Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

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

Den	artment of	the Treasury	► Do not enter social security numbers on this form as it may be made to be			Open to Public
	rnal Revenu		► Go to www.irs.gov/Form990 for instructions and the latest info	rmation. /	80 X	Inspection
Ā	For the	2017 cale	ndar year, or tax year beginning 9-1 , 2017, and ending	8-3	1	, 20 18
В	Check if a	applicable	C Name of organization Kay County Farm Bureau	0	Employe	r identification number
	Address	change	Doing business as			73-0595514
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E	Telephon	e number
\checkmark	Initial retu	ım	206 E. Blackwell			580.363.3490
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
$\overline{\Box}$	Amended	1	G	Gross red	ceipts \$ 202,712.37	
$\bar{\sqcap}$			Blackwell, OK 74631 F Name and address of principal officer Stacy Simunek	H(a) is this a grou	n return for s	ubordinates? Yes Vo
	, .ppoz		-			included? Yes No
_	Tax-exem		□ 501(c)(3) □ 501(c) (5) ◄ (insert no) □ 4947(a)(1) or □ 527/7.5			list (see instructions)
<u>:</u>	Website:			H(c) Group ex	emption i	number ► 1480
_			✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	1942		of legal domicite OK
	art I	Summ		1342	- Otalo	or regar donners OK
			scribe the organization's mission or most significant activities: Agriculture	al Members	hin Ora	anization
Ð	' '	Differry de	scribe the organization's mission of most significant activities.	ai Welliber	inp org	umzation
auc	-					
Activities & Governance	2	Chook the	s box ▶ ☐ If the organization discontinued its operations or disposed of m	ore than 2	594 of r	te not accote
OV.	1		· · · · · · · · · · · · · · · · · · ·	IOI E LIIAI I Z	3/8011	
Ğ	1		of voting members of the governing body (Part VI, line 1a)		4	9
S			of independent voting members of the governing body (Part VI, line 1b) .			9
Ĭ	1		nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	0-
cţ			ber of volunteers (estimate if necessary)		6	
⋖			elated business revenue from Part VIII, cpum CFINED		7a	160,672.12
	b l	Net unrela	ated business taxable income from Ferm 999 T, line 34		7b	52,387.46
e e	l		ions and grants (Part VIII. line 1b)	Prior Year		Current Year
			ions and grants (Part VIII, line 1h)	43	,364.00	40,628.00
ē			service revenue (Part VIII, line 2g)			
Revenue			nt income (Part VIII, column (A), lines 3, 4) and 7d N. U.T		845.12	1,412.25
_	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	159	,463.05	160,672.12
_			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	203	,672.17	202,712.37
	1		d similar amounts paid (Part IX, column (A), lines 1-3)			
	1		paid to or for members (Part IX, column (A), line 4)	15	,496 82	14,627.30
es	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)	121	,345.73	115,154.68
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)			
ХĎ	b -	Total fund	fraising expenses (Part IX, column (D), line 25) ▶			THE HARMAN
ш	17 (Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	47	719.97	47,430.31
	18 ~	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	184	,562.52	177,212.29
	19 j	Revenue	less expenses. Subtract line 18 from line 12	19	109.65	25,500.08
or			Begi	nning of Curre	ent Year	End of Year
Net Assets Fund Balanc	20	Total asse	ets (Part X, line 16)	311	332.67	342,665.25
t As	21	Total liabi	lities (Part X, line 26)		180.50	6,013.00
울	22	Net asset	s or fund balances. Subtract line 21 from line 20	311	152 17	336,652.25
Pa	art II	Signat	ure Block			
Und	der penalti	es of perjur	y, I declare that I have examined this return, including accompanying schedules and statement	s, and to the	best of m	y knowledge and belief, it is
true	e, correct,	and comple	te Declaration of preparer (other than officer) is based on all information of which preparer has	any knowled	ge	
			Milly W Steichen	1),	4/19	
Sig	n	Signa	ture of officer	Date		
He		À	Billy W Stucken Ireasurer			
		Туре	or print name and title			····
D-	 :_d	Print/Typ	e preparer's name Preparer's eignature Date	, ,]	Chock F	PTIN
Pa		Chris Ho		3/16	Check L self-empl	
	eparer			Firm's	EIN ►	73-0382001
US	e Only		Idress ► 2501 N. Stiles, OKC, OK 73105	Phone		405.523.2300
May	the IRS		this return with the preparer shown above? (see instructions)	Triione		V Yes No
F			tion Act Notice and the concrete instructions	00004		Form 990 (2017)

