V, line 2a) | . 6 | |
| Activities & Governance | 6 | | bler of volunteers (estimate if necessary) | · - | |
| • | 7a | | elated business revenue from Part VIII, column (C), line 12 | 78 | |
| | Ь | ivet unrei | ated business taxable income from Form 990-T, line 34 | Year | Current Year |
| | | 0 | | | |
| ne | 8 | | ions and grants (Part VIII, line 1h) | 49071 5 | 60 47762.00 |
| /en | 9 . | _ | service revenue (Part VIII, line 2g) | | |
| Revenue | 10 | | nt income (Part VIII, column (A), lines 3, 4, and 7d) | 196 7 | |
| - | 11 | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 218407 0 | |
| | 12 | | nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 267675 3 | 280752.17 |
| | 13 | | d similar amounts paid (Part IX, column (A), lines 1-3). | | |
| | 14 | | paid to or for members (Part IX, column (A), line 4) | 7911.0 | |
| ė | 15 | | ther compensation, employee benefits (Part IX, column (A), lines 5-10) | <u>159015.1</u> | 8 167773.46 |
| Expenses | 16a | | nal fundraising fees (Part IX, column (A), line 11e) | | |
| ă | b | | draising expenses (Part IX, column (D), line 25) ▶ | 1 | |
| ш | 17 | Other exp | enses (Part IX, column (A), lines 11a-11d, 11f-24e) | 73421 1 | 8 61754.85 |
| | 18 | Total exp | enses Add lines 13–17 (must equal Part IX, column (A) line:25) | 240347 4 | 4 242111 64 |
| | | Revenue | | 27327 8 | |
| s or | | | C) Beginning of | Current Yea | End of Year |
| Net Assets Fund Balanc | 20 | | ets (Part X, line 16) · · · · · · · · · · JAN: 1.0 · 2018 · · · · | 489395.3 | 524934 87 |
| et A | 21 | | intes (rait X, inte 20) | 2223.0 | (878 00) |
| | | | | 487172.3 | 525812 87 |
| | art II | _ | ure Block OGDEN, UI | | |
| Un | der pena | ities of perjui | y, Acclare that I have examined this return, including accompanying schedules and statements, and t | o the best o | of my knowledge and belief, it is |
| tru | e, correct | t, and comple | te baclaration of preparer (other than officer) is based on all information of which preparer has any known | | · · · · · · |
| | | | V tubun | 1- | 4-18 |
| Sig | | Signa | ture of officer | Date | |
| He | re | | John D. Grundmann President | | |
| | | Туре | or print name and title | | |
| Pa | id | Print/Typ | e preparer's name Preparer's sprature Date | Chec | k 🗍 if PTIN |
| | epare | Shelley | Braniff Rolley Dran of 10.13. | | mployed |
| | e Onl | ' | | ırm's ElN ▶ | 73-0382001 |
| _3 | | Y | | hone no | 405-523-2300 |
| Ma | v the IF | | this return with the preparer shown above? (see instructions) | | Ves No |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Cat No 11282Y

| Form 99 | 0 (2016) | | | Page 2 |
|---------|--|-----------------------------------|---|---------------|
| Part | _ | | | |
| | | nse or note to any line in this I | Part III | 🗸 |
| 1 | Briefly describe the organization's mission | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | Did the organization undertake any significant prior Form 990 or 990-EZ? | | | . [] No |
| | If "Yes," describe these new services on Sche | | | . ☑ No |
| 3 | Did the organization cease conducting, or | | how it conducts, any program | |
| | services? | | · · · · · · · · · · · · · · · · · · · | . ✓ No |
| | If "Yes," describe these changes on Schedule | e O. | | |
| 4 | Describe the organization's program service | | s three largest program services, as me | asured by |
| | expenses. Section 501(c)(3) and 501(c)(4) org | ganizations are required to repo | | |
| | the total expenses, and revenue, if any, for ea | ch program service reported. | | |
| 4a | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | <u> </u> |
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| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| | (Code: \/Evpapes f | unaluding grants of A | \(\(\mathbb{D}\) (Payer we ft) | |
| 4c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ | ⁾ |
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| 4d | Other program services (Describe in Schedule | 20) | | |
| | (Expenses \$ including grants | | . \$ | |
| 4e | Total program service expenses ▶ | , (| | |

| Part | V Checklist of Required Schedules | | | |
|------|---|------|---------------------------------------|--------------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 7 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 3 | | |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | | | |
| _ | | 4 | | <u> </u> |
| 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 | 1 | |
| 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 | | √ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | 1 |
| 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 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable | 12.5 | , , , , , , , , , , , , , , , , , , , | , di |
| 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 | √ | ل د <u>ا</u> |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | √ |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ✓ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11f | | \ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | \ |
| 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 | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | √ |
| 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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | → |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | → |
| 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 | | → |
| 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 | | √ |
| | | | 990 | (2016) |

| | W Charlist of Dequired Cohadular (continued) | | | Page + |
|--------|---|------------|----------------|-----------------|
| Part | Checklist of Required Schedules (continued) | | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 1 |
| -v u | | 20b | - | 1 |
| 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 | | \ \ \ |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | 1 |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | ✓ |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 1 |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | 77 4 | diff. | <u>ج</u> چرو |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| С | 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 | | 1 |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | 1 |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. | 35b | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | <u> </u> | | Ė |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | | 1 |

