SCANNED WAY

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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 Inspection

and ending OCT 31, A For the 2016 calendar year, or tax year beginning NOV 1, 2016 Check if applicable C Name of organization D Employer identification number Address change Pope County Farm Bureau Name change 71-0272931 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Finai return/ P.O. Drawer 10400 479-968-1361 termi City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 225,899 Amended Russellville, AR 71812 H(a) Is this a group return Applica-Yes 🗓 No F Name and address of principal officer Jason Drew for subordinates? same as C above H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) X 501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: > www.arfb.com/pope H(c) Group exemption number K Form of organization: X Corporation Year of formation: 1956 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 I 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) Number of independent voting members of the governing body (Part VI) Number 16/14 2 2018 20 Activities & 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 44 OGUEN 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 146,523. b Net unrelated business taxable income from Form 990-T, line 34 7b 10,330. **Prior Year Current Year** 0. 8 Contributions and grants (Part VIII, line 1h) 61,000. 62,022. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 346. 346. 154,913. 163,531 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 216,259. 225,899. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 86,662. 84,047. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 103,950. 97,688. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 181,735. <u>190,612.</u> 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,647. 44,164. 19 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 828,808. 20 Total assets (Part X, line 16) 729,095. 163,787 19,910. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 665,021 709.185 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. Date Signature of officer Sign ance Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 2/12/18 Sherry Chesser, P00174819 Paid Firm's name > Thomas & Thomas Preparer LLPFirm's EIN 71-0271741 Firm's address > 201 E. Markham, Suite Use Only Phone no. 501 - 375 - 2025Little Rock, AR 72201

May the IRS discuss this return with the preparer shown above? (see instructions)

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

X Yes No

Form 990 (2016)

orm	990 (2016) Pope County Farm	Bureau		71-0272931	Page 2
Pai	t III Statement of Program Service Accomplis				
	Check if Schedule O contains a response or note to an	y line in this Part III			
1	Briefly describe the organization's mission. Agricultural Promotion				
	AGIICUICUITUI IIOMOTION				
2	Did the organization undertake any significant program service	ces during the year which	n were not listed on the		
	prior Form 990 or 990-EZ?	•		L Yes	X No
_	If "Yes," describe these new services on Schedule O.				X No
3	Did the organization cease conducting, or make significant of "Yes," describe these changes on Schedule O.	nanges in now it conduct	is, any program services?	. LYes	∆ 00
4	Describe the organization's program service accomplishment	ts for each of its three lar	gest program services, as i	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to				
	revenue, if any, for each program service reported.	·		<u> </u>	_
4a		luding grants of \$) (Revenue)
	County Farm Bureau work is gen				
	achieve educational improvemen	ts, economic	opportunity,	and social	
	advancement.				
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415	1		\		
4b	(Code) (Expenses \$ inc	luding grants of \$) (Revenue	\$,
					
					
					
		· · · · · · · · · · · · · · · · · · ·			
4c	(Code) (Expenses \$	luding grants of \$) (Revenue	s)
					
					
					
			·		
				 	
4d	Other program services (Describe in Schedule O)				
TU	(Expenses \$) (Revenue \$	١	
4e	Total program service expenses				
				Form 9	90 (2016)

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

1 is the organization described in section SOI(c)(3) or 4987(q)(1) (other than an private foundation)? 1				Yes	No
2 Is the organization required to complete Schedule B, Schedule C Continuous 2 2 Is the organization engage in direct or inderect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 3 Section 501(x)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(x)(4), 501(x)(5), or 501(x)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviewe Procedule C, Part III 6 Did the organization in Reviewe Procedule of 98.197 If "Yes," complete Schedule C, Part III 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, or the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 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 organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part II 9 Did the organization report an amount for Investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for lond forganization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part XI 3 Did the organization report an	1				
3 Dd the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officed if "Yes," complete Schedule C, Part I 4 Section 501(x)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 Dd the organization relevance in delivery of the desire of the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II 5 Dd the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III 5 Dd the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part III 5 Dd the organization integration 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 5 Dd the organization report an amount for live stated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV 5 Dd the organization report an amount for investiments in their separation in Part X, line 10? If "Yes," complete Schedule D, Part VI 5 Dd the organization report an amount for investiments in 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 VI 5 Dd the organization report an amount for other isabilities in Part X, line 12 that is 5% or more of its total a	_			ļ	
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 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 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"					<u>X</u>
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or more? If "Yes," complete Schedule F, Parts I and IV 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	D		i		
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 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 If 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 If 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			446	1	v
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 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 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	3		45		v
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	6	· · ·	-15	$\neg \neg$	
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	7	- I	_10_		
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1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	8	· · · · · · · · · · · · · · · · · · ·			
9 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-	·	18		X
	9	· · · · · · · · · · · · · · · · · · ·			
			19		X

