Extended to September 16, 2019

Department of the Treasury

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

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

Open to Public Inspection

A	or th	e 2017 calendar year, or tax year beginning NOV 1, 2017 and end		CT 31, 2018				
_	Check if			D Employer identific	cation number			
a	pplicab	le Traine or organization						
	Addre	Benton County Farm Bureau						
F	Name		71-0291410					
=	lchane	At the second stand (see B.O. hour formal as not delivered to object address)	om/suite	E Telephone number				
=	returr Final	D O Box 450	511736110	•	273-7786			
<u> </u>	returr termi		G Gross receipts \$	424,982.				
	ated Amer	ded Bontonerillo AD 72712	ŀ					
\vdash	return ∏Appli	Benconville, AR 72/12		H(a) Is this a group re				
<u> </u>	tion pend:	F Name and address of principal officer Reviii Sitticii	~ 1	for subordinates				
_		same as C above	- \ 	H(b) Are all subordinates in				
		empt status501(c)(3) 501(c) (5 5 4947(a)(1) or	527		list (see instructions)			
		te: www.arfb.com/benton		H(c) Group exemption				
	orm o	organization.	L Year C	Di Tormation. 1930 N	State of legal domicile: AR			
F	т '	Summary	1 +	al Dromotic				
Ge	1	Briefly describe the organization's mission or most significant activities Agricu	LLLUI	al Promotion				
Governance	_			45 OCN -6-45-554-55				
/err	2	Check this box If the organization discontinued its operations or disposed	oi more		27			
ő	3	Number of voting members of the governing body (Part VI, line 1a)		3	27			
∞ ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4				
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	$\frac{8}{45}$			
Activities &	6	Total number of volunteers (estimate if necessary)		6				
Aci	,	Total unrelated business revenue from Part VIII, column (C), line 12		7a	291,195.			
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-20,444.			
	İ			Prior Year	Current Year			
ë	8	Contributions and grants (Part VIII, line 1h)		0.	110 006			
ē	9	Program service revenue (Part VIII, line 2g)		118,859.	119,896.			
Revenue	10	Investment income (Pert VIII, column (A), lines 3, 4, and 7d)		411.	724.			
_	11	Other revenue Part VIII. column (A), Jines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	293,488.	304,362.			
	12	Total revenue - add lines 8 through 10 (must equal Part VIII, column (A), line 12)		412,758.	424,982.			
	13	Grants and sumular amounts daid (Fart K, column (A), lines 1-3)		50.	25.			
	14	Bene its baid to or for members (Patr), column (A), line 4)		0.	0.			
es	15	Salar es, other compensation employee benefits (Part IX, column (A), lines 5-10)	281,278.	294,867.				
Expenses	16a	Professional fundraising foos (Part IX, dolumn (A), line 11e)		0.				
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>- </u>					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		127,577.	142,727.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		408,905.	<u>437,619.</u>			
	19	Revenue less expenses Subtract line 18 from line 12		3,853.	<u>-12,637.</u>			
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		583,848.	56 <u>6</u> ,741.			
t As	21	Total liabilities (Part X, line 26)		36,958.	33,143.			
		Net assets or fund balances Subtract line 21 from line 20		546,890.	<u>533,598.</u>			
Pa	art II	Signature Block						
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, and to the best of my	knowledge and belief, it is			
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.				
1-16-19								
Sign Signature of Officer Date								
Her	е	Lody Highin Decretary						
		Type or print name and little						
Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid Sherry Chesser, CPA Self-employed P0017481								
Preparer Firm's name Landmark PLC, CPAs Firm's EIN 71-03!								
Use Only Firm's address 201 E. Markham, Suite 590								
Little Rock, AR 72201 Phone no.501-375-2025								
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
	01 11-2				Form 990 (2017)			

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission		t III Statement of Program Service Accomplishments	ige ∠							
Agricultural Promotion 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E22										
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990 E27 If Yes, 'describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Ves XI No If Yes, 'describe these changes on Schedule O 2 Describe the organization is program service conducting or service secondlethments 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, drain, for each program service reported 46 (Gose) ((spenses 1) (inspenses 1) (inspenses 1) (inspenses 2) Country Farm Bureau work is general in nature, helping farm families achieve educational improvements, economic opportunity, and social advancement. 46 (Cose) ((spenses 1) (inspenses 1) (inspenses 1) (inspense 3) (ins	1									
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	4d	Other program services (Describe in Schedule O)								
										

