Form 990	
FORTIL CO.	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

6 Open to Public Inspection

9

For the 2016 calendary year, or tax year beginning NOV 1, 2016 and ending OCT 31, 2017 Name of organization Demployer identification number Jackson Country Farm Bureau			of the Treasury Price Service Information about Form 990 and its instructions is at www.	y be made public.	40	Open to Public					
Name of organization Jackson County Parm Bureau Despicements Acceptable programments Despicements Despicement						Inspection					
Jackson Country Farm Bureau Property State Dong business as Dong business Dong business						on number					
Jackson Country Farm Bureau T1-0257803 T2-0257803 T2-0	applicable .										
Dong business as T1 - 0.25780.3		Addre chanç	Jackson County Farm Bureau								
Number and street (or P.0. box if mails not delivered to street address) Room/suite Telephone number 370 - 523 - 8946 City or fown, state or province, country, and ZiP or foreign postal code Newprort, AR 72112 No 124 (August 1911) No 124 (August 1911) No 125 (August 1911)		Name	<u> </u>	71-	-025	7803					
206 North Harwood Street Grossmann Control Contr		In:tial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su								
City or town, state or prowince, country, and ZIP or foreign postal code Reprint R		Final	,	•		3-8946					
Remort Archive NewDort AR 72112 Help is this a group return Figure Fig		termii ated	· · · · · · · · · · · · · · · · · · ·								
F Name and address of principal officer Tommy Young		Amer retur	ded Normant AD 70110	H(a) Is this a group	p return						
Taxexempt status	-	ition	F Name and address of principal officer TORRITY TORTIO								
Webstic: Name		pend	same as C above	H(b) Are all subordinate	es include	ed? Yes No					
Website: ▶ www. arfb. com/jackson From derganation: Xi Corporation Trust Association Other ▶ Vear of formation: 1958 M State of legal domicits: AR art I Briefly describe the organization's mission or most significant activities. Agricult ural Promotion The organization's mission or most significant activities. Agricult ural Promotion Check this box ▶ If the organization discontinued its operations of disposed-of-more than 25% of the net assets. A Number of voting members of the governing body (Part VI, Inine 1s) Vision				i27) ∫ If "No," attacl	h a list.	(see instructions)					
Summary 1 Breffy describe the organization's mission or most significant activities. Agricultural Promotion 2 Check this box	<u>J W</u>	ebsi	te: ▶ www.arfb.com/jackson	~ ~							
Briefly describe the organization's mission or most significant activities. Agricultural Promotion 2 Check this box				ear of formation: 1958	M Sta	ite of legal domicile: AR					
2 Check this box	Par	rt I	Summary								
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Signature of officer Are Volume Volume Volume Signature of officer Type or print name and title Print/Type preparer's name Sherry Chesser, CPA Firm's name Thomas & Thomas LLP Firm's address 201 E. Markham, Suite 500 Little Rock, AR 72201 Pate Date 2-12-18 Firm's EIN PTIN Firm's EIN 71-0271741 Phone no. 501-375-2025					i niy kiic	owiedge and belief, it is					
Signature of officer Age, W Robertson, Vice President Type or print/Type preparer's name Print/Type preparer's name Sherry Chesser, CPA Firm's name Thomas & Thomas LLP Firm's address 201 E. Markham, Suite 500 Little Rock, AR 72201 Pate Check PTIN Firm's EIN 71-0271741 Phone no. 501-375-2025	146, (20116		iter has any knowledge.							
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e Only Firm's address 201 E. Markham, Suite 500 Little Rock, AR 72201 Frim's name Thomas & Thomas LLP 71-0271741 Frim's eln 71-0271741 Phone no. 501-375-2025	Paid				البا	y.					
e Only Firm's address 201 E. Markham, Suite 500 Little Rock, AR 72201 Phone no.501-375-2025		rer									
Little Rock, AR 72201 Phone no.501-375-2025				FIFTH SEIN		1-02/1/41					
the IPS discuss the return with the preparer shown phases (see instructions)	796 U	, 11 1 y		Dhono no E	:01	3752025					
		the !		1 Priorie no. 5	0 T -	X Yes No					

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2016) Jackson County Farm Bureau	71-0257803 Page 2
Pa	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?	Yes 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 service	ces? 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	s, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	revenue, if any, for each program service reported	
4a		Pervenue \$
	(Code) (Expenses \$ including grants of \$) (Figure 1 of \$) (Figure 2 of \$	farm families
	achieve educational improvements, economic opportunity	v and social
	- decempes and	y, and social
	advancement.	
4b	(Code) (Expenses \$) (Figure 1) (Expenses \$)	Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Fig. 2)	Revenue \$)
•••	/Costs	,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶	