| Part | | | | |
|----------|---|---------------------------------|---------------------|-------------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | <u>.</u> , | |
| _ | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | ٠. | 15.0 | - |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | ٠. ا | |
| С | reportable gaming (gambling) winnings to prize winners? | 1c | | 1 |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 3 ^ | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | ✓ | |
| 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 | | , | , |
| _ | account)? | 4a | | / |
| b | If "Yes," enter the name of the foreign country. | 7.5 | | 1. 1 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | \ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| 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 | | ✓ |
| þ | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | i |
| | gifts were not tax deductible? | 6b | | . , , |
| 7 | Organizations that may receive deductible contributions under section 170(c). | Ć. | **** | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | <u>.</u> | (). | المناسب |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | - |
| - b | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 10 | | |
| · | required to file Form 8282? | 7c | | 1 |
| ď | If "Yes," indicate the number of Forms 8282 filed during the year | | Ċ | |
| е | 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 | | 1 |
| 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 | 47 | ✓, |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | أسعنا |
| 9 | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| э a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | 144 | التخنا |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | \vdash |
| 10 | Section 501(c)(7) organizations. Enter: | 1,22 | 15.3 | Sec. 1 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | ر از پخر | .N. | Em. |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | - 1 - 1 - 1 - 1 - 1 | | 1 |
| а | Gross income from members or shareholders | | 3 2.53 | E. 20 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | (***, · |
| 40- | against amounts due or received from them.) | ستثنم | | لئنا |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | ا الجواحق | <u></u> |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | , ,, , | 6453 | 16. |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | स्थान उनके <u>।</u> | <u> </u> |
| J | Note. See the instructions for additional information the organization must report on Schedule O. | .54 | <u> </u> | 1 2 - 1 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | Ž, |
| | the organization is licensed to issue qualified health plans | | | 建分 |
| C | Enter the amount of reserves on hand | | 部長 | . *** |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . | 14b | لبي | |
| | | Forn | ₁ 990 | (2016) |

| Part | VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | ee ins | struct | ions. |
|----------|--|-----------------|----------------|--|
| Secti | on A. Governing Body and Management | | | |
| <u>-</u> | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 7 | ' ' | | |
| | If there are material differences in voting rights among members of the governing body, or | ' | | - |
| | if the governing body delegated broad authority to an executive committee or similar | | ľ | |
| | committee, explain in Schedule O | | , | - |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b 7 | İ ' | | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | <u>-</u> | | <u> </u> |
| • | any other officer, director, trustee, or key employee? | _2 | <u> </u> | / |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | |
| | | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | 1 |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets?. | <u>5</u> | / | - |
| 6 7a | Did the organization have members or stockholders? | <u> </u> | - | |
| , a | one or more members of the governing body? | 70 | 1 | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 7a | <u> </u> | |
| U | stockholders, or persons other than the governing body? | 7b | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | 10 | | • |
| • | the year by the following: | . " | | <u> </u> - |
| а | The governing body? | 8a | 1 | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | _ ` | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) |) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | i |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | √ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 12 | 150° | 33.5 |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | 1 |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | 1 |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 1 |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | (2) | - | Ł., , |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ا کا اور اور | L. | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | |
| b | Other officers or key employees of the organization | 15b | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 21 | - 5 | .7 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | 1 1 |
| | with a taxable entity during the year? | 16a | | ✓ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 4 | | . 17 |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | <u>, -</u> | <u> </u> |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | on C. Disclosure | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed Oklahoma Section 6104 required an experience to make the Forms 1000 for 1004 for the section of | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 501(| c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 40 | Own website | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte | est p | oolicy | , and |
| 20 | 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 books and rec | ords: | > | |
| | Oklahoma Farm Bureau, 2501 N Stiles, Okla City, Ok. 73105 405-523-2300 | | | |

| orm | 990 | (201 | 61 |
|-----|-----|------|----|

Page 7

| Part VII | Compensation of Officers, Directors, | Trustees, | Key Employees, | Highest | Compensate | d Employees, | , and |
|----------|--------------------------------------|-----------|----------------|---------|------------|--------------|-------|
| | Independent Contractors | | | | | | |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| ☐ Check this box if neither the organization no | or any relate | d org | anız | | _ | ompe | nsa | ted any currer | t officer, director | r, or trustee |
|---|---|-------------------|----------------|----------------------|------|--|------|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, of lndividua | unles er an | Pos neck ss pe | rson | e than of its both or/trus Highest compensated | tee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | - | řee | | | sated | - | 4 | | |
| (1) John Grundmann - President | 15 | | | 1 | | | | o | | 0 |
| (2) Todd Kennedy - Vice President | 1.0 | | | 1 | | | | 0 | O | 0 |
| (3) LeRoy Odell - Secretary/Treasurer | 10 | | | 1 | | | | 0 | 9 | 0 |
| (4) Joe Noble | 10 | 1 | | Ť | | | | 0 | | v |
| (5) John Stotts | 1.0 | 1 | | | | | | 0 | | 0 |
| (6) Jeff Weeks | 1.0 | 1 | - | | | | | 0 | Ö | 0 |
| (7) Tony Kozel | 1.0 | 1 | | | | | | 0 | 0 | 0 |
| (8) | | Ė | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | - | | | | | | | | | |
| (11) | - | | | | | | | | | - <u>-</u> |
| (12) | | | | | | | | | | |
| (13) | | - | | | | | | _ | | |
| (14) | - | | | | | | | | | |