Form 990 (2016) Pope 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	-		1
	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	1		
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	06		X
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
27	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		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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
b		28b		X
c				
-	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	ll	,	
	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 7701-3? 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			l
	Part V, line 1	34		<u>X</u>
35a		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		}	v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	-	<u>x</u>
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	14QLE- All 1 Onli 000 meis ale required to complete conteduie 0			2016)
			1	

Enter the amount of reserves on hand .	13c		
Did the organization receive any payments for indoor tanning services during the tax year?		14a	_X
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduli	e O	14b	

13b

13a

a Is the organization licensed to issue qualified health plans in more than one state?

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

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

Form 990 (2016) Pope County Farm Bureau 71-0272931 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			\mathbf{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 O.			
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			
	officer, director, trustee, or key employee?	2	х	
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	Х	
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	х	
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:			
а	The governing body?	8a	_x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	Х
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
	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		Х
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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	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	Х	
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?	}		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to 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		
Sec	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	vailabl	е	
	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	financ	al	
	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 - 479-968-1361			
	P.O. Drawer 10400, Russellville, AR 71812	•		

Form	$\alpha \alpha \alpha$	1201	۵۱

Pope County Farm Bureau

71-0272931

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

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

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

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

(A) Name and Title	(B) Average			(C Posi	C) ition	1		(D) Reportable	(E)	(F)
name and thie	hours per	box,	not c	heck ss pe	more	than	han	compensation	Reportable compensation	Estimated amount of
	week (list any	_	er an	dad	recto	r/trus	tee)	from the	from related organizations	other
	hours for	individual trustee or director				pa ed		organization	(W-2/1099-MISC)	compensation from the
	related	stee o	Institutional trustee		يو ا	Highest compensated employee		(W-2/1099-MISC)	i	organization
	organizations below	Jual tru	tonal		nploye	st com	ا ا			and related organizations
	line)	Indiwic	Institu	Officer	Key en	Higher	Former			Organizations
(1) Jason Drew	0.50									
President		X		X				0.	0.	0.
(2) Lance Martin	0.50									
Vice President		X		X	<u> </u>	L		0.	0.	0.
(3) Charles Metz	0.50				ŀ	1			_	_
Secretary/Treasurer		Х		X	<u> </u>	ļ		0.	0.	0.
(4) Craig Bailey	0.50									
Member	0.50	X	_				\vdash	0.	0.	0.
(5) Sue Berkemeyer	0.50	7.7						0		^
Member	0.50	X			_		-	0.	0.	0.
(6) Jim Bocksnick	0.50	x						0.	o.	0
Member Poulands	0.50	Λ		-	-	-	Н			0.
(7) Gary Rowlands Member	0.50	x				į į		0.	0.	0.
(8) Randy Clark	0.50				==	=	=			
Member		X						0.	0.	0.
(9) Don Guess	0.50									
Member		X						0.	0.	0.
(10) Kenneth Hayden	0.50					Ι,			-	
Member		X						0.	0.	0.
(11) Ida Ruth Jones	0.50				l	ļ				
Member		X		ļ	<u> </u>	L.,	_	0.	0.	0.
(12) Tom Jones	0.50				ŀ				_	_
Member		X			<u> </u>	L	-	0.	0.	0.
(13) Jeff Small	0.50				1			•		•
Member	0 50	Х	-	_		-	-	0.	0.	0.
(14) T.A. Metz	0.50	v				1		0		•
Member	0.50	X		-		├	\vdash	0.	0.	0.
(15) David Oates	0.30	x						0.	0.	
Member (16) Jay Price	0.50	^	\vdash			\vdash		0.		. 0.
Member	0.30	x						0.	0.	0.
(17) Steven Sumners	0.50		-		 	 				<u></u>
Member		x			1			O.	0.	0.