71-0257803

Form 990 (2016) Jackson 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)?			-
	If "Yes," complete Schedule A	1		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	_X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
^	Schedule D, Part III	-		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		İ	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		_x_
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	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	0		
••	as applicable.	ĺ		Ì
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ł		
_	Part VI	11a	Х	
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		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	1	.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u>^</u>
b	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		Х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	145	1	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		<u> </u>	<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u></u>	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	<u> </u>
-		Form	990	(2016

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

			<u>res</u>	NO
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
þ	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		<u>X</u>
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		<u>X</u>
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	1		
	Schedule K If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ł		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u>X</u>
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		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
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		_X
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			İ
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		_X_
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		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
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	X	
		Form	990	(2016)

b Enter the amount of reserves the organization is required to maintain by the states in which the

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a

X

13b 13c Form 990 (2016)

Jackson County Farm Bureau

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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.

	to mile out of the below, describe the circumstances, processes, or charges in conedule C. 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 1a 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 O.			
	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			
	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		<u> </u>
6	Did the organization have members or stockholders?	6	X	
7a	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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	<u>X</u>	
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)		1	
			Yes	No
	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		77
11a		11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7.	
12a		12a_	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	in Schedule O how this was done	12c	Х	
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?			37
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	١		•
	taxable entity during the year?	16a		X
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			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
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	ivailab	10	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	1 finan	cıal	
	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 records:			
	The Organization - 870-523-8946			
	206 North Harwood Street, Newport, AR 72112			

Form	aan	(2016)	

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Form 990 (2016)

Jackson County Farm Bureau

71-0

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.

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

X Check this box if neither the organization n	or any related	orga	anıza	ation	COI	mpe	nsat	ed any current officer, o	director, or trustee	
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average	(do			ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer an	oao	irecto	or/trus	(tee)	from	from related	other
	(list any hours for	Individual trustee or director			ĺ	_		the	organizations (W-2/1099-MISC)	compensation from the
	related	9 0 0	itee			Safed		organization (W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	Institutional trustee		g g	E E		(** 27 1000 111100)		and related
	below	grag	notto	 ==	Key employee	oyee	- E			organizations
	line)	횰	ınst) Hije	ě	Highest compensated employee	뎚			
(1) Tommy Young	0.50									
President		X		X	ļ	_		0.	0.	0.
(2) Carey Robertson	0.50				ĺ					
Vice President		X		X	ļ	<u> </u>		0.	0.	0.
(3) Drew Haigwood	0.50									
Secretary		X		X		ļ.,	<u> </u>	0.	0.	0.
(4) Brent Lassiter	0.50							_	_	
Member		X			ļ	_		0.	0.	0.
(5) Kenneth Clark	0.50			}						
Member	ļ <u>.</u>	X		_	<u> </u>	_		0.	0.	0.
(6) Tony Davis	0.50		ŀ							•
Member	0.50	X	_	_	-	<u> </u>		0.	0.	0.
(7) Dennis Haigwood	0.50		l	ļ	ļ		į			
Member	0.50	X			-	-		0.	0.	0.
(8) Levi Carlton	0.50	.							_	^
Member	0 50	X	-		-	-		0.	0.	0.
(9) Derek Haigwood	0.50	x			1			0.	0.	0.
Member (10) Marvin Hare	0.50	~	-	-	├			•		•
Member	0.50	x		l				0.	0.	0.
(11) Jennifer James	0.50				ļ					
Member		X			1	1		0.	0.	0.
(12) Keith Kinard	0.50									
Member		X						0.	0.	0.
(13) Jim Young	0.50									
Member		X						0.	0.	0.
(14) Virgil Lancaster	0.50						l			
Member		X						0.	0.	0.
(15) Hervey Madden	0.50									
Member		X		_				0.	0.	0.
(16) Mark McGaughey	0.50								_	_
Member		X		_	1	<u> </u>	_	0.	0.	0.
(17) Sam Nicholson	0.50								_	^
Member		X	1	<u></u>	<u> </u>			0.	0.	0.