| Part | VII Section A. Officers, Directors, Trus | tees, Key E | mpio | <u>/ees</u> | | na r C) | ligne | st C | ompensated E | :mployees | (contini | uea) | | _ |
|---------|--|-----------------------|--------------------------------|--|---------|--|--|----------|-------------------|--|-----------------|-----------|-------------------|-------------|
| | (4) | (70) | | | • | ition | | | (,,, | | | , | _ | |
| | (A) Name and title | (B) Average | | | neck | more | e than o | | (D) Reportable | (E) Reportat | اما | | F) nated | |
| | hours pe | | | | | | is both or/trus | | compensation | compensatio | | | unt of | |
| | | week (list any | ├ | | _ | 7 | | <u> </u> | from the | related | | | her | |
| | | hours for related | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization | organizati (W-2/1099-I | | | nsation n the | |
| | | organizations | ecta | tior | 1 | 를 | st c | 역 | (W-2/1099-MISC) | 1 | 1 | _ | ization | |
| | | below dotted line) | \ ~ z | a t | | oye |) j | | 1 | 1 | \ | | elated zations | |
| | | | stee | rust | | " |) ens | | | | İ | organ. | | |
| | | | | æ | | 1 | ated | | İ | 1 | 1 | | | |
| (15) | | <u> </u> | | - | | | ┝╼ | | | | | | | _ |
| 7 | | † <i></i> | 1 | | | | } | 1 | ĺ | |) | | | |
| (16) | | | | | - | \vdash | | \vdash | | | | | | _ |
| 12/ | | | i | | | 1 | 1 | } | | | | | | |
| (17) | | ļ | | - | - | ├ | - | - | | | | | | _ |
| 11111 | | | 1 | | | | } | | | 1 | Ì | | | |
| (18) | | | | | - | \vdash | | ├- | | | | | | |
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| (19) | | ļ ———— | _ | - | _ | ├ | | ╁ | | | | | | |
| 71.51 | | <u>-</u> | ł | | | | } | | Ì | | 1 | | | |
| (20) | | | | - | - | ├─ | ├ | - | | <u> </u> | | | | _ |
| (20) | | | 1 | | 1 | | } | } | | | | | | |
| (21) | | | | - | | | | ┝ | | | | | | _ |
| (21) | | | 1 | | 1 | | | | | | ì | | | |
| (00) | | <u> </u> | _ | _ | - | - | - | ├— | | ļ | | | | |
| (22) | | | 1 | | 1 | | | | İ | | ì | | | |
| (00) | | ļ | | | - | _ | | | | | | | | |
| (23) | | ļ | } | | | | | 1 | 1 | Ì | 1 | | | |
| | | ļ | - | | ļ | | | | ļ | | | | | _ |
| (24) | | | - | - | | | | | - | | 1 | | - | |
| | | ļ.— — | | _ | ļ | L_ | | | | | | | | |
| (25) | | | İ | | | ĺ | | | | | i | | | |
| | | <u> </u> | <u></u> _ | | L | | <u> </u> | | ļ | | | | | |
| 1b | Sub-total | | • | • | | | | | | | | | | |
| С | Total from continuation sheets to Part | VII, Sectio | n A | • | | • | • | | | | | | | |
| d | | <u> </u> | | | | | · · | <u> </u> | | <u> </u> | | | | _ |
| 2 | Total number of individuals (including but | | to th | ose | list | ed a | above | e) w | ho received m | ore than \$1 | 00,000 | O of | | |
| | reportable compensation from the organ | zation > | | | | | | | | | | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of | | | | | | | emp | oloyee, or high | est compe | ensate | | <u> </u> | |
| | employee on line 1a? If "Yes," complete | | | | | | | | | | | 3 | | <u>/</u> |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | | - | . 7. |
| | organization and related organizations | greater that | an \$1 | 50, | 000 | ? // | f "Ye | s, " | complete Sch | nedule J fo | or suci | h Second | | <u> 54</u> |
| | ındıvıdual | | | | | | | | | | | 4 | | <u>/</u> |
| 5 | Did any person listed on line 1a receive of | | | | | | | | | zation or inc | dıvıdua | al | | _ |
| | for services rendered to the organization | ? If "Yes," c | ompl | ete | Sch | iedu | ıle J f | or s | uch person | | | 5 | | / |
| Section | n B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest | compensate | ed inc | depe | end | ent | contr | acto | ors that receive | ed more tha | an \$10 | 0,000 of | | |
| | compensation from the organization. Rep | ort compe | nsatio | n fo | or th | ne c | alend | ar y | ear ending wit | h or within | the or | ganizatio | n's tax | |
| | year. | | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | | |
| | Name and business add | ress | | | | | | Ì | Description of s | ervices |) | Compensa | ation | |
| | | | | | | | | | | | <u> </u> | | | _ |
| | | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | | _ |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contractor | rs (includir | na hu | t no | ot I | ımıt | ed to | th. | ose listed abo | ove) who | , | | , | |
| _ | received more than \$100,000 of compens | | | | | | | | 220 | , ***110 | f_{a_0} . f | - 'a | | |
| | | | | <i>,</i> •• | ~ | | | | | | | | 11 | |

Form **990** (2016)