Form **990** (2017)

Form	990	(2017)	

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Form 990 (2017) Benton County Farm Bureau
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
'	If "Yes," complete Schedule A	1		_x_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
9	similar amounts as defined in Revenue Procedure 98 19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° if "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	ĺ		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,	l		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19_	000	X
		Form	990	(2017)

Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Ļ	<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		.	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		.	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		.	
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		.	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		<u> </u>
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		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			i
	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			
	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	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Į Į	
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		l l	1
	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		i l	
	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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		í	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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	igsquare	 _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990 ((2017)

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable	-	Yes	No
1a				
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming.			
С		1c	х	
0-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-10		
2a	filed for the calendar year ending with or within the year covered by this return 2a 8			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
3a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-00		
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	_	
7	Organizations that may receive deductible contributions under section 170(c).		_	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_	_	
	sponsoring organization have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a				
b				1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		,	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
4	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	ļ		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See	nstructions			
	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		<u>-</u>			
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	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	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with				
	officer, director, trustee, or key employee?		,	2	X	
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t 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 9	90 wa	is filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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 ap	point	one or			
	more members of the governing body?	•		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, 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	ar by th	e following:			
	The governing body?	,	Ĭ	8a	X	
	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 rea	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)			
			<u></u>		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 ch	napter	s, 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 bod	y befo	re filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	In Schedule O how this was done			12c	_X_	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		ļ	15a		X
b	Other officers or key employees of the organization		l	15b		<u>X</u>
	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 arranger	nent w	nth 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	te its p	articipation	- 1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nızatıo	n's			
	exempt status with respect to such arrangements?			16b		
ec.	ion 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	(Sect	on 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	ın Sch	redule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coi	oflict o	f interest policy, and	financ	cial	
	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 bo	oks an	d records 🕨			
	The Organization - 479-273-7786					
	1601 SW 'A' St., Bentonville, AR 72712					

	I – (1	0 1	4 1	^
- /	-1	1 2.	91	41	

Form 990 (2017) Benton Count

Benton County Farm Bureau

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(do		(C Pos heck ss pe	c) ition more rson	l than is bot	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	(ey employee inghest compensated imployee ormer		Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kevin Smith President	0.50	x		X				0.	0.	0.		
(2) Tim Crawley	0.50		-									
1st Vice President		X		x				0.	0.	0.		
(3) Jeremy Jackson	0.50	<u></u>				T -	1		-			
2nd Vice President		X		x				0.	0.	0.		
(4) Cody Anglin	0.50									_		
Secretary/Treasurer		X		x	ŀ			0.	0.	0.		
(5) Mark Weathers	0.50											
Member		X						0.	0.	0.		
(6) Ryan Anglin	0.50		_									
Member		X						0.	0.	0.		
(7) Rickie Stark	0.50				1							
Member		X						0.	0.	0.		
(8) Bill Haak	0.50	}				1						
Member		X				ļ	<u> </u>	0.	0.	0.		
(9) Jim Grıffin	0.50								_	_		
Member		X						0.	0.	0.		
(10) Susan Anglin	0.50							_	_			
Member		X		<u></u>				0.	0.	0.		
(11) Harvey Amos	0.50									_		
Member		X				ļ		0.	0.	0.		
(12) Scott Belts	0.50	ļ										
Member		X				<u> </u>	_	0.	0.	0.		
(13) Brian Yarbrough	0.50	- ₋								•		
Member		X			<u> </u>	<u> </u>	\vdash	0.	0.	0.		
(14) Dan Douglas	0.50	∤							_	_		
Member	0.50	X				<u> </u>	⊬	0.	0.	0.		
(15) Doug Holly	0.50								0	_		
Member	0.50	X			-	<u> </u>	├-	0.	0.	_0.		
(16) Jım Singleton	0.50	٠,						_	0.	0.		
Member	0.50	X			├─	\vdash	\vdash	0.				
(17) Bob Shofner	0.50	x						_ 0.	0.	0.		
Member		Ī		L	<u> </u>	Ь	<u> </u>		<u> </u>	Form 990 (2017)		