Name and business address NONE

Description of services

Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1<u>a</u> b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f Business Code 2 a Membership Dues 34,526. 110000 34,526. Program Service Revenue f All other program service revenue 34,526 Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,061 1,061. other similar amounts) Income from investment of tax-exempt bond proceeds 1,950. 1,950 5 Royalties (i) Real (II) Personal 5,025. 6 a Gross rents 0. b Less rental expenses ,025. c Rental income or (loss) 5,025. 5,025. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 103,754. 103,754. 11 a Insurance Service Fees 524298 1,137. 1,137. 453000 ь Miscellaneous d All other revenue 104,891. e Total. Add lines 11a-11d 34,526. 103,754. 9,173. 147,453. Total revenue See instructions.

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

<u> </u>	Check if Schedule O contains a response or note to any line in this Bort IV									
Do r	Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, Tatal (A) (B) (C) (D)									
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations			general expenses	0.0001000					
	and domestic governments. See Part IV, line 21	500.								
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	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
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	Other salaries and wages	70,753.	<u> </u>							
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	5,569.	_	<u> </u>						
9	Other employee benefits									
10	Payroll taxes	6,263.								
11	Fees for services (non-employees)									
а	Management									
b	Legal									
С	Accounting	600.								
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,			İ						
	column (A) amount, list line 11g expenses on Sch O.)									
12	Advertising and promotion	2,124.								
13	Office expenses	8,196.								
14	Information technology									
15	Royalties									
16	Occupancy	17,699.								
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	17,483.								
20	Interest		······································							
21	Payments to affiliates	- 10 151								
22	Depreciation, depletion, and amortization	10,461.								
23	Insurance	552.								
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 O.)			1						
		0.000								
	Youth & Safety	2,908.								
b	Miscellaneous	121.								
C										
đ				 						
	All other expenses	142 222								
25	Total functional expenses. Add lines 1 through 24e	143,229.		 						
26	Joint costs. Complete this line only if the organization	Ţ								
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	į								
	Check here L if following SOP 98-2 (ASC 958-720)			1						

Form 990 (2016)
Part X Balance Sheet

Pa	rt X	Balance Sheet	_		
		Check if Schedule O contains a response or note to any line in this Part X			
	r · · · -		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	332,022.	2	344,577.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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		_	
Assets	_	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	<u> </u>	9_	
	10a	Land, buildings, and equipment cost or other			
	١.	basis Complete Part VI of Schedule D 10a 388,633.	200 711		102 040
		Less accumulated depreciation 10b 195,584.	200,711.		193,049.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	532,733.	15	537,626.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,111.	<u>16</u> 17	2,285.
	17	Accounts payable and accrued expenses	1,111.	18	2,203.
	18	Grants payable Deferred revenue	12,093.	19	11,636.
	20	Tax-exempt bond liabilities	12,095.	20	11,030.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
"	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities	22	key employees, highest compensated employees, and disqualified persons			
iji		Complete Part II of Schedule L		22	
Ę	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	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	13,204.	26	13,921.
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
Ø		complete lines 27 through 29, and lines 33 and 34.			
ည်	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒			
卢	1	and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	0.	30	0.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
ξ	32	Retained earnings, endowment, accumulated income, or other funds	519,529.	32	523,705.
Š	33	Total net assets or fund balances	519,529.	33	523,705.
	34	Total liabilities and net assets/fund balances	532,733.	34	537,626.
					Form 990 (2016

orm	990 (2016) Jackson County Farm Bureau	<u>71-025</u>	<u>7803</u>	Page	12
Pa	Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				ユ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,45	
2	Total expenses (must equal Part IX, column (A), line 25)	2	143	,22	<u>9.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,22	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	519	,52	<u>9.</u>
5	Net unrealized gains (losses) on investments	5		<u> </u>	8.
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	523	70	<u>5.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII				<u>_</u> _
				Yes I	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	О.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	İ	
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	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	ngle Audıt			
	Act and OMB Circular A-133?		_3a		<u>X</u>
b	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		
			Form 9	990 (20)16)

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.irs.gov/form990.