| Part | VIII | Statement of Reve | | | | | | | |
|--|---|---|-------------------|------------|--------------------|--|--|--|--|
| | | Check if Schedule O | contains | a res | oonse or note t | | | | <u> </u> |
| | | | STATE OF STATE OF | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns | | 1a | | | ·运动数240 | 17 19 19 19 19 19 19 19 19 19 19 19 19 19 | - ' |
| 3rai | b | Membership dues . | | 1b | | THE PROPERTY OF | | A Part of the second | Leaf and |
| s, C Am | С | Fundraising events . | | 1c | 47762 00 | 2. 建囊子类 | | · · · · · · · · · · · · · · · · · · · | |
| Gift Iar | d | Related organizations | | 1d | | | | 的图记载() 。 | |
| im, | е | Government grants (con | | 1e | | 1955年31日慶 | 11、10000000 | 19 福德 | · · · · · · · · · · · · · · · · · · · |
| tior r S | f | All other contributions, g | | | | | | 化聚酸碳 | |
| ibu | | and similar amounts not inc | luded above | _1f | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions include | led in lines 1a | -1f \$ | | 3.6 | 4.7 | | |
| | h | Total. Add lines 1a-1 | <u>f.</u> . | | <u>. ▶</u> | 47762.00 | | And a Company | , 1 , 2 , 1 |
| an . | | | | | Business Code | | - The state of the | | |
| eve | 2a | | | | | | | | |
| ě | b | | | | | | | | |
| ξ | С | | | | | | <u> </u> | | |
| နှ | d | | | | | | | | |
| ram | e | *** | | | | | | | |
| Program Service Revenue | 1 | All other program ser | | | | | 18 12 15 15 15 15 15 15 15 15 15 15 15 15 15 | Land Control of the Administration of the Ad | |
| | <u>g</u> 3 | Total. Add lines 2a-2 Investment income | | doud | ands interest | | 28 75 - 2 - 2 | | <u> </u> |
| | ٦ | and other similar amo | . • | | | 710.15 | | | 710 15 |
| | 4 | | - | | | 718 15 | | | 718 15 |
| | 4 Income from investment of tax-exempt bo 5 Royalties | | | | ha proceeds > | - | | | - |
| • | | rioyanics | (ı) Real | | (ii) Personal | 127 水路壁景的17 | | 143 - 150 (100 ma) 1 2 | 14 July 7 |
| | 6a | Gross rents | 570 | 00.00 | | 44 - 44 - 44 - 44 - 44 - 44 - 44 - 44 | | | |
| | b | Less: rental expenses | | 93.82 | | The state of the s | | | |
| | c Rental income or (loss) 35006.18 | | | | 37 18 17 77 | | | | |
| - | d | Net rental income or (| | | • | 35006 18 | 5801 24 | 29204.94 | Tanahara yangga di badinan laman ya u 1999 d |
| | 7a | Gross amount from sales of | (i) Secunt | ies | (II) Other | A. E. S. S. S. S. S. S. S. S. S. S. S. S. S. | · 基础等 | TO LEAST | |
| | | assets other than inventory | | | | 文章記》的 | 多以"小药类毒素" | | |
| | b | Less cost or other basis | | | | | | | |
| į | | and sales expenses | | | | 建 加加基 | 2. 《養養養》 | | |
| | С | Gain or (loss) | | | | 基準制力量 | 以主要逐步 | 小學是想 | |
| | d | Net gain or (loss) . | | | > | | | | |
| • | | | | | | 3.43 图 2.33 | 题 | | 2 A 12 34 30 |
| Ž | 8a | Gross income from fu | ındraısıng | | | 学等為思考 | 50000000000000000000000000000000000000 | | 10000000000000000000000000000000000000 |
| š | | events (not including \$ | | | | 學學學學 | | | |
| æ | | of contributions reporte | ed on line 1 | c) | | | | | 建筑设置部外 和1 |
| Other Reve | | See Part IV, line 18 . | | · a | | | | 1. 从整理的表现 | |
| ŏ | b | Less direct expenses | | . b | | 學學學 | | | |
| | C | Net income or (loss) for Gross income from ga | | | events . ► | と、野り山出来な経験。 こうしん | 一 | BESTELLE SEERS | (ε.ΣΕ _ε ε ² , ε ² |
| | 9a | See Part IV, line 19 | uning activi | | | | | | |
| | | | | · a | | 医型心理理心 高温斯心理 軟 | | | |
| | b | Less: direct expenses Net income or (loss) fi | | . D | vities ► | 高度 2.4.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | 建于2000 2000 2000 2000 2000 2000 2000 200 | 一番されたという | |
| | с 10а | Gross sales of in | | less | vides P | 1 | TO CAROLINA SECTION | Lywin - F Gg - | · · · · · · · · · · · · · · · · · · · |
| | iva | returns and allowance | | | | 1. 经总额证据 | | | |
| | b | Less. cost of goods s | | · a . b | | | | | |
| | C | Net income or (loss) fi | | | entory ► | The same of the sa | The state of the state of | The state of the s | <u> </u> |
| | _ _ _ | Miscellaneous R | | | Business Code | 2017年 | | 对视机器和 | |
| | 11a | Office commissions | | | 524113 | 4982.32 | | 4982.32 | 137 15 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | _ | Office commissions | | | 524126 | 171431.78 | | 171431 78 | |
| | C | Salary reimbursement | | | 524126 | 20851 74 | | 20851.74 | |
| | ď | All other revenue | | | | | | 20001.74 | |
| | е | Total. Add lines 11a- | 11d | ' | > | 197265.84 | TO SERVICE | West Transport | · · · · · · · · · · · · · · · · · · · |
| ļ | 12 | Total revenue. See in | structions. | | • | 280752 17 | | | 718 15 |

