Return of Organization Exempt From Income Tax

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

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

Open to Public

Department of the Treasury Internal Revenue Service A For the 2016 calendar year, or tax year beginning NOV 1, 2016 and ending OCT 31, 2017 B Check if applicable C Name of organization D Employer identification number Address change Phillips County Farm Bureau Name change Doing business as 71-0245792]initial]return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ P.O. Box 2429 870-572-4099 term City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended West Helena, AR 72390 H(a) is this a group return Applica-F Name and address of principal officer Mike Rial Yes X No for subordinates? pending same as C above JYes ∟ No H(b) Are all subordinates included? f "No," attach a list. (see instructions) I Tax-exempt status 501(c)(3) X 501(c) (4947(a)(1) or) (insert no.) J Website: ➤ www.arfb.com/phillips H(c) Group exemption number K Form of organization: X Corporation Trust Other > L Year of formation: 1964 M State of legal domicile: AR Part I Summary Briefly describe the organization's mission or most significant activities Agricultural Promotion Governance Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 20 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 SCANNED APR 1 9 2018
Revenue Activities & Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 21 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 132,049. 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0 0. Contributions and grants (Part VIII, line 1h) 32,391 32,620. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2.246. 2,973. 141,566. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 140,601. 176,203 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 176,194. Grants and similar amounts paid (Part IX, column (A), lines 13) 435 1,360. 14 Benefits paid to or for members (Part IX, column (A), line, 4) FIG. Transp 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 93,446. 101,213. b Total fundraising expenses (Part IX, column (A), line 11e) FED 7 2016 0 0 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e) 69,374 60,969. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11 17 163,255 163,542. 12,948 19 Revenue less expenses Subtract line 18 from line 12 12,652. Assets or Balances **Beginning of Current Year** End of Year 690,231 702,942. 20 Total assets (Part X, line 16) 12,659 12,718. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 677,572 690,224 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Vice presider Sian Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 2-7-18 P00174819 Paid Sherry Chesser, CPA MULL sett-employed Firm's name > Thomas & Thomas LLP 71-0271741 Preparer Firm's EIN Firm's address 201 E. Markham, Suite Use Only Little Rock, AR 72201 Phone no. 501 - 375 - 2025 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes __ No

	n 990 (2016) Phillips County Farm Bureau	71-0245792	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Agricultural Promotion		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			
2	Did the organization undertake any significant program services during the year which were not listed on the	·	
	prior Form 990 or 990-EZ?	LYes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe 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	S .
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	to, the total expenses,	
4a			
74	(Code) (Expenses \$ including grants of \$) (Revenu County Farm Bureau work is general in nature, helping fa	esfor=!1:	,
	Councy Falm Bureau work is general in nature, neiping is	<u>ilm ramities</u>	
	achieve educational improvements, economic opportunity,	and social	
	advancement.		
			
		 	
			
		-,-,,,,,	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ie \$)
			
		 	
			
4c	(Code) (Expenses \$) (Revenue		
70	(Code / (Expenses a) (Newport of a) (Newport of a) (Newport of a)	в Ф	
		 	
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses		

Form 990 (2016) Phillip's County Farm Bureau Part IV Checklist of Required Schedules

			Yes	No.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributorନ	1		X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		X
J	public office? If "Yes," complete Schedule C, Part I	•		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_		X
4	during the tax year? If "Yes," complete Schedule C, Part II			
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
•	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	-5-	Α_	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- {	- 1	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	}		
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		}	37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
a	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		1	v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
,	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	446		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b]	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	Ì	}	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	لييي	<u> </u>

Form 990 (2016) Phillips County Farm Bureau
Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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		X
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		X
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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	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		
þ	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		
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,"			37
	complete Schedule L, Part II	26		X
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	07		v
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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):			
-	A current or former officer, director,-trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family-member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	-00		
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		<u>X</u>
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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ĺ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_	İ	
_	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
******	Note. All Form 990 filers are required to complete Schedule O	38 Form		2016)
		, 0,,,,,	I	CV 1 (1)

Part V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Schedule O contains a resoonse or note to any line in this Part V