Part VII Section A. Officers, Directors,		ploy	ees/			ghe	st C					/E\	
Name and title	(B) Average	Average Position						(D) Reportable	(E) Reportable		Fe	(F) timate	hd
Name and title	hours per		not c					· .	compensation	,		nount o	_
	week		cer ar						from related			other	
	(list any	ictor.						the	organizations		com	pensa	tion
	hours for	1				teg		organization	(W-2/1099-MIS	C)) fr	om the	9
	related	ste	ruste		۱.,	bens		(W-2/1099-MISC)			_	anızatı	
	organizations below	lat Et	a a		ologe	E S						d relate	
	line)	Individual trustee or directo	Institutional trustee	Officer	sk em l	Highest compensated employee	JE .				orga	anızatıd	วทร
/10) 7 7	0.50	트	=	8	¥	= =	1 2	 					
(18) Jared Patton Member	0.30	X	ł					0.		0.	Ì		0.
(19) Clint Bowen	0.50		T			1			••••				
Member	0,00	x			ļ			0.		0.	ı		0.
(20) James Simpson	0.50					T							
Member	3.33	x						0.		0.	ı		0.
(21) Charles Hodges	0.50												
Member		X						0.		0.			0.
(22) Cody Hays	0.50							_					
Member		X						0.		0.			0.
(23) John Spain	0.50												
Member		X						0.		0.	L		0.
(24) James Patton	0.50										ı		
Member		X						0.		0.			0.
(25) Brandon Bowen	0.50]								İ	ļ		
Member		X						0.		0.			0.
(26) Billy Sharp	0.50									1	 		
Member		X					L	0.		0.			0.
1b Sub-total							ightharpoons	0.		0.			0.
c Total from continuation sheets to Pa	art VII, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)									0. 0				0.
2 Total number of individuals (including to a second control of the second control of	but not limited to th	ose	liste	ed at	bov	e) w	ho r	eceived more than \$100	,000 of reportable)			_
compensation from the organization	<u> </u>											· ·	0
										1		Yes	No
3 Did the organization list any former of			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			-	3.5
line 1a? If "Yes," complete Schedule J											_3		X
4 For any individual listed on line 1a, is the									the organization				х
and related organizations greater than									idual for convoce	}	_4		
5 Did any person listed on line 1a receive							eiai	ted organization or indivi	iqual for services		5		Х
rendered to the organization? If "Yes," Section B. Independent Contractors	complete Scriedul	e 	or S	ucn	pers	SON		<u> </u>	-				
	et compensated in	den	ende	ent c	ont	racti	ore 1	that received more than	\$100 000 of com	nens	ation f	rom	
Complete this table for your five higher the organization Report compensation											21.0		
(A)		<u></u>	0	<u>.</u>		<u> </u>		(B)	,		(C	2)	
Name and busi		N	ONI	E				Description of s	services	С		nsatioi	n
						-							
	····												
			_									â.	
- Table and the second				- ۱ ام	<u> </u>				nevo there			<u>, 61</u>	
2 Total number of independent contracts \$100,000 of compensation from the or	· ·	iot li	mite	a 10		ise ii 0	STEC	above) who received in	iore than			£.	
						<u> </u>							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function husiness revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 119,896. 119,896. 2 a Membership Dues 110000 Program Service Revenue f All other program service revenue 119,896. q Total. Add lines 2a-2f Investment income (including dividends, interest, and 724. 724 other similar amounts) Income from investment of tax-exempt bond proceeds 3,469. 3,469. Royalties (II) Personal (i) Real 3,800 6 a Gross rents 0. b Less rental expenses 3,800. c Rental income or (loss) 3,800. 3,800. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 291,195 524298 29<u>1,195</u>. 11 a Insurance Service Fees 5,898 5,898. 900099 ь Miscellaneous d All other revenue 297,093. e Total. Add lines 11a-11d 119,896. 291,195. 13,891. 424,982. Total revenue See instructions.

Form 990 (2017) Benton County Farm Bureau
Part IX Statement of Functional Expenses