| | 0 (2016) | | | | Page 10 |
|-------------|--|-----------------------|------------------------------|---|---|
| | X Statement of Functional Expenses | natate all cations | AU ath an arrange | no on out o consider a | okuma (A) |
| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | | | | |
| | Check if Schedule O contains a respon | | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 12583.33 | | | 7° 5 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages | 156291.45 | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 11482.01 | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | i | | _ | |
| b | Legal | | | | |
| С | Accounting | 420 00 | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | · 运货 并建设 | | |
| f g | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 8055.76 | | | |
| 13 | Office expenses | 5854.56 | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 27082.09 | | | |
| 17 | Travel | | | ļ | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | <u> </u> | |
| 21 | Payments to affiliates | | | <u> </u> | <u> </u> |
| 22 | Depreciation, depletion, and amortization . | 8673.58 | | | |
| 23 | Insurance | 7258.50 | A LANGE CONTRACTOR | TEN PERMIT | E 100 1 200 1 200 1 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | ""一个" | | The second second |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| а | postage | 210.36 | | | <u>-</u> <u>-</u> |
| b | rent | 4200.00 | | | |
| c | | | | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 242111.64 | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) | | | | |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 Cash—non-interest-bearing 195073.34 146280 34 2 Savings and temporary cash investments . . . 114.82 2 101134 54 3 Pledges and grants receivable, net 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets Notes and loans receivable, net . . 8 8 Inventories for sale or use . 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less, accumulated depreciation 10b 294207 14 10c 277519.99 362018.06 Investments—publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments-program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 489395 34 524934 87 17 Accounts payable and accrued expenses 17 2223.00 (878.00)Grants payable 18 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26 (878.00)Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 Temporarily restricted net assets . . . 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 487172 34 525812 87 33 Total net assets or fund balances 33 487172.34 525812 87 Total liabilities and net assets/fund balances 489395.34 524934 87 Form 990 (2016)

| | XI Reconciliation of Net Assets | | | | | ge 12 |
|--------|--|-------------|--|---------------|--------------|---|
| Par | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | 1 | · · | <u> </u> | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 2 | - | | | 152 17 |
| 2 3 | Total expenses (must equal Part IX, column (A), line 25) | 3 | ├── | | | 11.64 |
| 3 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | ├ | _ | | 40.53 |
| 5 | Net unrealized gains (losses) on investments | 5 | ├── | | 487 | 172.34 |
| 6 | | 6 | | | | |
| 7 | | 7 | ├ | | | |
| 8 | Investment expenses | 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 | | | 6256 | 312.87 |
| Part | XII Financial Statements and Reporting | | L | | 3230 | 12.07 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | Onsort i deficação de deficações de fisico de fisico de ariy info in tino i artexir | • • | - | · · | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | [| | - | -, 9 |
| · | If the organization changed its method of accounting from a prior year or checked "Other," ex | plaın | in | z." | | 2 1 |
| | Schedule O. | | | ·, · · | ; | - |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . [| 2a | | 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | | | ż | | |
| | reviewed on a separate basis, consolidated basis, or both. | | | | 1 | - 1 |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | 1 | | | - 1 |
| b | Were the organization's financial statements audited by an independent accountant? | | . [| 2b | | 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on | a | 1 - | | 3.1 |
| | separate basis, consolidated basis, or both. | | 1 | 4 | . t | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | 700 | 40.5 | 7 |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | versig | jht | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | ıntant | ? | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain | ın | ₹.^ • µ/,- | القيائد | 4 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Schedule O. | - | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth | ın | aurikar e | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | 1 | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rgo t | he | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | _ | | 3b | | |
| | | = | | Forr | n 990 | (2016) |
| | | | | | | • |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

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

| • Se | ection 501(c)(4), (5), or (6) orga | anizations Complete Part III | | | |
|--------|---|--|-------------------------------------|---|--|
| Name | of organization | | | Employer ide | ntification number |
| Pottaw | vatomie County Farm Burea | | | | 73-6103507 |
| Part | I-A Complete if th | e organization is exempt und | ler section 501(| c) or is a section 527 | organization. |
| 1 | Provide a description of definition of political car | f the organization's direct and in mpaign activities") | idirect political ca | mpaign activities in Par | IV. (see instructions for |
| 2 | Political campaign activit | ty expenditures (see instructions) | | . <i>.</i> | <u></u> |
| 3 | Volunteer hours for politi | cal campaign activities (see instru | ctions) | <u> </u> | |
| Part | | e organization is exempt und | | | |
| 1 | Enter the amount of any | excise tax incurred by the organiz | ation under sectio | n 4955 🕨 🤄 | 8 |
| 2 | Enter the amount of any | excise tax incurred by organizatio | n managers under | section 4955 ▶ \$ | 3 |
| 3 | If the organization incurre | ed a section 4955 tax, did it file Fo | rm 4720 for this ye | ear? | . Yes No |
| 4a | | | | | 🗌 Yes 🔲 No |
| b | If "Yes," describe in Part | | | | |
| Part | | e organization is exempt und | | | (c)(3). |
| 1 | | ly expended by the filing organization | | | |
| | | | | |) |
| 2 | | filing organization's funds contrib | • | | |
| _ | 527 exempt function acti | | | \$ | |
| 3 | • | expenditures. Add lines 1 and 2 | | | |
| | | | | | |
| 4 | | n file Form 1120-POL for this year | | | . LYes LNo |
| 5 | organization made payme the amount of political co | ses and employer identification nu ents. For each organization listed, ontributions received that were pro- fund or a political action committe | enter the amount mptly and directly | paid from the filing organ delivered to a separate p | ization's funds Also enter political organization, such |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0- |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

| Schedule C | Form | gan or | 990-E7 | 2016 |
|---------------|-------|--------|--------|------|
| Scriedule C i | LOUIT | 990 or | 990-EZ | 2010 |