	Check if Schedule O contains a response of note to any line in this Part V		······			لييا
		i i	_	····	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
		1b	0	 !		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ole gaming		.,	
	(gambling) winnings to prize winners?	1 1		1c	X	
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4			İ
_	filed for the calendar year ending with or within the year covered by this return	2a	4	1	v	Į
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returnations. Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			2b	X	
23	Did the organization have unrelated business gross income of \$1,000 or more during the year?	5)		2-	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	^		3a 3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	30	Α	
74	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
h	If "Yes," enter the name of the foreign country:	accour	11.) 1	40		
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	s (FBAR)			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		.o (1 o/ 11).	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		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	ne orga	nization 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 contribut	ions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ured			
	to file Form 8282?	, ,		7c_		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	_7d-			I	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	1?	7e		
f	Did the organization, during the year, pay-premiums, directly or indirectly, on a personal benefit contr	act?		71		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		{	7g		
ħ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		i i	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•	_		
_	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		
d A	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			Ì	
11	Section 501(c)(12) organizations. Enter.	100 1				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	•••				
	amounts due or received from them.)	11b		-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				j	
	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.		ļ			
b	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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> 0</u>		14b		

Form 990 (2016) Phillip's County Farm Bureau 71-0245792 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	~~~		X
Sec	tion 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 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			{
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Ì
	officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing-body-before filing the form?	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
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 arrangement with a			
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed None			
17 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) a	vailah	ما	
10	for public inspection, Indicate how you made these available. Check all that apply.	· anau		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	nal	
13	statements available to the public during the tax year.	··· (CI)	- iui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	The Organization - 870-572-4099			
	P.O. Box 2429, West Helena, AR 72390			

Phill	ine	County	Farm	Rureau
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71-0245792

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	institutional trustee	Officer		Highest compensated highest highest compensated highest compensated highest compensate		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Mike Rial	0.50	x		4				0.	0	0
President	0 50	 		X		├		ļ	0.	0.
(2) Brian Thomas	0.50	X		x				0.	0.	0.
Vice President	0.50	1	-	Δ		├	-	U •	<u> </u>	<u> </u>
(3) Steve Toney	0.30	X		x	}			0.	0.	0.
Secretary/Treasurer	0.50	1	-	Λ		-		<u> </u>		
(4) Kyle Cannon	0.50	X -						0.	0.	0.
Member (5) _Chris-Garnathan	0.50	-43-	-		-	├		•	<u>v</u> •	<u>v.</u>
Member	0.50	x				}		0.	0.	0.
(6) Allen Culp	0.50									
Member		X						0.	0.	0.
(7) Winston Foster	0.50					1		_	_	_
Member		X				<u> </u>		0.	0.	0.
(8) Kaleb Hall	0.50							_ :	_	
Member		X				<u> </u>		0.	0.	0.
(9) Phil Hall	0.50							_	_	_
Member		X				-		0.	0.	0.
(10) Kenny Holt	0.50	x						0.	0.	0.
Member	0.50	Λ	-					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u>v.</u>
(11) Jim Hubbard Member	0.50	X						0.	0.	0.
(12) Gary Inman	0.50									
Member		X						0.	0.	0.
(13) Elbert Jackson	0.50									
Member		X					L.	0.	0.	0.
(14) Gene Johnson	0.50									
Member		X						0.	0.	0.
(15) James Lawrence	0.50									
Member		X				ļ		0.	0.	0.
(16) Ronnie Loeschner	0.50							_	_	_
Member		X				ļ		0.	0.	0.
(17) Mike Montgomery	0.50							_		_
Member		X					لـــا	0.	0.	0.