	90 (2017) • Page 2
Part	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: Improving the lives of rural Oklahoman's
	improving the lives of rural Oxianoman's
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	······································
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
	•••••••••••••••••••••••••••••••••••••••
	······································
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
	<u></u>
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Part	V. Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	, , , , , , , , , , , , , , , , , , ,		10.00
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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	116		1
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		>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	1
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		√
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>▼</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>√</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>∨</u>

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		7
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		▼
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>√</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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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," complete Schedule L, Part II	26		✓
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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		√
31	conservation contributions? If "Yes," complete Schedule M	30		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i> complete Schedule N. Part II	31		√
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	32		<u>▼</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>*</u> ✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
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		✓

Form **990** (2017)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •		<u>, </u>
4	Fig. 11. The control of the control	- Contraction	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	2000
2a		225		23524
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a - 0-			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Critoria.	137.23
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		rui/i	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		3535
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Ţ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the]]		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	tad birrioto.	75 ¹⁰ 71, 20, 20
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		V
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		<u> </u>
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	建筑	数 罗	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	oft som	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			配道
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	AESTAT IN	gr'n.custyn.
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		24	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			7
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Trees.	4.644
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		548	T DUE
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ent Unit of	in various de la constantion
	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 organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		建位	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ins	truct	
Sect	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 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		Yes Table 1	No Paris
b 2	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . 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		
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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4		1
5 6 7a	Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	5 6 7a	√	✓
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		/
a	the year by the following: The governing body?	8a	<u>✓</u>	
9 b	Each committee with authority to act on behalf of the governing body?	8b 9	<u>√</u>	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		т —
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No ✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13		✓ ✓
a b	The organization's CEO, Executive Director, or top management official	15a 15b		
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		√
	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O)	า 501(c)(3)s	only
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest į	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	>	
	Oklahoma Farm Ruraau 2501 N Stiles OKC OK 73105 405 523 2300			

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Form 9	aan /a	20171

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.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any currer	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	(do n	ot ch	Pos neck ss pe	(C) osition k more than one person is both an director/trustee)			(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Stacy Simunek	11		l							
President	ļ	✓		✓			_	0	0	0
(2) Charles Brandon	11	1		1						
Vice President	 	_	-	Y-	├		-		0	0
(3) Joseph Tripp Secretary	11	1		1				0	0	0
(4) Billy Steichen	1									
Treasurer	T	✓		✓				0	o	0
(5) Justin Jeffries	1									
Director	1	✓		1				l 0	o	0
(6) Jason Schneeberger	1									
Director	T	✓		✓				O	o	o
(7) Garrett Haskins	1									
Director	1	✓		✓	'			lo	o	0
(8) Travis Harris	1									
Director		✓		✓				0	o	0
(9) Jım Hinton	1									
Director	T	✓		1				o	o	0
(10)										
(11)										<u> </u>
(12)					-		_			
(13)			-							<u> </u>
(14)										<u> </u>

Par	Section A. Officers, Directors, Trust	ees, Key E	mplo	yees			lighe	st C	ompensated E	mployees	(continu	red)
	Name and title Average hours per			ot ch unles er and	Pos neck ss pe d a d	C) sition more erson lirecte	e than o	one an ee)	(D) Reportable compensation from	(E) Reportable compensation fro	ble on from	(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-	ions	compensation from the organization and related organizations
(15)								_				
(16)												
(17)												
						\vdash						
											_	
											-	
(22)												
			_		\vdash						-	
(25)	·- <u>·</u>				-	\vdash		_				·
1b	Sub-total		_									
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					*				
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) wl	ho received mo	ore than \$1	00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mp	loyee, or high	est compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or in	dıvidual 	
Section	n B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business addi	ess							(B) Description of se	ervices	((C) Compensation
						_						
			-			_		_				
2	Total number of independent contractor received more than \$100,000 of compensations.	-	_					the	ose listed abo	ove) who		