| SCITE | dule C (Form 990 or 990-EZ) 2016 | | | | | Page 2 |
|----------|--|-------------------------------------|--|---------------------------------------|--|----------------|
| Pa | t II-A Complete if the organization section 501(h)). | on is exempt | under section 5 | 01(c)(3) and file | d Form 5768 (ele | |
| A | Check ► ☐ if the filing organization be name, address, EIN, expe | elongs to an a | ffiliated group (a ire of excess lob | nd list in Part IV bying expenditu | each affiliated gro | oup member's |
| <u>B</u> | Check (if the filing organization ch | | | | | |
| | Limits on Lob | bying Expendit | tures | | (a) Filing | (b) Affiliated |
| | (The term "expenditures" n | eans amounts | paid or incurred | .) | organization's totals | group totals |
| 1. | Total lobbying expenditures to influence | public opinion | (grass roots lobb | yıng) | | |
| | Total lobbying expenditures to influence | e a legislative be | ody (direct lobbyin | ig) | | |
| | Total lobbying expenditures (add lines | | | | | , y |
| | d Other exempt purpose expenditures . | | | | | 14 |
| | Total exempt purpose expenditures (ad | d lines 1c and 1 | d) | | | <u> </u> |
| | Lobbying nontaxable amount. Enter columns. | the amount f | rom the followin | g table in both | | |
| | If the amount on line 1e, column (a) or (b) is | : The lobbying | nontaxable amour | nt is: | | _ |
| | Not over \$500,000 | 20% of the ar | nount on line 1e | | | (i) |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus | s 15% of the excess | over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus | 10% of the excess | over \$1,000,000 | | V |
| | Over \$1,500,000 but not over \$17,000,000 | | 5 5% of the excess of | over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | | and and | <u>, es l</u> |
| | Grassroots nontaxable amount (enter 2 | | | | | |
| | Subtract line 1g from line 1a. If zero or l | | | | | |
| | Subtract line 1f from line 1c If zero or le | , | | | | |
| 1 | If there is an amount other than zero | | Th or line 11, did | the organization | n file Form 4720 | ☐ Yes ☐ No |
| | reporting section 4911 tax for this year | | | | · · · · · · | |
| | (Some organizations that made a se | ction 501(h) ele e separate inst | ructions for lines | e to complete all 2a through 2f.) | of the five column | s below. |
| | Lobbying | Expenditures | During 4-Year A | veraging Period | - | |
| | Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 28 | Lobbying nontaxable amount | | | | | |
| ŀ | 45004 | | をはない。 ルタネ 高さい、人様な に基本・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | | The state of the s | |
| | Total lobbying expenditures | | | | | |
| • | Grassroots nontaxable amount | | | | | |
| | Grassroots ceiling amount (150% of line 2d, column (e)) | Land Special St. St. | A STATE OF THE STA | | And the second of the second o | |
| f | Grassroots lobbying expenditures | | | | | |

| | (election under section 501(h)). | (8 | (a) (b | | (b) | |
|----------------|---|----------|-------------|-------------------------------|--------------|----------|
| , - | ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed tion of the lobbying activity. | Yes | No | A | mount | t |
| le | During the year, did the filing organization attempt to influence foreign, national, state or local egislation, including any attempt to influence public opinion on a legislative matter or eferendum, through the use of: | | | i | | |
| | /olunteers? | | | r section Ye ar? 3 r section | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| | Media advertisements? | | | | | |
| - | Mailings to members, legislators, or the public? | | | | | |
| | Publications, or published or broadcast statements? | | | | | |
| | Grants to other organizations for lobbying purposes? | | | _ | | |
| g D | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i C | Other activities? | | | <u> </u> | | |
| jТ | otal Add lines 1c through 1i | | | <u> </u> | | |
| 2a D | Old the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | <u></u> | | - |
| | f "Yes," enter the amount of any tax incurred under section 4912 | i e | , | | | |
| | f "Yes," enter the amount of any tax incurred by organization managers under section 4912 . | <u>"</u> | | | | |
| | f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | <u> </u> | | ş'. | | . , |
| Part III | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). |)(၁), (| or se | ction | | |
| | | | | | Yes | No |
| 1 V | Vere substantially all (90% or more) dues received nondeductible by members? | | | 1 | 1 | |
| 2 D | Old the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | ✓ | |
| 3 D | Old the organization agree to carry over lobbying and political campaign activity expenditures from the | prior | year? | <u>' 3</u> | | <u> </u> |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members | PR (b) | , | t III-A | , line | 3, is |
| 2 8 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). | of | | | | |
| | Current year | | _ | <u> </u> | | |
| b 0 | Carryover from last year | • | | | | |
| c T | Total | | | ₩ | | |
| | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | ₩ | _ | |
| | f notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of | tne | - | , | | |
| 4 !1 e | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb | | - | | | |
| 4 !i e a | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year? | yıng | | | | |
| 4 !i e a | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbeand political expenditure next year? | yıng | | | | |