Part VII Section A. Officers, Directors, To	(B)	دحنح			C)	.9110		(D)	(E)		<u> </u>	/E\	
Name and title	Average hours per week (list any	offi	not c , unle	Pos heck iss pe	more erson	than is bo	th an	Reportable compensation from	Reportable compensation from related	on I	an	(F) stimate nount other	of
	hours for related organizations below	Individual trustee or director	Institutional trustee	Ta:	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis		fr org and	pensa om th anizat d relat anizati	ie tion ted
	line)	亨	Tage 1	Officer	ş.	皇皇	Former				<u> </u>		
(18) Frank Polk	0.50	x						0.		0.	}		۸
Member (19) Joey Quinn	0.50	^	 	-	┼─	+-	├-	0.		<u> </u>	 		0.
Member		X	}]			0.		0.			0.
(20) Brian Stoner	0.50												
Member		X			<u> </u>		_	0.		0.			0.
(21) Leslie Turner	0.50	1								_			_
Member		X		-	-		-	0.		0.			0.
		Ì											
					1	 	-	<u> </u>					
		1											
												-	
		 			-	 							
	ļ	1				}							
							-						
		1											
1b Sub-total				L		·	>	0.		0.			0.
c Total from continuation sheets to Part	VII, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		-0-			0.
2 Total number of individuals (including bu	t not limited to th	ose	liste	d-at	pove	e) ⁻ wł	10 re	eceived more than \$100	,000 of reportab	le			_
compensation-from the organization											1	Yes	No
3 Did the organization list any former office	er director ortri	istee	e ke	v en	חוחמ	vee	ori	highest compensated ei	mnlovee on			103	110
line 1a? If "Yes," complete Schedule J fo			5, 110	,		,,,	, 0, ,	ingriost componicated of	inployed div		3		X
4 For any individual listed on line 1a, is the		ө сс	ompe	ensa	ation	and	d oth	her compensation from t	he organization				
and related organizations greater than \$	150,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5 Did any person listed on line 1a receive of					-		elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," co Section B. Independent Contractors	omplete Schedul	e J f	or su	ich j	pers	on					5		X
Complete this table for your five highest	compensated inc	dene	ende	nt c	ontr	acto	rs t	hat received more than:	\$100,000 of com	nens	ation f	rom	
the organization. Report compensation f	*									.р.сс			
(A)							T	(B)			(C	;)	
Name and busine	ss address	NC	DNE	<u> </u>				Description of s	ervices	C	ompe	nsatio	<u>n</u>
							-+						
							7						
							_						
							-						
2 Total number of independent contractors	s (including but n	ot lir	nuter	i to	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compensation from the orga)	_						
											Form !	990 (2016)

	Check if Schedule O contains a res	orise of flote to arry in	, 		700	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
울 1	a Federated campaigns	la				
	b Membership dues	d	}			}
and Other Similar Amounts	c Fundraising events	lc				}
<u>a</u>	d Related organizations	d		}	1	}
Έ,	e Government grants (contributions)	e				}
ري الخ	f All other contributions, gifts, grants, and			}		
≨	similar amounts not included above	f				-
당 (g Noncash contributions included in lines 1a-1f \$					{
a	h Total. Add lines 1a-1f					[
ļ		Business Code			, , , , , , , , , , , , , , , , , , , ,	
2 :	a Membership Dues	110000	32,620.	32,620.		
	b					
Ž,	с					
e e	d					
¥ ,	e					
{ ,	f All other program service revenue					
1,	g Total. Add lines 2a-2f	•	32,620.			
3	Investment income (including dividends	, interest, and				
1	other similar amounts)	•	2,973.	{		2,973.
4	Income from investment of tax-exempt t	ond proceeds				
5	Royalties	>	2,402.		 	2,402.
	(i) Re	al (II) Personal				
6		00.	_			
1 -	b Less. rental expenses	0.	-			Ì
1		00.			l.	
J	d Net rental income or (loss)	>	5,000.			5,000.
1	a Gross amount from sales of (i) Secu	ities (ii) Other				
1.	assets-other-than-inventory		<u> </u>			
	b Less: cost or other basis					
1 -	and sales expenses					
1 .	c Gain or (loss)					
1	d Net gain or (loss)	>				
1 .	a Gross income from fundraising events (i	not				
8	including \$ of					
	contributions reported on line 1c) See	{				
1	Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising ev	ents				
	a Gross income from gaming activities. Se			 		
"	Part IV, line 19	a				
,	b Less: direct expenses	b				
L	c Net income or (loss) from gaming activiti					
- I	a Gross sales of inventory, less returns					
	and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of invent					
`	Miscellaneous Revenue	Business Code				
11 .	a Insurance Service Fe		132,049.	Ì	132,049.	
- 1	ь Miscellaneous Income		1,150.		~~~, ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1,150.
			±,±,00 •			±,±,0,
	d All other revenue					
	e Total, Add lines 11a-11d	<u></u>	133,199.			
- 1	Total revenue See instructions.		176,194.	32 620	132,049.	11,525.
1 12	I OTAL LEAGURE ORE ILISTI DELIDIES.		<u> </u>	24,040.	104,047.	Form 990 (2016)