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				'					
	and domestic governments. See Part IV, line 21	25.								
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22	_	<u>. </u>	,						
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)	0.40 0.71	· · · · · ·							
7	Other salaries and wages	243,371.								
8	Pension plan accruals and contributions (include	E 002								
	section 401(k) and 403(b) employer contributions)	5,083.								
9	Other employee benefits	27,161.								
10	Payroll taxes	19,252.								
11	Fees for services (non-employees)									
а	Management									
b	Legal	600.								
C	Accounting	000.								
a	Lobbying Professional fundraising services. See Part IV, line 17			,						
- 6	Investment management fees				 ,					
g	Other (If line 11g amount exceeds 10% of line 25,		 -		-					
9	column (A) amount, list line 11g expenses on Sch 0.)									
12	Advertising and promotion	7,911.			· · ·					
13	Office expenses	26,755.	1-1-10							
14	Information technology									
15	Royalties									
16	Occupancy	66,987.								
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	16,495.								
20	Interest		_							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	16,668.								
23	Insurance	778.								
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.)	2 475		<u> </u>						
	Youth and Safety	3,475.	 		_					
b	Miscellaneous	2,268. 790.								
C	Leased Equipment									
d	All other avenues				<u></u>					
	All other expenses Add lines 1 through 24a	437,619.		 						
<u>25</u>	Total functional expenses. Add lines 1 through 24e Joint costs Complete this line only if the organization	431,013.		-						
26	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
	11 TOTOWING GOT 80-2 (MGC 800-120)			· · · · · · · · · · · · · · · · · · ·						

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 103,197. 133,640. 1 Cash - non-interest-bearing 33,107. 63,831 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 754,313. 10a basis Complete Part VI of Schedule D 351,271. 419,710. 334,603. **b** Less accumulated depreciation 10c 10b 11 Investments - publicly traded securities 11 65,110. 65,830. 12 Investments - other securities See Part IV, line 11 12 13 13 Investments · program-related See Part IV, line 11 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 566,741. Total assets. Add lines 1 through 15 (must equal line 34) 583,848. 16 16 5,085. 1,164. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 31,979. 31,873. 19 19 Deferred revenue 20 20 Tax exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 36,958. 26 33,143. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0. 30 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 533,598. 546,890. Retained earnings, endowment, accumulated income, or other funds 32 32 546,890. 533,598. 33 Total net assets or fund balances 33 566,741. 583,848. Total liabilities and net assets/fund balances

orm	1990 (2017) Benton County Farm Bureau	<u> / 1 - U 2 9</u>	1410	Pag	ge ız
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	42	4,9	<u>82.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	43	7,6	<u> 19.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1	2,6	<u>37.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>5</u> 4	6,8	<u>90.</u>
5	Net unrealized gains (losses) on investments	5		-6	55.
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	53	<u>3,5</u>	<u>98.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?				<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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	ngle Audıt		-	
	Act and OMB Circular A-133?		3a	_	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36		

Form **990** (2017)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No 1545-0047

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			Emp	loyer identification number
	Benton	County Farm Bure	eau		71-0291410
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c	or is a section 527 o	rganization.
2 3	Provide a description of the organia Political campaign activity expendit Volunteer hours for political campa	tures ign activities		▶ \$	
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c		
	Enter the amount of any excise tax				S
	Enter the amount of any excise tax	, ,	=	5 ▶ \$	·-
	If the organization incurred a section	in 4955 tax, did it file Form 4720	o for this year?		Yes No
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV art I-C Complete if the ord	ganization is exempt un	der section 501/c	except section 501	(0)(3)
1 2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures	d by the filing organization for so	ection 527 exempt fund ther organizations for s	ction activities section 527)
J	line 17b	Add lines Taile 2 Litter field	and on tom 11201 of	-, ▶ \$	
4	Did the filing organization file Form	1120-POL for this year?		-	Yes No
	Enter the names, addresses and er made payments. For each organiza contributions received that were prepolitical action committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	nid from the filing organ a separate political org	ization's funds. Also enter th ganization, such as a separa	ne amount of political
	(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-