Par	:VIII	Statement of Reve							_
entich ficker	* Ball do Mills	Check if Schedule C	contains)	a res	ponse or note t				· · · · · · · · · · · · · · · · · · ·
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
							revenue	STRAGTABLE H	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a					
عَ ق	b	Membership dues . Fundraising events .		1b 1c	40,628 00				
īfs,	d	Related organizations		1d					
n E	e	Government grants (con		1e					
ions	f	-							
but									
d d	g	Noncash contributions includ	ded in lines 1a	-1f: \$					
	h	Total. Add lines 1a-1	<u>r</u>		<u> ▶ </u>	40,628 00		是自動品研究	
Program Service Revenue)				Business Code				
eve	2a								
ě	b								
Ĕ	d						-		
Š	e			3					
grar	f	All other program sen	vice revenu	 ie .					
P	g	Total. Add lines 2a-2			▶		GARCECE.		
	3	Investment income							
		and other similar amo	•		▶	1,412.25	<u> </u>		1,412.25
!	4	Income from investment		•					
	5	5 Royalties			(ii) Personal		ere komo instrumentonero	SCHOOL STATE OF THE STATE OF TH	Established Contraction Contraction
	6a	Gross rents	(i) Real		(ii) r ersonal				
	b	Less: rental expenses			·				
	c	Rental income or (loss)							
	ď	d Net rental income or (loss)		>			The Residence of the Party of t	STORES OF THE PROPERTY OF THE	
	7a			es	(ii) Other	A TATLETON TO THE PROPERTY OF THE			
		assets other than inventory							
	ь	Less cost or other basis							
		and sales expenses .							
	C	Gain or (loss)		<u>.</u>					
	ď	Net gain or (loss) .			<u> ▶</u>	La			
ne	8a	Gross income from fu	ındraisıng						
venue		events (not including \$							
Re		of contributions reporte	ed on line 1	c).					
Other Re		See Part IV, line 18 .		. а					
5	ь	Less: direct expenses		. b					
	С	Net income or (loss) fr			events . >	and the Western Could describe a de Telle	AA AN TOO MAD A A A A A	And the same of th	ners to address of the state annual financial
	9a	Gross income from ga See Part IV, line 19 .	_						
				_					
	b	Less: direct expenses Net income or (loss) fr			vities			THE CONTROL OF THE AMERICAN	
		Gross sales of in	_	-	VILIOO		all for the same		
		returns and allowance		· a					
	b	Less: cost of goods s	old	. ь					
	С	Net income or (loss) fi		of inve					
		Miscellaneous R			Business Code		ALTO SELECTION OF THE PERSON O		
	11a	Office Commissions			524113	5,136.43		5,136.43	
	b	Office Commissions			524126	136,548.00		136,548 00	
	c d	Salary Reimbursement All other revenue .			524126	18,987.69	 -	18,987.69	
	e	Total. Add lines 11a-	11d	• !	•	160,672 12			
	12	Total revenue. See in			•	202,712 37	40,628.00	160,672 12	1,412.25
									Form 990 (2017)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must cor				olumn (A).
	Check if Schedule O contains a respor	nse or note to any l	ne in this Part IX		<u> </u>
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
	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	14,627.30			學是是學學的
5	Compensation of current officers, directors,				
	trustees, and key employees	Ĺ			
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	107,029.39			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,125 29			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	420.00			
d	Lobbying			THE SECTION CONTRACTOR	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	_ 			
g	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	5 222 00	,		
13	Office expenses	5,332.08 5,169.02			
14	Information technology	3,169.02		 	
15	Royalties				
16	Occupancy	15,480 73			
17	Travel	13,400 73			
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				***************************************
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,709.34			
23	Insurance	7,686.00			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. It				And the second of the second o
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Postage	504.50			
b	Federal Income Tax	3,377.64			******
С	State Income Tax	1,351.00			
d	Livestock Show	400 00			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	177,212.29			ļ <u>. </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► ☐ if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 21,082.90 1 34,899.60 Savings and temporary cash investments 2 52,303.39 2 77,597.38 3 3 1,771.36 4 4 1,156.54 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets 7 7 8 Prepaid expenses and deferred charges . . . 4,053.95 4,600 00 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 457,590 17 Less: accumulated depreciation 10b b 233,178.44 232,121.07 10c 224,411.73 Investments—publicly traded securities 11 11 12 12 Investments-other securities See Part IV, line 11 . . . 13 13 Investments—program-related. See Part IV, line 11 14 14 Other assets. See Part IV, line 11 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 311,332.67 342,665.25 17 Accounts payable and accrued expenses 17 180.50 6,013.00 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 180.50 6,013.00 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Temporarily restricted net assets . . . 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. ö Net Assets 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 311,152 17 336,652.25 33 33 311.152 17 336,652 25 311,332.67 34 342,665 25 Form 990 (2017)