| Schedule C (For | n 990 or 990-EZ) 2016 | Page 4 |
|-----------------|--------------------------------------|---------------|
| Part IV | Supplemental Information (continued) | |
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SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Pottaw | tomie County Farm Bureau | | 73-6103507 |
|--------|--|--|--|
| Par | | | |
| | Complete if the organization answered | | |
| | | (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 dono | | |
| • | funds are the organization's property, subject to the | _ | |
| 6 | Did the organization inform all grantees, donors, | | |
| | only for charitable purposes and not for the bene conferring impermissible private benefit? | | |
| Part | | • | · · · · · · · · · · Yes · · No |
| rait | Complete if the organization answered | "Ves" on Form 990 Part IV line 7 | |
| 1 | Purpose(s) of conservation easements held by the | | · |
| • | ☐ Preservation of land for public use (e.g., recrea | | f a historically important land area |
| | Protection of natural habitat | · | f a certified historic structure |
| | ☐ Preservation of open space | | a defined filotofio structure |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation 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 | | . 2a |
| | Total acreage restricted by conservation easemen | its | 2b |
| С | Number of conservation easements on a certified | | 2c |
| d | Number of conservation easements included in | ` , | |
| - | historic structure listed in the National Register | | · · 2d |
| 3 | Number of conservation easements modified, tran | nsferred, released, extinguished, or teri | minated by the organization during the |
| | tax year > | | |
| 4 | Number of states where property subject to conse | | |
| 5 | Does the organization have a written policy re | | |
| | violations, and enforcement of the conservation ea | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | cting, handling of violations, and enforcing | conservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecti | ng, handling of violations, and enforcing | conservation easements during the year |
| | ► \$ | 0/4) | S 1 1 - 7 0 (I-) / (1) / (D) / (1) |
| 8 | Does each conservation easement reported on line and section 170(h)(4)(B)(ii)? | | |
| • | | | ☐ Yes ☐ No |
| 9 | In Part XIII, describe how the organization reports | | |
| | balance sheet, and include, if applicable, the text organization's accounting for conservation easem | | ianciai statements that describes the |
| Part | | | Other Similar Assets |
| Tart | Complete if the organization answered | | |
| 1a | If the organization elected, as permitted under SF | | |
| | works of art, historical treasures, or other simila | | |
| | public service, provide, in Part XIII, the text of the | | |
| | f the organization elected, as permitted under S | | |
| | works of art, historical treasures, or other simila | | |
| | public service, provide the following amounts related | ting to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X | | > \$ |
| | (ii) Assets included in Form 990, Part X . | | > \$ |
| 2 | f the organization received or held works of art | , historical treasures, or other similar | assets for financial gain, provide the |
| | following amounts required to be reported under S | SFAS 116 (ASC 958) relating to these i | tems: |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| h | Accete included in Form 000 Part V | | <u> </u> |

| | • | | | | | | |
|--------|--|----------------------|---------------------|----------------------|--|----------------|----------|
| Schedu | le D (Form 990) 2017 | | | | | | Page 2 |
| Par | III Organizations Maintaining | | | | | | |
| 3 | Using the organization's acquisition, collection items (check all that apply): | | ther records, che | eck any of the follo | wing that are a sig | inificant use | of its |
| а | ☐ Public exhibition | | d 🗌 Loa | n or exchange prog | jrams . | | |
| b | ☐ Scholarly research | | e 🗌 Oth | er | | | |
| С | ☐ Preservation for future generations | | | | | | |
| 4 | Provide a description of the organiza XIII | tion's collections | and explain how | they further the or | ganization's exem | pt purpose i | n Part |
| 5 | During the year, did the organization | | | | | | |
| | assets to be sold to raise funds rather | | ained as part of t | ne organization's c | ollection? . | ☐ Yes [| <u> </u> |
| Par | Escrow and Custodial Arra Complete if the organization | | " on Form 990, | Part IV, line 9, or | reported an amo | ount on Foi | rm |
| | 990, Part X, line 21. Is the organization an agent, trustee | | | for contributions of | u athau accata acc | | |
| 1a | included on Form 990, Part X? | | - | | Other assets not | ∖ | ¬ No |
| 6 | If "Yes," explain the arrangement in P | | | | | ☐ res [| |
| ь | ii res, explain the arrangement in r | art Alli arid Compi | ete the following | lable. | Am | nount | |
| С | Beginning balance | | | 10 | | | |
| d | Additions during the year | | | 10 | | | |
| e | | | | | | | |
| f | Ending balance | | | <u> </u> | | | |
| 2a | Did the organization include an amou | nt on Form 990 P | art X. line 21. for | · · · · · . | ` | │ Yes □ | □No |
| | If "Yes," explain the arrangement in P | | | | - | _ | <u> </u> |
| | t V Endowment Funds. | | <u></u> | | · · · · · · · · · · · · · · · · · · · | | = |
| | Complete if the organization | answered "Yes | " on Form 990, | Part IV, line 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years | s back |
| 1a | Beginning of year balance | | | | | | |
| b | Contributions | | | | | | |
| c | Net investment earnings, gains, and | | | | | _ | |
| | losses | | | | | | |
| d | Grants or scholarships | | | | | | |
| е | Other expenditures for facilities and | | | | | | |
| | programs | | | | | | |
| f | Administrative expenses | | | | | | |
| g | End of year balance | | | | <u> </u> | | |
| 2 | Provide the estimated percentage of the | the current year er | nd balance (line 1 | lg, column (a)) held | as | | |
| а | Board designated or quasi-endowme | nt > | . <u>.</u> % | | | | |
| b | Permanent endowment > | % | | | | | |
| С | Temporarily restricted endowment ► | | | | | | |
| _ | The percentages on lines 2a, 2b, and | | | | | | |
| 3a | Are there endowment funds not in th organization by: | e possession of ti | he organization t | hat are held and ad | iministered for the | Yes | No |
| | (i) unrelated organizations | | | | | 3a(i) | |
| | (ii) related organizations | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related of | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses | | | | | | |

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a | Land | | 90000.00 | rations of the s | 90,000 00 |
| b | Buildings | | 456740.63 | 269220 64 | 187,519.99 |
| С | Leasehold improvements | | | | |
| d | Equipment | | 92797 42 | 92797.42 | 0 00 |
| е | Other | | | | |
| Total. | . Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, column (B), line 10 | Oc.) ▶ | 277,519.99 |