Form 990 (2016) Phillips County Farm Bureau Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor		this Part IX	complete delarini (i y.	
	not include amounts reported on lines 6b, 8b, 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				
	and domestic governments. See Part IV, line 21	1,360.			
2	Grants and other assistance to domestic			1	
	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	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
	trustees, and key employees	····			
6	Compensation not included above, to disqualified			}	
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)			ļ	
7	Other salaries and wages	90,489.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,495.			
9	Other employee benefits		·		
10	Payroll taxes	7,229.			
11	Fees for services (non-employees):			}	
а	Management		 	 	
b	Legal			 	
C	Accounting	600.	 		
d	, ,			 	
ę	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		· · · · · · · · · · · · · · · · · · ·	 	
g					
	column (A) amount, list line 11g expenses on Sch O.)	2,591.			
	_Advertising-and-promotion	19,426.		 	
13	Office expenses Information technology	13,420.		 	
14	Royalties			 	
15 16	Occupancy	18,346.		 	
17	Travel	10,510.		 	
18	Payments of travel or entertainment expenses			 	
10	for any federal, state, or local public officials			}	
19	Conferences, conventions, and meetings	4,757.	, , , , , , , , , , , , , , , , , , , 		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,015.			
23	Insurance	819.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Youth and Safety	4,250.			· · · · · · · · · · · · · · · · · · ·
b	Dues	150.		<u> </u>	
c	Miscellaneous	15.			
d					
e	All other expenses	 			
25	Total functional expenses. Add lines 1 through 24e	163,542.			
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 bere		i e e e e e e e e e e e e e e e e e e e	, 1	

Form 990 (2016)
Part X Balance Sheet

Part X	Balance Sheet							
	Check if Schedule O contains a response or note to an	ly line in this Part X						
			(A) Beginning of year		(B) End of year			
1	Cash - non-interest-bearing		340.	1	340			
2	Savings and temporary cash investments	<u> </u>	542,468.	2	545,288			
3	Pledges and grants receivable, net			3				
4	Accounts receivable, net	Γ		4				
5	Loans and other receivables from current and former o	fficers, directors,						
	trustees, key employees, and highest compensated en		1					
1	Part II of Schedule L		5					
6	Loans and other receivables from other disqualified per							
į	section 4958(f)(1)), persons described in section 4958(
	employers and sponsoring organizations of section 50							
2	employees' beneficiary organizations (see instr). Compl	· .		6				
7	Notes and loans receivable, net			7				
8	Inventories for sale or use			8 9 10c 156,569. 11 12				
9	Prepaid expenses and deferred charges							
10a								
	basis. Complete Part VI of Schedule D	348,732.						
ь	Less: accumulated depreciation 10b	192,163.	146,678.	10c	156,569			
11	Investments - publicly traded securities							
12	Investments - other securities. See Part IV, line 11	Γ		12				
13	Investments - program-related. See Part IV, line 11	ſ		13				
14	Intangible assets			14				
15	Other assets. See Part IV, line 11		745.	15	745			
16	Total assets. Add lines 1 through 15 (must equal line 3	(4)	690,231.	16	702,942			
17	Accounts payable and accrued expenses		1,664.	17	1,692			
18	Grants payable			18	·			
19	Deferred revenue		10,995.	19	_11_,-026-			
20	Tax-exempt bond liabilities			20				
21	Escrow or custodial account liability. Complete-Part-IV-	of Schedule D		21	·			
22_	Loans and other payables to current and former officer	s, directors, trustees,	:	- 1				
	key employees, highest compensated employees, and	disqualified persons						
22_	Complete Part II of Schedule L	<u> </u>		22				
23	Secured mortgages and notes payable to unrelated this	rd parties		23				
24	Unsecured notes and loans payable to unrelated third p	parties		24				
25	Other liabilities (including federal income tax, payables	to related third						
	parties, and other liabilities not included on lines 17-24)	. Complete Part X of						
	Schedule D			25				
26	Total liabilities. Add lines 17 through 25		12,659.	26	12,718			
	Organizations that follow SFAS 117 (ASC 958), chec	k here and						
3	complete lines 27 through 29, and lines 33 and 34.			- 1				
27	Unrestricted net assets	-		27				
28	Temporarily restricted net assets	-		28				
29	Permanently restricted net assets			29				
	Organizations that do not follow SFAS 117 (ASC 958	i), check here > X						
	and complete lines 30 through 34.		1	_				
30	Capital stock or trust principal, or current funds	-	0.	30	0			
31	Paid-in or capital surplus, or land, building, or equipmen	<u> </u>	0.	31	0.			
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or	or other funds	677,572.	32	690,224			
33	Total net assets or fund balances	-	677,572.	33	690,224.			
34	Total liabilities and net assets/fund balances		690,231.	34	702,942.			