	90 (2017)			Pa	ge IZ
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		202,7	12.37
2	Total expenses (must equal Part IX, column (A), line 25)	2		177,2	12.29
3	Revenue less expenses Subtract line 2 from line 1	3		25,5	00 08
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		311,1	52.17
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		336,6	52.25
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u></u>	
	<u>_</u>		To de la constanti	Yes	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," ex	plaın ın			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Carporation .	√ .
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	olled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X 10 M	E 412	
b			2b	जन्म विकास	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		5.54.2		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				
	·		2c	RIATEMENT AND AND	395-1671 ⁴
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in			
_		forth in	ATE A		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iortn in	1 1	ļ	,
		 	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	rgo me udite	зь		
	required addit of addits, explain why in ochequie of and describe any steps taxen to undergo such a	JUILO.		000	/OO4=
			Form	n 990	(2017)

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

	-	, on to m 550, rait 14, mie 4, of te			· ·
• S	ection 501(c)(3) organizations	that have filed Form 5768 (election un	ider section 501(h)) (Complete Part II-A Do not co	omplete Part II-B.
• S	ection 501(c)(3) organizations	that have NOT filed Form 5768 (election	on under section 501	i(h)) Complete Part II-B Do r	not complete Part II-A
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox hen	y Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Prox
• S	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer ider	ntification number
Kay C	ounty Farm Bureau				73-0595514
Part	I-A Complete if th	e organization is exempt und	der section 501(c) or is a section 527 of	organization.
1	Provide a description o definition of "political car	f the organization's direct and in mpaign activities")	ndirect political ca	ampaign activities in Part	IV. (see instructions fo
2	Political campaign activit	ty expenditures (see instructions)		▶ \$	S
3	Volunteer hours for politi	cal campaign activities (see instru	ictions)	<u>.</u> <u></u>	
Part	I-B Complete if the	e organization is exempt und	der section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under sectio	n 4955 ▶ \$	3
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 . > \$	3
3		ed a section 4955 tax, did it file Fo			. Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt und	der section 501(c), except section 501	(c)(3).
1		ly expended by the filing organi			1
2		filing organization's funds contri			
3		expenditures. Add lines 1 and 2			
4	Did the filing organization	n file Form 1120-POL for this year	r?		Yes No
5 	organization made payme the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount emptly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also ente political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)			-		
(2)				:	
(3)					
(4)			-		
(5)			-		·
(6)			-		