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do	(C) Position lo not check more than one ox, unless person is both an fficer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	-
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	com fr org an	pensa rom th anizat d relat	e ion ed
(18) Dustin Tackett	0.50	x						0.		0.			0.
Member (19) Chris Vincent Member	0.50	X						0.		0.			0.
(20) Paul Weir Member	0.50	x						0.		0.			0.
(21) Roger White Member	0.50	х						0.		0.			0.
(22) Randy Young Member	0.50	x						0.		0.			0.
(23) Matt Hoien Member	0.50	x				<u> </u>		0.		٥.			0.
(24) Lisa Smith Member	0.50	х	_			_	_	0.		0.			0.
(25) Daniel Walters Member	0.50	x				-		0.	(0.		-	0.
1b Sub-total			L_			L		0.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A						>	0.		0.			0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable				C
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y er	nplo	oyee	, or	highest compensated e	mployee on	Γ		Yes	No
Inne 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the s	um of reportab	le c						•	the organization		_3		<u> </u>
and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	ion	from	any	y uni			dual for services	+	4		_X_
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	<u>e J</u> :	for s	uch	per	son			· · · · · · · · · · · · · · · · · · ·		5		<u> </u>
Complete this table for your five highest co the organization. Report compensation for	•	-							•	ensa	tion f	rom	
(A) Name and business	s address	N	ON	E				(B) Description of s	ervices	Co	(C ompe	;) nsatioi	1
							_						
							-			_			
2 Total number of independent contractors	(including but r	not li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization >					0							

Business Code

524298

900099

146,523.

150,531.

225,899.

4,008.

Form 990 (2016)

4,008

146,523.

С

c Net income or (loss) from sales of inventory Miscellaneous Revenue

11 a Insurance Services Fee

ь Miscellaneous

e Total, Add lines 11a-11d Total revenue See instructions.

d All other revenue

Par	Part IX Statement of Functional Expenses								
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 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		<u>_</u>						
	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	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	75,788.		<u> </u>					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	2,163.							
9	Other employee benefits	6 006							
10	Payroll taxes	6,096.							
11	Fees for services (non-employees):								
a	Management				 				
þ	Legal	600.							
C	Accounting	600.							
d	Lobbying Professional fundraising parties Con Part IV line 17								
e	Professional fundraising services. See Part IV, line 17			 	<u> </u>				
f -	Investment management fees Other //films 11s amount exceeds 10% of line 25			 					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)								
12	Advertising and promotion	2,382.							
13	Office expenses	17,992.	,						
14	Information technology								
15	Royalties								
16	Occupancy	32,658.							
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	15,928.							
20	Interest .	4,884.							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	18,521.		ļ					
23	Insurance	826.		ļ. <u></u>					
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.)								
а	Youth and Safety	3,451.							
b	Miscellaneous	446.							
С									
d				ļ					
е	All other expenses			ļ					
25	Total functional expenses. Add lines 1 through 24e	181,735.			· 				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								

Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016)
Part X Balance Sheet

Par	•••	Check if Schedule O contains a response or not	e to any line in this Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			14,514.	1	22,037.
	2	Savings and temporary cash investments			106,735.	2	16,441.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	ormer officers, directors,				
Ì		trustees, key employees, and highest compens		1			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons (as defined	under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and cont	ributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			. 1	
g l		employees' beneficiary organizations (see instr)	· · · · · · · · · · · · · · · · · · ·	L		6	
Assets	7	Notes and loans receivable, net	•			7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
Ì	10a		1 1				
		basis Complete Part VI of Schedule D	10a 932,	551.			
	b	Less: accumulated depreciation		934.	707,559.	10c	690,617.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line	11			12	
	13	Investments - program-related See Part IV, line			· · · · · · · · · · · · · · · · · · ·	13	
Ì	14	Intangible assets		<u> </u>		14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		828,808.	16	729,095.
$\neg \neg$	17	Accounts payable and accrued expenses		1,813.	17	1,747.	
	18	Grants payable				18	
	19	Deferred revenue			17,629.	19	18,163.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D			21	
v	22	Loans and other payables to current and forme		ees,			
Liabilities		key employees, highest compensated employe		l l			
ig		Complete Part II of Schedule L				22	
ٿ	23	Secured mortgages and notes payable to unrel	ated third parties		144,345.	23	0.
ŀ	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part	Cof			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			163,787.	26	19,910.
		Organizations that follow SFAS 117 (ASC 956	3), check here 🕨 🔲	and			
တ္ဆ		complete lines 27 through 29, and lines 33 ar	nd 34.				
5	27	Unrestricted net assets		L.		27	
<u>a</u>	28	Temporarily restricted net assets	<u> </u>		28		
9	29	Permanently restricted net assets			29		
.5		Organizations that do not follow SFAS 117 (A	SC 958), check here	X			
P		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		0.	30	0.	
\SS(31	Paid-in or capital surplus, or land, building, or e	quipment fund		0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			665,021.	32	709,185.
ž	33	Total net assets or fund balances			665,021.	33	709,185.
	34	Total liabilities and net assets/fund balances			828,808.	34	729,095.
							Form 990 (2016)