Section 501(h)). Check	Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org	Benton Cor	inty Farm Bur	ceau	71-0	0291410 Page 2
Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "imited control" provisions apply Limits on Lobbying Expenditures (a) Filing organization's (b) Affiliated group forganization's (totals) It a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1a and 1b) d Other exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns If the amoent on line 1e, celumn (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 and the ore \$1,000,000 and \$175,000 plus 19% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 and \$175,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 and \$1,000 plus 19% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,0		anization is ex	tempt under section	on soricito, and in		dection under
expenses, and share of excess lobbying expenditures) if the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1 a and 1b) d Other exempt purpose expenditures (add lines 1 c and 1d) f Lobbying ontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 Over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S20,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S20,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S10,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,		tion belongs to an	affiliated group (and list i	n Part IV each affiliated	group member's nar	ne. address. EIN.
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If the amount on line 1e, column (a) or (b) is:	e Total exempt purpose expenditure	s (add lines 1c and	l 1d)			
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Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e))						'
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g Grassroots nontaxable amount (enter 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 less, enter -0- J If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	<u> </u>	000,000 \$225	\$225,000 plus 5% of the excess over \$1,500,000		•	
h Subtract line 1g from line 1a If zero or less, enter -0· i Subtract line 1f from line 1c If zero or less, enter -0·] If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	Over \$17,000,000	\$1,0	00,000			
h Subtract line 1g from line 1a If zero or less, enter -0· i Subtract line 1f from line 1c If zero or less, enter -0·] If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e))		•• •			<u> </u>	
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4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures		_	or line 1i, did the organiz	zation file Form 4/20		
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	reporting section 4911 tax for this					Yes No
Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	(Some organizations the	nat made a sectio	n 501(h) election do not	t have to complete all	of the five columns	below.
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures		Lobbying Ex	penditures During 4-Ye	ar Averaging Period		-
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
c Total lobbying expenditures	2a Lobbying nontaxable amount					
		<u> </u>				
d Grassroots nontaxable amount	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
e Grassroots ceiling amount		•				
(150% of line 2d, column (e))	<u> </u>					
f Grassroots lobbying expenditures	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 Benton County Farm Bureau 71-0291410 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		(;	(a)		(b)	
of the lobbying activity		Yes	No	Amo	ount	
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			ı		
	or referendum, through the use of			ı		
_	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			I		
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u></u>	_			
1	Other activities?					
1	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction		
	501(c)(6).				<u>. </u>	
				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	Χ		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior yea	r? 3		X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical		1		
	expenses for which the section 527(f) tax was paid).			1		
а	Current year		_2a			
b	Carryover from last year		2b_			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess		1		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political		{		
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
Prov	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part I	I-A, lines 1 a	and 2 (see		
ınstrı	uctions), and Part II-B, line 1. Also, complete this part for any additional information					
	·					

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Benton County Farm Bureau

Employer identification number 71-0291410

Pa	art I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the		
ت	organization answered "Yes" on Form 990, Part IV, line		·		
		(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 v	writing that the assets held in donor adv	rised funds		
	are the organization's property, subject to the organization's		Yes No		
6	Did the organization inform all grantees, donors, and donor a		e used only		
•	for charitable purposes and not for the benefit of the donor o				
	impermissible private benefit?	, ,	Yes No		
Pa	art II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)			
	Preservation of land for public use (e.g., recreation or e		storically important land area		
	Protection of natural habitat		ertified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last		
	day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic stru	ructure included in (a)	2c		
c	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	cture		
	listed in the National Register	2d			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	he organization during the tax		
	year ▶				
4	Number of states where property subject to conservation eas	sement is located	-		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f		
	violations, and enforcement of the conservation easements it		└─ Yes └─ No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year		
					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conser	ation easements during the year		
	\$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1			
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation				
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s the organization's accounting for		
De	conservation easements ort III Organizations Maintaining Collections of	f Art Historical Treasures or	Other Similar Assets		
Fe	Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		Ottler Offinial Assets.		
_	If the organization elected, as permitted under SFAS 116 (AS		amont and halance sheet works of art		
18	historical treasures, or other similar assets held for public exh				
			rance of public service, provide, in Fart XIII,		
	the text of the footnote to its financial statements that descri		ot and halance sheet works of art, historical		
b					
_	- Carlotte				
	treasures, or other similar assets held for public exhibition, ec				
_	treasures, or other similar assets held for public exhibition, ed relating to these items				
_	treasures, or other similar assets held for public exhibition, ed relating to these items (i) Revenue included on Form 990, Part VIII, line 1		sublic service, provide the following amounts \$		
	treasures, or other similar assets held for public exhibition, edrelating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ducation, or research in furtherance of p	sublic service, provide the following amounts \$ \$		
2	treasures, or other similar assets held for public exhibition, edrelating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating in the property of the second sec	ducation, or research in furtherance of particles of part	sublic service, provide the following amounts \$ \$		
	treasures, or other similar assets held for public exhibition, edrelating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treating the following amounts required to be reported under SFAS 1:	ducation, or research in furtherance of particles of part	sublic service, provide the following amounts \$ \$		