				^
,	а	a	A	_

JUNE	anie o (com	1990 01 990-62) 2017					rage Z
Par	t II-A	Complete if the organizat section 501(h)).	ion is exempt	under section 50	01(c)(3) and file	d Form 5768 (ele	ction under
4 (Check ,►	If the filing organization bel address, EIN, expenses, ar				iliated group memb	er's name,
3 (Check ▶	If the filing organization che	ecked box A and	"limited contro <u>l" pr</u>	ovisions apply.		
		Limits on Lo	bbying Expendit	tures		(a) Filing	(b) Affiliated
		(The term "expenditures"	means amounts	paid or incurred.		organization's totals	group totals
18	Total lo	obbying expenditures to influen	ce public opinion	(grass roots lobby	ing)		
b	Total lo	obbying expenditures to influen	g)				
c	: Total lo	obbying expenditures (add lines	1a and 1b)				
c	Other of	exempt purpose expenditures					
e	Total e	xempt purpose expenditures (a	idd lines 1c and 1	ld)			
f	Lobbyi	ng nontaxable amount. Ente ns	r the amount f	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:				t is:		
		r \$500,000		mount on line 1e			
	—	00,000 but not over \$1,000,000		s 15% of the excess	over \$500.000		
		,000,000 but not over \$1,500,000		s 10% of the excess			
		,500,000 but not over \$17,000,000		s 5% of the excess or			
		7,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25% of line 1f)						
_	h Subtract line 1g from line 1a If zero or less, enter -0						
i		ct line 1f from line 1c. If zero or					
j		e is an amount other than zeing section 4911 tax for this yea					Yes No
	reporti			Period Under sec		<u></u>	
	(Som	e organizations that made a s	section 501(h) el	ection do not have ructions for lines	e to complete all	of the five column	ns below.
		Lobbyi	ng Expenditures	During 4-Year Av	eraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a	Lobby	ng nontaxable amount					
b		ng ceiling amount of line 2a, column (e))					
c	: Total lo	obbying expenditures					
C	l Grassr	oots nontaxable amount					
e		oots ceiling amount of line 2d, column (e))					
f	Grassr	oots lobbying expenditures					
							ETI

						rage
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
or e	each' "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	moun	t
1 a b	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?					
С	Media advertisements?			214142		Tirle.
d e	Mailings to members, legislators, or the public?					
f g h	Grants to other organizations for lobbying purposes?					
i j 2a	Other activities? Total Add lines 1c through 1:	N.	MAG.			
b	If "Yes," enter the amount of any tax incurred under section 4912				en e	
d Part	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	;)(5), d	or se	ction	21/11	
1	Were substantially all (90% or more) dues received nondeductible by members?	_		1	Yes	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	~	\vdash
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		vear?	3		1
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."	;)(5), c	or se	ction	line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of				
a b	Current year	•	2a 2b			_
с 3	Total		2c			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	the ying	4			•
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part			_			
	e the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup list	t), Par 	t II-A, I	nes 1	i and
					·	
		••••				

Schedule C (For	Chedule C (Form 990 or 990-EZ) 2017					
Part IV	Supplemental Information (continued)					
		•••				
		••				
		••••••				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

73-0595514 Kay County Farm Bureau 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 1 Total number at end of year 2 Aggregate value of contributions to (during year) 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 are the organization's property, subject to the organization's exclusive legal control? . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor 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 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 ☐ Preservation of a certified historic structure Protection of natural habitat 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. 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 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 ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 (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: Assets included in Form 990, Part X .

	ne D (Form 990) 2017							Page Z
Par	t III Organizations Maintaining	Collections of	Art, His	torical	Treasures	, or O	ther Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, ched	ck any of the	ne follo	wing that are a	significant use of its
а	☐ Public exhibition				or exchan			
b	☐ Scholarly research		е	☐ Othe	r			
С								
4	Provide a description of the organization.	ition's collections	and expl	ain how t	they further	the or	ganization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe							
Par	Escrow and Custodial Arr Complete if the organization	angements.						
	990 Part X line 21			•	•	-	•	
1a	Is the organization an agent, trustee included on Form 990, Part X?	custodian or ot						
ь	If "Yes," explain the arrangement in F							
_		arry are comp	1010 1.70 10	/			T	Amount
С	Beginning balance					10	:	
d	Additions during the year					10		
е	Distributions during the year					16		
f	Ending balance					11		
2a	Did the organization include an amou			21, for e	scrow or c	ustodia	l account liabilit	y? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P							
	t V Endowment Funds.			· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	Complete if the organization	n answered "Yes	s" on For	m 990, I	Part IV, lin	e 10.		
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships		,					
е	Other expenditures for facilities and programs							
f	Administrative expenses							
9	End of year balance							
2	Provide the estimated percentage of	the current year e	nd balanc	e (line 1g	, column (a	a)) held	as	
а	Board designated or quasi-endowme	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and	2c should equal 1	100%.					
За	Are there endowment funds not in th	e possession of t	he organı	zation tha	at are held	and ad	ministered for the	he
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	• •							3a(ii)
b	If "Yes" on line 3a(ii), are the related of							_3b
4	Describe in Part XIII the intended uses		on's end	owment fi	unds.		 	
Part								5
	Complete if the organization							
	Description of property	(a) Cost or o			or other basis ther)	d	Accumulated epreciation	(d) Book value
1a	Land				102,637.50	民规则		102,637 50
b	Buildings				313,092.39		192,067 05	121,025 34
C	Leasehold improvements							
d	Equipment				41,860 28		41,111 39	748 89
E Total	Other	· Form 0	OO Port	(column	(P) Inc. 11	l		224,411 73
rotal.	Add lines 1a through 1e. (Column (d) n	nust equal FORM 9	SU, Part	, coluint	r (D), illie T	<i>(U)</i>		224,411 /3