	1990 (2016) Phillip's County Farm Bureau	71-024	5792	Pag	_e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,19	
2	Total expenses (must equal Part IX, column (A), line 25)	2	16:	$\frac{3}{5}$	42.
3	Revenue less expenses Subtract line 2 from line 1	3	12	2,6!	<u>52.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67	7,5	<i>12</i> .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	690),22	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	1	X
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te 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	e audit.	1 1	1	
_	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 Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth-in-the-Si		- -		
	Act and OMB Circular A-133?	-	За		X
ь	If "Yes," did-the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	1	
			Form	990 (2	2016)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

 Section 501(c)(4), 	(5), or (6) organiza	itions. Complete Part III			
Name of organization				Empl	oyer identification number
	Phillip	s County Farm Bu	reau		71-0245792
Part I-A Com	plete if the or	ganization is exempt und	der section 501(c)	or is a section 527 o	rganization.
1 Provide a descrip	otion of the organi	zation's direct and indirect politic	cal campaign activities i	n Part IV	
Political campaig	ın activity expendi	tures		▶ \$	
3 Volunteer hours f	for political campa	ign activities		• •	
D. A.D. O	 				
		ganization is exempt und			
		incurred by the organization und		> \$	
	•	incurred by organization manag		▶ \$	
3 If the organization 4a Was a correction		on 4955 tax, did it file Form 4720	for this year?		Yes No
b If "Yes," describe					L Tes No
		ganization is exempt und	ler section 501(c).	except section 501(c)(3).
\		d by the filing organization for se			
	•	nization's funds contributed to of	•	action 527	
exempt function	• •				
•		s. Add lines 1 and 2. Enter here a	and on Form 1120-POL.		
line 17b	•		,	▶\$	
4 Did the filing orga	anization file Form	1120-POL for this year?			Yes No
5 Enter the names,	addresses and e	mployer identification number (El	N) of all section 527 po	litical organizations to whic	h the filing organization
made payments.	For each organiza	ation listed, enter the amount pai	d from the filing organiz	ation's funds. Also enter th	e amount of political
contributions rec	eived that were pi	omptly and directly delivered to	a separate political orga	anization, such as a separa	te segregated fund or a
political action co	ommittee (PAC). If	additional space is needed, prov	vide information in Part	IV.	, ,
(a) Nar	me	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
				}	political organization
					If none, enter -0-
				į	
	. 	 			
		 	 	 	