orm=	990 (2016) Pope County Farm Bureau	<u> 71-</u>	0272931	_ Page 12
	t 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	225	,899.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,735.
3	Revenue less expenses. Subtract line 2 from line 1	3	44	,164.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	665	,021.
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	709	<u>,185.</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>	res No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a			2a	<u> </u>
	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.			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		-
	consolidated basis, or both			
	Separate basis Donsolidated 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,		
	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			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Aud		v
	Act and OMB Circular A-133?	rod oud	. 3a	X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irea aua	3b	
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		7.77	90 (2016)
			FOITH 3	(2010)

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

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 50 le of orgal	01(c)(4), (5), or (6) organiza	tions: Complete Part III.			la de Aleia di I
INAIII	e oi oigai				Empi	loyer identification number
Б-	I A T	Complete if the ere	unty Farm Bureau janization is exempt unde	r continu FO1/a)	or is a section 507 a	71-0272931
Pa	rt I-A	Complete ii the org	janization is exempt unde	r section 50 I(c)	or is a section 527 o	rganization.
1	Provide a	description of the organiz	ation's direct and indirect political	campaign activities in		
2	Political of	campaign activity expendit	ures		▶ \$	
3	Voluntee	r hours for political campai	gn activities		· ···	
Pa	rt I-B	Complete if the arc	ganization is exempt unde	r section 501(c)(3)	
			incurred by the organization unde			
		•	incurred by organization manager			·
		•	n 4955 tax, did it file Form 4720 fo		ν Ψ	Yes No
	•	arrection made?	11 4955 tax, did it lile 1 01111 41 20 10	i una your:		Yes No
		describe in Part IV				L Tes L No
	rt I-C	Complete if the org	janization is exempt unde	r section 501(c),	except section 501(c)(3).
1	Enter the	amount directly expended	by the filing organization for sect	on 527 exempt functi	on activities > \$	
2	Enter the	amount of the filing organ	ization's funds contributed to othe	er organizations for se	ction 527	
	exempt f	unction activities			▶\$	
3	Total exe	mpt function expenditures	Add lines 1 and 2. Enter here and	d on Form 1120-POL,		
	line 17b	•			▶\$	
4	Did the fi	ling organization file Form	1120-POL for this year?			Yes No
			nployer identification number (EIN)	of all section 527 pol	itical organizations to which	
			tion listed, enter the amount paid	•	· ·	• •
	contribut	ions received that were pr	omptly and directly delivered to a	separate political orga	inization, such as a separa	te segregated fund or a
— -	-political-a	action-committee-(PAC) . If	additional space is needed, provid	le information in Part I	Ŷ	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(4)	(2)	(0) =	filing organization's	contributions received and
					funds If none, enter -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
					 	
			<u>-</u>			
				!		
						
				 		

Schedule C (Form 990 or 990 EZ) 2016 Por	oe County	Farm Burea	u	71-	0272931 Page 2			
Part II-A Complete if the organi	zation is exe	mpt under sectio	n 501(c)(3) and file	ed Form 5768 (e	election under			
section 501(h)).								
A Check ▶ ☐ If the filing organization			n Part IV each affiliated	group member's nai	ne, address, EIN,			
expenses, and share of		•						
B Check if the filing organization	checked box A a	nd "limited control" pro	ovisions apply.		T			
Limits or	Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals			
(The term "expenditur	es" means amou	ınts paid or incurred.)	totals	totals			
1a Total lobbying expenditures to influence	e public opinion i	arass roots lobburna)						
b Total lobbying expenditures to influence		-	}		 			
c Total lobbying expenditures (add lines		ay (anoot loodying)	• •		 			
d Other exempt purpose expenditures	ra and 15)		ŀ					
e Total exempt purpose expenditures (ac	d lines 1c and 1	- d)			 			
f Lobbying nontaxable amount. Enter the		•	th columns.					
If the amount on line 1e, column (a) or (b)		bying nontaxable am		 _	 			
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 \$1,500,0		00 plus 10% of the exc						
Over \$1,500,000 but not over \$17,000,		00 plus 5% of the exce						
Over \$17,000,000	\$1,000,	\$1,000,000.						
g Grassroots nontaxable amount (enter 2	25% of line 1f)							
h Subtract line 1g from line 1a. If zero or	less, enter -0-							
i Subtract line 1f from line 1c. If zero or li	ess, enter -0-		Ĺ					
j If there is an amount other than zero or	n either line 1h or	line 1i, did the organiz	ation file Form 4720					
reporting section 4911 tax for this year	?				Yes No			
		eraging Period Under						
(Some organizations that r		• •	•	f the five columns l	pelow.			
		ate instructions for li						
	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			
			 		 			