Part VII	Investments—Other Securities		000 Dort IV Iv	and the Conform	000 Port V line 12
	Complete if the organization answ				
•	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				<u></u>
(2) Closely-ł	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 12.) ▶			THE PERSON	VALUE DE L'ANTENER
Part VIII	Investments-Program Related	l			
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, lii	ne 11c. See Form	990, Part X, Ine 13.
	(a) Description of investment		(b) Book value	(c) Me	thod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)		-			
(5)					
(6)			-		
(7)					
(8)					-
(9)		-			<u> </u>
	b) must equal Form 990, Part X, col. (B) line 13)			20 C 10 C	
Part IX	Other Assets.				<u> </u>
	Complete if the organization answer	wered "Yes" on Fo	rm 990, Part IV, lii	ne 11 <u>d. See Form</u>	990, Part X, line 15.
) Description			(b) Book value
(1)	-				
(2)					
(3)					
(4)					
(5)					
(6)				·	
(7)					
(8)					
(9)					
Total. (Colui	mn (b) must equal Form 990, Part X, co	ol (B) line 15)		🕨	
Part X	Other Liabilities.				
	Complete if the organization ansi	wered "Yes" on Fo	rm 990, Part IV, lıı	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	h) must equal Form Q00, Part Y, col. (R) line 25.1			企图书目的图1734	

Schedu	e D (Form 990) 2017		Page 4
Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C			4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, i	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 1	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
_	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		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с 5	Add lines 4a and 4b		4c 5
Part			
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4: Part IV. lines 1b and 2b	o: Part V. line 4: Part X. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	••••••		•••••••••••••••••••••••••••••••••••••••
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Chedule D (Form 990) 2017 Page 5					
Part XIII	Supplemental Information (continued)				
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2017 Open to Public Inspection

Employer identification number

73-0595514

Department of the Treasury Internal Revenue Service Name of the organization

Kay County Farm Bureau

▶ Go to www.irs.gov/Form990 for the latest information.

The Organization does not have stockholders but it does have members. There are two types of members. One is an Associate member and the other is a Voting member. An Associate member includes someone who runs or operates a farm but whose average gross agricultural income is less than half their total income. An Associate member also includes someone working in Agribusiness. Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate member can hold thier membership through a church, FFA chapter, an association, or by a corporation not producing agriculture products. A Voting member can be a family that gets the majority of Its average gross income from the sale of agricultural products. A Voting member can also be held by a retired agricultural person living on an income or social security accrued and not employed full time in another occupation. A Voting member can also be held by a partnership or corporation receiving the majority of income fro the sale of agricultural products. Date Time Activity Participants Board Meeting 1/22/18 1.5hrs. All Board members 2/19/18 1.5hrs. Board Meeting All Board members 2/19 - 2/22/18 16hrs Junior Livestock Show Travis Harris, Billy Steichen, Garrett Haskins, Stacy Simunek 2/23/18 2hrs. Junior Livestock Trophy Auction Justin Jeffries, Stacy Simunek, Travis Harris, Garrett Haskins 3/19/18 1.5hrs Board Meeting All Board members 4/3/18 2hrs. Board Meeting Stacy Sımunek, Billy Steichen, Jason Schneeberger 5/8/18 1hr. Scholarship Award Stacy Simunek 5/16/18 1hr. Scholarship Award Garrett Haskins 5/24/18 1hr. Stacy, Garrett, Billy, Jim, Travis, Justin, Jason, Lyman Board Meeting Board Meeting 7/23/18 1.5hrs. All Board members 8/19/18 2hrs. Board Meeting All Board members