			+	 	

Schedule C (Form 990 or 990-EZ) 2016 Part II-A Complete if the org	Phill	ips Co	ounty Farm E	ureau	71-(0245792 Page 2
section 501(h)).	jailizati	ni is exe	mpt under sectio	n soricits) and m	ea Form 5706 (e	nection under
	tion belon	as to an aff	iliated group (and list ii	n Part IV each affiliated	group member's nar	me, address, EIN.
expenses, and shar					3. c. c. p. 11. c. 11.	,,
			nd "limited control" pro	ovisions apply		
Limit	ts on Lobi	oying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	Jence pub	lic opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lines 1a and 1b)						
d Other exempt purpose expenditure		,		Ì	· 	
e Total exempt purpose expenditure		s 1c and 1	d)			
f Lobbying nontaxable amount. Ente	•		•	h columns		
If the amount on line 1e, column (a) o			bying nontaxable am		 	
Not over \$500,000	. 107.0.		the amount on line 1e	1		
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.		,				
Over \$17,000,000	000,000	\$1,000		33 0 461 \$1,500,000.		{
<u> </u>		Ψ1,000,	000.			{
g Grassroots nontaxable amount (en	ter 25% o	f line 1ft				
h Subtract line 1g from line 1a If zero		•				
i Subtract line 1f from line 1c If zero				ļ		
i If there is an amount other than zer	-		line 1) did the organiz	ں ation file Form 4720		
reporting section 4911 tax for this			into 11, ala tito organiz	20011 1110 1 01111 47 20		Yes No
		4-Year Av	eraging Period Under	section 501(h)		
(Some organizations the			- -		of the five columns l	below.
·	See	the separ	ate instructions for li	nes 2a through 2f.)		
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
						-
Calendar year (or fiscal year beginning in)	(a) 2	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
(or install year beginning in)						
2a Lobbying nontaxable amount					_	
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
1-7-						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures			<u> </u>			

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 Phillips County Farm Bureau 71-0245792 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a))	(b)	
	lobbying activity		No		
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 referendum, through the use of.				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
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?				
j	Other activities?				
j	Total. Add lines 1c through 1i				
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				
С	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				X
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," OR	<u>(b) Par</u>	t.III≈A,-lin	e-3, is-
	answered "Yes."				
1_	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
C	Total		2c		
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 ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part II-	A, lines 1 a	ınd 2 (see	
ınstrı	actions), and Part II-B, line 1. Also, complete this part for any additional information.				
		····			

SCHEDULE D

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

Phillips County Farm Bureau 71-024579

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the 71-0245792

	organization answered "Yes" on Form 990, Part IV, Iir	19 6.	o o o o o o o o o o o o o o o o o o o			
		(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 donor advisors in	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring			
	impermissible private benefit?		Yes No			
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	orically important land area			
	Protection of natural habitat	Preservation of a cert	tified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	иге			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax			
	year >					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	·			
	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year			
	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year			
_	\$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170				
_	and section 170(h)(4)(B)(ii)?		Yes No			
9						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
Da	conservation easements. rt III Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Accets			
T a	complete if the organization answered "Yes" on Form	•	thei Olilliai Assets.			
	If the organization elected, as permitted under SFAS 116 (AS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	nont and balance sheet works of art			
ıa	historical treasures, or other similar assets held for public ext					
	the text of the footnote to its financial statements that descri		nee of public service, provide, in Part XIII,			
.	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical			
þ	treasures, or other similar assets held for public exhibition, ed					
		ducation, or research in futrierance of pu	blic service, provide the following amounts			
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		L C			
	(ii) Assets included in Form 990, Part X		•			
2	If the organization received or held works of art, historical tre-	asures or other similar assets for financia	st gain provide			
4	the following amounts required to be reported under SFAS 1		i gairi, piovide			
а	Revenue included on Form 990, Part VIII, line 1		▶ \$			
d 	Assets included in Form 900 Part Y		•			