		j	1					
2a Lobbying nontaxable amount			 					
b Lobbying ceiling amount								
(150% of line 2a, column(e))								
c Total lobbying expenditures		 	+		 			
d Grassroots nontaxable amount			1					
e Grassroots ceiling amount								
(150% of line 2d, column (e))								
f Grassroots lobbying expenditures		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>			

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 Pope County Farm Bureau 71-0272931 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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a	a)	(b)	
		Yes No		Amount	
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. Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			 _	
_	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?	} 	 		
f		 			
'	Direct contact with legislators, their staffs, government officials, or a legislative body?				
9	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\			
''	Other activities?	 			 -
:	Total Add lines 1c through 1i				
33	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		, <u> </u>		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	tion 501(c)	(5), or se	ction	
	30.(0)(0).			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	the prior year			X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	d "No," OF	 	: III-A, lin 	ie 3, is
1	Dues, assessments and similar amounts from members	Ai a a I	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures for which the section 527(6 tox was noid)	ucai	{ !		
_	expenses for which the section 527(f) tax was paid).		00		
a	Current year		2a		
0	Carryover from last year		2b		
	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	political			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5		
Par					
	ide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grounds)	in liet). Part II.	Δ lines 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information	ap listy, r art ii	7, III 103 1 a	110 2 (300	
	actions, and that it b, into it 7400, complete the part for any additional information				
					

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number**

	Pope County Farm Bureau		71-0272931				
Par	t I Organizations Maintaining Donor Advised Fund	ls or Other Similar Funds or .	Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line 6						
	(1	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 th	at the assets held in donor advised fu	nds				
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be used	only				
	for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any other purpose confe	erring				
	ımpermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the organization	n answered "Yes" on Form 990, Part I	V, line 7				
1	Purpose(s) of conservation easements held by the organization (check	k all th <u>at a</u> pply)					
	Preservation of land for public use (e.g., recreation or education	n) Preservation of a historical	ly important land area				
	Protection of natural habitat	Preservation of a certified I	nistoric structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified cons-	ervation contribution in the form of a c	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						
С	Number of conservation easements on a certified historic structure in	cluded in (a)	2c				
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a historic structure					
	listed in the National Register .		2d				
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the orga	anization during the tax				
	year ▶						
4	Number of states where property subject to conservation easement is	s located >					
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conserva	tion easements during the year				
							
7	Amount of expenses incurred in monitoring, inspecting, handling of vi-	olations, and enforcing conservation e	easements during the year				
	▶ \$						
8-	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)?		L Yes L No				
9	In Part XIII, describe how the organization reports conservation easen	•					
	include, if applicable, the text of the footnote to the organization's final	ancial statements that describes the o	rganization's accounting for				
D-	conservation easements	listania al Trascuras ar Other	Cimilar Assats				
Pa	t III Organizations Maintaining Collections of Art, H	•	Similar Assets.				
	Complete if the organization answered "Yes" on Form 990, Par						
1a	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						
D	If the organization elected, as permitted under SFAS 116 (ASC 958), the second and the second policy assets held for public exhibition, adjusting	•	· ·				
	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	or other amular assets for far asset					
2	If the organization received or held works of art, historical treasures, of	•	, provide				
_	the following amounts required to be reported under SFAS 116 (ASC	and relating to triese items:	*				
a	Revenue included on Form 990, Part VIII, line 1		► \$ ► \$				
p	Assets included in Form 990, Part X		₽ ⊅				