2016

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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

	Ocatas 504 (NA) (5)				
	Section 501(c)(4), (5), or (6) organiza ne of organization	tions: Complete Part III.			
ivai	J	Country House Press		E	nployer identification number
P	art I-A Complete if the org	County Farm Bur janization is exempt und	eau ler section 501/c	or is a section 527	71-0257803
	STATE OF THE OF	gamzation is exempt unt	161 36CHOH 30 HC	OI IS a Section SE	organization.
4	Provide a description of the organiz	ration's direct and indirect politic	and composed potestica	un Dort IV	
	Political campaign activity expendit	•	cai campaign activities		▶\$
	Volunteer hours for political campai			•	•
3	volunteer flours for political campai	gir activities			
Pa	art I-B Complete if the org	ganization is exempt und	der section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization un-	der section 4955	•	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	a Was a correction made?				Yes No
_	of If "Yes," describe in Part IV		Jan. 2004(2)	·	24(-1/0)
		ganization is exempt und		<u> </u>	
	Enter the amount directly expended	• • •	•		> \$
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s		
_	exempt function activities				^ \$
3	Total exempt function expenditures	Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	
_	line 17b	Asso Bol for the core O		•	*
	Did the filing organization file Form	•	(N) -4 -111 507 -	. 1.4 1	Yes No
5	Enter the names, addresses and en made payments. For each organiza			-	· –
	contributions received that were pre-	· · · · · · · · · · · · · · · · · · ·			
	political action committee (PAC). If	• •	• •	•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	m (e) Amount of political
	(a) Name	(b) / ladicas	(0) = 111	filing organization's	1
			}	funds if none, enter-	0. promptly and directly
					delivered to a separate political organization.
		}			If none, enter -0-
					
					ļ .
			l	Į.	į

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 Jac	kson Cou	inty Farm Bu	reau	71-(0257803 Page 2
Part II-A Complete if the organize section 501(h)).	ation is exe	mpt under sectio	n 501(c)(3) and till	ea Form 5/68 (e	election under
A Check ► if the filing organization b	elongs to an aff	iliated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN.
expenses, and share of e					,
B Check ▶ if the filing organization of	hecked box A a	and "limited control" pro	ovisions apply.		
	Lobbying Expe	enditures		(a) Filing organization's	(b) Affiliated group totals
			<u> </u>	totals	
1a Total lobbying expenditures to influence			 		
b Total lobbying expenditures to influence		ay (airect lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures	4 1	-0	ł		
e Total exempt purpose expenditures (ad-		•			
f Lobbying nontaxable amount Enter the					
If the amount on line 1e, column (a) or (b) i		obying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,00		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000 \$1,000,000.					1
		- 			
g Grassroots nontaxable amount (enter 25	-		}		
h Subtract line 1g from line 1a. If zero or k	•				
i Subtract line 1f from line 1c. If zero or le					<u></u>
j If there is an amount other than zero on		line 11, did the organiz	ation file Form 4/20		—. . —
reporting section 4911 tax for this year?					Yes No
(Some organizations that m	ade a section s	eraging Period Under 501(h) election do not rate instructions for li	have to complete all	of the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 Jackson County Farm Bureau 71-0257803 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description (a) (b) of the lobbying activity Yes No Amount 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 a 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? e 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? 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 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No X Were substantially all (90% or more) dues received nondeductible by members? Х Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? X Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a b Carryover from last year 2c c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

SCHEDULE D

Department of the Treasury

(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.

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

Employer identification number

Jackson County Farm Bureau 71-<u>0257803</u> Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If 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 SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	Schedule D (Form 990) 2016 Jackson County Farm Bureau 71-0257803 Page 2										
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)										
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a sig	gnificant	use of its	collection	rtems	
•	(check all that apply)										
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other	0., .0						
С	Preservation for future generations										_
4	Provide a description of the organization's co	ollections and explai	n how ti	nev further ti	he organizati	on's exen	not ourpo	nse in Par	t XIII		
5	During the year, did the organization solicit of				-				• • • • • • • • • • • • • • • • • • • •		
-	to be sold to raise funds rather than to be ma					0, 0,,,,,,,	400010		Yes		No.
Par	t IV Escrow and Custodial Arran					"Ves" on	Form 990) Part IV			10 .
	reported an amount on Form 990, Pa		010 11 1110	organizatio	ii aiisweisu	103 011	. 01111 000	,, r ant 14,			
10	Is the organization an agent, trustee, custod		diant for	contribution	e or other as	eate not	ncluded				_
ıa	on Form 990, Part X?	ian or other intermet	Jiary IOI	Contribution	is or other as	15612 1101 1	ilciuueu		Yes	$\overline{}$	No
				4-6-1-					_ res		40
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing	table.			<u> </u>				_
									Amount		—
С	Beginning balance						1c				—
d	Additions during the year						<u>1d</u>				
е	Distributions during the year						1e				—
f	Ending balance						1f		_		
2a	-						ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII									<u> </u>	
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo							
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears ba	ck
1a	Beginning of year balance										
b	Contributions	L	ļ		ļ				 		
С	Net investment earnings, gains, and losses								<u> </u>		
d	Grants or scholarships				,						
е	Other expenditures for facilities		l								
	and programs										
f	Administrative expenses								<u> </u>		
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	i)) held as.						
а	Board designated or quasi-endowment	•	%	,							
ь	b Permanent endowment > %										
	Temporarily restricted endowment ▶										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization										
	by Yes No										
	(i) unrelated organizations 3a(i)										
	(ii) related organizations (iii) related organizations										
h	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
4											
Part VI Land, Buildings, and Equipment.											
<u> </u>	Complete if the organization answere		0 Part I	/ line 11a S	See Form 99() Part X	line 10				
		(a) Cost or o		T			cumulate	a T	(d) Book	valuo	
	Description of property	basis (investi		, , ,	or other (other)		reciation	ea	(a) Book	value	
		Dasis (IIIVesti	nent)	 	` 	geb	- GUIALIUM		1 5	27	
	Land	 			5,376.		40 0	02		, <u>37</u>	
b	Buildings			31	0,693.	1	42,0	74.	168	, 60	<u> </u>
	Leasehold improvements		·	<u> </u>			40 =	4-			
	Equipment			5	5,358.		49,7			,60	
	Other			<u> </u>	7,206.	L	3,7	43.		<u>, 46</u>	
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	(0c)				193	<u>,04</u>	<u>9.</u>