	dule D (Form 990) 2016 Phillip rt III Organizations Maintaining C	s County F	arm	Bureau	<u> </u>	Oib	Cimil	71-02	45792	Page 2
3	Using the organization's acquisition, access (check all that apply)	ion, and other record	as, cnec	k any of the	following tha	it are a sigr	nificant i	use of its	collection	items
_	Public exhibition				han-a					
a	Scholarly research	(Other	hange progra	ams				
b	Preservation for future generations	•	لـــا 🕏	Other						
C A		allostions and avala		المساطين والمسا	.	!		D	4 VIII	
4	Provide a description of the organization's c During the year, did the organization solicit of							se in Par	t XIII.	
5	to be sold to raise funds rather than to be m					er sımılar a	55015	[7.	
Pai	t IV Escrow and Custodial Arran					"V-2" 22 F	000) David 11/	<u>Yes</u>	No_
	reported an amount on Form 990, Pa		919 11 1116	organizado	n answered	tes on re	טוווו ששכ	, Part IV,	iirie 9, or	
12	Is the organization an agent, trustee, custod		diany for	contribution	s or other ac	rate not in	oludod	···		
10	on Form 990, Part X?	ian or other interme	ulai y 10i	COMMIDATION	is or ourier as	2612 1101 1111	ciuueu		Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llownoa:	table:					_ 162	NO
	n res, explain the arrangement in rate xiii	and complete the re	MOWING	laule.					Amount	
c	Beginning balance						1c		Amount	
q	Additions during the year						1d			
٥	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990 Part X line	21 for	ascrow or ci	istodial acco	unt liability			Yes	No
	If "Yes," explain the arrangement in Part XIII.						•	<u> </u>	7 169	F
Pai										_
·		(a) Current year		rior year	(c) Two year			ears hack	(e) Four	years back
1a	Beginning of year balance	19750	(2)	no. you.	(O) TWO JOE	o buon lo	111100)	ouro buon	(0).00.	youro buon
b	Contributions				 					
c	Net investment earnings, gains, and losses									
q	Grants or scholarships		 							
	Other expenditures for facilities		1							
Ŭ	and programs		1						1	
f	Administrative expenses									
g g	End of year balance		·							
2	Provide the estimated percentage of the curr	rent year end balance	:e-(line-1	a column (a	i)) held as:					
	Board designated or quasifendowment	<u></u>	%	9,	-,, <u></u> .					
	Permanent endowment	%								
	Temporarily restricted endowment ▶	<u>~~~</u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	red for the	organiz	ation		
	by.	· ·					Ū		[·	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, line 11a. S	ee Form 990	, Part X, lin	e 10			
	Description of property	(a) Cost or o		(b) Cost		(c) Accu		d	(d) Book	value
	, , , ,	basis (investr	nent)	basis	1	depre	ciation	- 1	` ,	
1a	Land			2	2,636.				22	,636.
	Buildings				7,235.	12	0,0	16.		,219.
C	Leasehold improvements									
d	Equipment			7	1,503.	6	8,29	93.	3	,210.
	Other				7,358.		3,8			,504.
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	Y colun							569

Schedule D (Form 990) 2016

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2016 Phillips County	<u> Farm Bureau 71-0245792 Pag</u>
Part XI Reconciliation of Revenue per Audited I	Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form	n 990, Part IV, line 12a.
1 Total revenue, gains, and other support per audited financia	Il statements 1
2 Amounts included on line 1 but not on Form 990, Part VIII, li	ne 12:
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIII)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on	line 1.
a Investment expenses not included on Form 990, Part VIII, lir	ne 7b 4a
b Other (Describe in Part XIII)	4b
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 99	
Part XII Reconciliation of Expenses per Audited	
Complete if the organization answered "Yes" on Form	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line	
a Donated services and use of facilities	<u>2a</u>
b Prior year adjustments	<u>2b</u>
c Other losses	2c
d Other (Describe in Part XIII.)	_2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on I	line 1:
a investment expenses not included on Form 990, Part VIII, lin	ne 7b . 4a
b Other (Describe in Part XIII)	4b
2 • • • • • • • • • • • • • • • • • • •	40
c Add lines 4a and 4b	40
•	4c
c Add lines 4a and 4b	4c
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 9 Part XIII Supplemental Information.	4c
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632054 08-29-16

Schedule D (Form 990) 2016

SCHEDULE 0 (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 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Phillips County Farm Bureau /1-0245/92
Form 990, Part VI, Section A, line 6:
The Organization is a mutual benefit organization with members.
Form 990, Part VI, Section A, line 7a:
The board is elected annually by the general membership. Officers are
elected by the board.
Form 990, Part VI, Section A, line 7b:
Policy resolutions are subject to member approval.
Form 990, Part VI, Section B, line 11b:
The 990 is submitted to the Board President who reviews and signs it.
Form 990, Part VI, Section B, Line 12c:
Informally, the board enforces the policy as problems arise.
Form 990, Part VI, Section B, Line 15:
The Organization does not have compensated officers or management
officials.
Form 990, Part VI, Section C, Line 19:
These documents are not available to the public.