	chedule D (Form 990) 2016 Pope County Farm Bureau 71-0272931 Page 2									
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	<u>er Simil</u>	<u>ar Asse</u>	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	k any of the	following tha	it are a si	ignificant	use of its	collection	ıtems
	(check all that apply):		_							
а	Public exhibition	d			hange progra	ams				
b	Scholarly research	е	٠ ــــا ٠	Other						
C	Preservation for future generations			•						
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	r assets		_,	
	to be sold to raise funds rather than to be ma	• •							Yes_	L No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F						-		Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" on Fo	i e	ĭ				<u> </u>
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance		<u></u>							
b	Contributions	· · · · · · · · · · · · · · · · · · ·	ļ							
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	· · · · · · · · · · · · · · · · · · ·								
f	Administrative expenses									
g	End of year balance		<u> </u>		<u> </u>					
2	Provide the estimated percentage of the cur	•		g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho			-A bl-l						
3a	Are there endowment funds not in the posse	ession of the organiz	auon ma	at are neio a	no aoministe	erea for ti	ne organia	zation		/ N-
	by· -(i)—unrelated-organizations————————————————————————————————————									es No
	(ii) related organizations								3a(i) 3a(ii)	
h		ations listed as requi	red on S	Schedule R2					3b	
4										
	t VI Land, Buildings, and Equipn									
			0, Part I	V, line 11a S	See Form 990	D, Part X,	line 10.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated (d) Book value depreciation									
	Lond	24313 (1114631			3,257.		p. ociation		252	,257.
	Land Buildings				7,851.		160,5	00		,351.
	Leasehold improvements			0	7,001.		<u> </u>	<u> </u>	407	, , , , , , ,
c d	Equipment	· · · · · · · · · · · · · · · · · · ·		6	7,969.		62,2	11.		,758.
	Other			4	3,474.		19,2			,251.
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990 Pan	X. colu							$\frac{7231.}{617.}$
1010			, 50,01	12/1 1110 1					0.50	, , , ,

Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	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.)				
Part VIII Investments - Program Related.		<u>_</u> _,	· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes" of	on Form 990 Part IV	/ line 11c See Form 990	Part Y line 13	
(a) Description of investment	(b) Book value			d-of-year market value
	(2)	(0)		- or your market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			······································	
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		/, line 11d See Form 990,	, Part X, line 15.	(1) D
· · · ·	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" of	on Form 990, Part IV	/, line 11e or 11f. See For	m 990, Part X, line 25	·
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)		- ·		
(3)				
_ (4)				
(5)		· · · · · · · · · · · · · · · · · · ·		
(6)	-	· · · · · · · · · · · · · · · · · · ·	1	
(7)			1	
(8)			†	
(9)			†	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	 .	-	
 Liability for uncertain tax positions. In Part XIII, provide 		note to the organization's	financial statements	that rangets the
		=		· —
organization's liability for uncertain tax positions under	1 114 40 (M3C /4U) C	NIECK HEIGH RUG FEXE OF EU	ie toothole has deen	PLOVIDEO IN PAR XIII

Part XI Reconciliation of Revenue per Audited Financia		71-02/2931 Pag
Complete if the organization answered "Yes" on Form 990, Pai		per neturn.
Total revenue, gains, and other support per audited financial statement		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	1 1
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
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, line 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 990, Part I, I		5
Part XII Reconciliation of Expenses per Audited Finance	ial Statements With Expense	s per Return.
Complete if the organization answered "Yes" on Form 990, Pai	rt 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		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
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 line 1.	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	_4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I Part XIII Supplemental Information.	, line 18)	5
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1 innes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro		v, mio 4, rait X, mio 2, rait Xi,
		
		

Schedule D (Form 990) 2016

632054 08-29-16

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Pope County Farm Bureau 71-02/2931
Form 990, Part VI, Section A, line 2:
Jim Bocksnick and Lisa Smith - family relationship
Ida Ruth Jones and Tom Jones - family relationship
T.A. Metz and Charles Metz - family relationship
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 reviewed by the Audit Committee, which meets every quarter.
Form 990, Part VI, Section B, Line 12c:
The policy is reviewed annually and the County operates on the honor
system.
Form 990, Part VI, Section B, Line 15:
The Organization does not have compensated officers or management
officials.

Schedule O (Form 990 or 990-EZ) (2016) Page			
Name of the organization Pope County Farm Bureau	Employer identification number 71 - 0272931		
Form 990, Part VI, Section C, Line 19:			
These documents are not available to the public.			