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Jackson Co	unty Farm B	ureau	71	0257803 Page 3
Part VII Investments - Other Securities.			·	
Complete if the organization answered "Ye	s" on Form 990, Part IV	/, line 11b. See Form 990), Part X, line 12.	
(a) Description of security or category (including name of security	(b) Book value	(c) Method of	valuation. Cost or en	d-of-year market value
(1) Financial derivatives		 		
(2) Closely-held equity interests (3) Other				
(A)				
(B)			· · · · · · · · · · · · · · · · · · ·	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>			
Part VIII Investments - Program Related.				
Complete if the organization answered "Ye (a) Description of investment		/, line 11c. See Form 990), Part X, line 13	d of constant colors
	(b) Book value	(c) Metriod of	valuation. Cost or en	d-of-year market value
(1)				-
(2)				
(4)	 -	· · · · · · · · · · · · · · · · · · ·		
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>			
Part IX Other Assets.				
Complete if the organization answered "Ye		, line 11d See Form 990), Part X, line 15.	1
	a) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)			 	
(7)				
(8)				
(9)	 	 		
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)			
Part X Other Liabilities.			-	•
Complete if the organization answered "Yes	s" on Form 990, Part IV	, line 11e or 11f. See Fo	rm 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)			_	
(6)			_	
(7)			-	
(8)			-	
(9)			-	
Total. (Column (b) must equal Form 990, Part X, col. (B)			<u> </u>	
2. Liability for uncertain tax positions. In Part XIII, provi				
organization's liability for uncertain tax positions und	ier FIN 48 (ASC 740) C	neck nere if the text of t		
			Sch	nedule D (Form 990) 2016

	dule D (Form 990) 2016 Jackson County Farm Bure		71-0257803 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stat		nue per Return.
	 Complete if the organization answered "Yes" on Form 990, Part IV, line 	12a	
i	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	_2d	
е	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:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	tomonto With Evno	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.0	
a	Donated services and use of facilities	2a	
þ	Prior year adjustments	2b	
С	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 line 1.	1 4- 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b Total eveness Add lines 2 and 4a (This must equal Form 900, Part I, line 18	1	4c
Pa	<u>Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.</u>	,	3
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	· Part IV lines 1h and 2h·	Part V line 4: Part X line 2 Part XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an		
		,	

632054 08-29-16

Schedule D (Form 990) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

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

Employer identification number 71-0257803

Jackson County Farm Bureau	71-0257803
Form 990, Part VI, Section A, line 2:	
Dennis Haigwood, Derek Haigwood and Drew Haigwood - famil	y relationship
Marvin Hare and Jennifer James - family relationship	
Tommy Young, Jim Young, and Blake Young - family relation	ship
Form 990, Part VI, Section A, line 6:	
The Organization is a mutual benefit organization with me	mbers.
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 Agency Manager for review. Up	on approval, it is
signed by the Board President and mailed.	
Form 990, Part VI, Section B, Line 12c:	
Officers are required to disclose annually any potential	conflicts of
interest.	
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	