		County Far					<u>291410 Page 2 </u>
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical 1	reasures, or	Other:	<u>Similar Ass</u>	ets(continued)
٠3	Using the organization's acquisition, access	ion, and other record	ls, check any of th	e following that a	ire a signi	ficant use of it	s collection items
	(check all that apply)						
а	Public exhibition	d	Loan or ex	kchange program	s		
b	Scholarly research	· e	Other		·		
С	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explain	n how they further	the organization	's exemp	t purpose in Pa	ırt XIII
5	During the year, did the organization solicit of	or receive donations of	of art, historical tre	easures, or other	sımılar as	sets	_
	to be sold to raise funds rather than to be m	iaintained as part of t	he organization's	collection?			Yes No
Pa	rt IV Escrow and Custodial Arrar	igements. Comple	ete if the organizat	ion answered "Y	es" on Fo	rm 990, Part IV	, line 9, or
	reported an amount on Form 990, Pa	art X, line 21		·	_		
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for contribution	ons or other asse	ts not inc	luded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					_1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial accour	t liability?	· _	Yes <mark></mark> No
	If "Yes," explain the arrangement in Part XIII						
Pai	t V Endowment Funds. Complete	if the organization an	swered "Yes" on I	Form 990, Part IV	, line 10		
		(a) Current year	(b) Prior year	(c) Two years t	ack (d)	Three years back	(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 cur	rent year end balanc	e (line 1g, column	(a)) held as			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered	d for the o	organization	
	by Yes No						
	(i) unrelated organizations						3a(ı)
	(II) related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on Schedule R	יכו			3b
4	Describe in Part XIII the intended uses of the		wment funds				
Par	t VI Land, Buildings, and Equipn						
	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 of	1 , ,	st or other	(c) Accu		(d) Book value
		basis (investr		s (other)	depred	ciation	
1a	Land			07,691.			107,691.
b	Buildings		5	99,187.	<u>37</u>	2,275.	<u>226,912.</u>
C	Leasehold improvements						
d	Equipment	_		41,921.		1,921.	0.
	Other			5,514.		5,514.	0.
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (R) line	10c)			334,603.

Part VII Investments - Other Securities.			<u> </u>
. Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Arvest Investment	65,110.	End-of-Year Market	Value
(B)			
(C)			
(D)			***************************************
(E)			<u></u>
(F)			***************************************
(G) (H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	65,110.		***************************************
Part VIII Investments - Program Related.	05,110.	·	_
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	of-year market value

(2)			
(3)			
(4)		· -	
(5)			
(6)			*****
(7)			
	***************************************	***************************************	
(9)			*****************************
Total (Col (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 5 1111	4410 5 000 0 171 45	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d See Form 990, Part X, line 15	(b) Book value
	Description		(b) DOOK Value
(1)	***************************************		
(2)			***************************************
(4)			
(5)			
	··		
(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"		·	*** ***********************************
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(4)			
(5)	_		
(6)			
(7)			
(8)			
(9) Tatal (Caluma (h) must agual Form 900, Part V, cal (P) line	25)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		the organization's financial statements the	ast reports the
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the loothole to	i ine organization s imancial statements tr	iat reports the

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

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Benton County Farm E		71-0291410 Page 4
Part XI Reconciliation of Revenue per Audited Financia	al Statements With Rever	nue per Return.
 Complete if the organization answered "Yes" on Form 990, Par 	t IV, line 12a	
1 Total revenue, gains, and other support per audited financial statemen	nts	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
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	
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, III	ne 12)	
Part XII Reconciliation of Expenses per Audited Financi		nses per Return.
Complete if the organization answered "Yes" on Form 990, Par	t 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		
b Prior year adjustments	2b	
c Other losses	_2c	
d Other (Describe in Part XIII)		
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	İ
a Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	
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.)	
ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	vide any additional information	
		_
		

Schedule D (Form 990) 2017

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SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 71-0291410

Benton County Farm Bureau 71-0291410
Form 990, Part VI, Section A, line 2:
Ryan Anglin, Susan Anglin and Cody Anglin - family relationship
James Patton and Jared Patton - 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 Executive Committee, Office Manager and bookkeeper review the 990 each
year. It is then signed by the Board President.
Form 990, Part VI, Section B, Line 12c:
Conflict of interest policy compliance is addressed annually at an
Executive Committee meeting.
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) (2017)	Page 2
Name of the organization Benton County Farm Bureau	Employer identification number 71-0291410
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
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Schedule O (Form 990 or 990-EZ) (2017)

732212 09-07-17