| Part VII | Investments—Other Securities. | | | | |
|--------------------------|--|-------------------------|---------------------------------------|-------------------------------------|--|
| | Complete if the organization answ | rered "Yes" on For | rm 990, Part IV, lin | | |
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) Method of Cost or end-of-yea | |
| (1) Financial | derivatives | | | | |
| (2) Closely-I | neld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | <u> </u> |
| (B) | | | <u> </u> | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | <u> </u> | |
| (F) | | | | | |
| (G) | | | , | | |
| (H) | | | | | P 37 |
| | b) must equal Form 990, Part X, col. (B) line 12) ▶ | | | | |
| Part VIII | Investments—Program Related | | 000 David IV II- | - 11- O F 000 | Dart V line 10 |
| | Complete if the organization answ | ered "Yes" on Fo | | | |
| | (a) Description of investment | | (b) Book value | (c) Method of Cost or end-of-yea | |
| (1) | | | | | · · · · · · · · · · · · · · · · · · · |
| (2) | | | | | |
| (3) | | <u></u> . | | | |
| (4) | | | | | |
| <u>(5)</u> | | | | | |
| (6) | <u></u> | | | <u></u> | |
| _(7) | | | | <u> </u> | |
| (8) | | | | | |
| <u>(9)</u> | (1) (1) (1) (1) (1) (1) (1) | | | 23 · 作品403 · 好证403 | -2 / |
| | b) must equal Form 990, Part X, col (B) line 13.) | | | man Carlotte Carlotte | The state of the s |
| Part IX | Other Assets. Complete if the organization answ | rayad "Vaa" on Fa | 000 Bort IV Iv | a 11d Saa Farm 000 | Dort V line 15 |
| | | Description | iiii 990, Fait IV, III | le 11d. See I dilli 990 | (b) Book value |
| (1) | (4/ | Boson Priori | | | (2, 23 |
| <u>(1)</u> <u>(2)</u> | | | | | |
| (3) | | | | | |
| (4) | | | · · · · · · | | |
| (5) | | | | | |
| (6) | | | | | <u> </u> |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | · · · · · · · · · · · · · · · · · · · | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, co | l. (B) line 15) | | • | |
| Part X | Other Liabilities. | | | | |
| | Complete if the organization answ | ered "Yes" on Fo | rm 990, Part IV, lır | ne 11e or 11f. See For | m 990, Part X, |
| | line 25. | | | _ | |
| 1. | (a) Description of liability | (b) Book value | 7.78 | | |
| (1) Federal ır | ncome taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | · 学等的 特殊 |
| (7) | | | | | |
| (8) | | | | | · 中国 |
| (9) | | | | | · · · · · · · · · · · · · · · · · · · |
| Total. (Column (| b) must equal Form 990, Part X, col. (B) line 25) ▶ | | | | The state of the s |
| 2. Liability for | uncertain tax positions. In Part XIII, provid | e the text of the footn | ote to the organizatio | n's financial statements th | at reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| art | XI Reconciliation of Revenue per Audited Financial Stateme | nte 1 | With Revenue per | Return | |
|----------|---|--------|------------------------|---|----|
| ai L | Complete if the organization answered "Yes" on Form 990, F | | | netuiii. | |
| <u> </u> | Total revenue, gains, and other support per audited financial statements | | | 11 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | 1 - 1 | |
| С | Recoveries of prior year grants | 2c | | 1 | |
| d | Other (Describe in Part XIII.) | 2d | | 1 . | |
| е | Add lines 2a through 2d | | | 2e | |
| } | Subtract line 2e from line 1 | | | 3 | |
| 1 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | ¥'. | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | 7 1 | |
| C | Add lines 4a and 4b | | | 4c | |
| ; | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | | 5 | |
| ırt | XII Reconciliation of Expenses per Audited Financial Statem | | | er Returr | n. |
| | Complete if the organization answered "Yes" on Form 990, i | | | | |
| | Total expenses and losses per audited financial statements | | | 1 | |
| : | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | P-" | |
| а | Donated services and use of facilities | 2a | | 1.7. | |
| b | Prior year adjustments | 2b | | 7 - 5 | |
| С | Other losses | 2c | | 7. 1 | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| } | Subtract line 2e from line 1 | | | 3 | |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | _ | *** | |
| а | investment expenses not included on Form 990, Part VIII, line 7b | 4a_ | | | |
| b | Other (Describe in Part XIII.) | 4b | | 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| C | Add lines 4a and 4b | | | 4c | |
| i | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 18.) | <u></u> . | 5 | |
| vid | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part | 14; Pa | art IV, lines 1b and 2 | | |
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| Page 5 | dule D (Form 990) 2017 | Schedule D (For |
|---------------|---|-----------------|
| | XIII Supplemental Information (continued) | Part XIII |
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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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

| Pottawatomie Cou | inty raim bureau | 73-6103307 | |
|--------------------|--|--|----------|
| | | | |
| The Organization | does not have stockholders but does have r | members There are two types of members. One is an Associate | |
| member and the o | ther a Voting member. An Associate memb | per includes someone who runs or operates a farm but whose average | |
| gross agricultural | income is less than half their total income. | An associate member also includes someone working in Agribusiness. | : |
| Someone who is r | not directly related to Agriculture is an Asso | ciate member. Lastly, an Associate member can hold their membership | <u>P</u> |
| through a church, | FFA chapter, as association, or by a corpor | ration not producing agricultural products. A Voting member can be a fi | amıly |
| | | ale of agricultural products A Voting member can also be held by a retir | |
| | | rued and not employed full time in another occupation. A Voting memb | |
| | | e majority of income from the sale of agricultural products. | |
| | | | |
| County Level Acti | vities | | ·• |
| Date | Activity | Participants | |
| 9-8-16 | Pott County Free Fair | Board members | |
| 9-27-16 | Annual county meeting | Board members | |
| 9-13-16 | Resolution meeting | Board members | |
| 5-23-17 | Sponsored dinner Cattlemens Ass | | |
| 5-11-17 | Commodities board meeting | Todd Kennedy | |
| 3-28-17 | OFB Cong Action Tour | John Grundmann & Todd Kennedy | |
| 3-6-17 | Leadership Conference | John Grundmann | |
| 3-0-17 | Leader Ship Controller | John Grandmann | |
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