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

Department of the Treasury Internal Revenue Service

 Go to www.irs.gov/Form990 for instructions and the latest information. 2017 and ending OCT 31, For the 2017 calendar year, or tax year beginning NOV 1, 2018 D Employer identification number C Name of organization Check if applicable Address change Independence County Farm Bureau Name change 71-0294353 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. Box 2034 870-793 termin ated G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amende Batesville, AR 72503 H(a) Is this a group return Applica-Yes X No F Name and address of principal officer Tom Hess for subordinates? pending same as C above H(b) Are all subordinates included? Tax exempt status 501(c)(3) **X** 501(c) (If "No," attach a list. (see instructions) J Website: ▶ www.arfb.com/independence H(c) Group exemption number ▶ K Form of organization: X Corporation Other > Trust Year of formation. 1966 M State of legal domicile: AR Part I Summary Briefly describe the organization's mission or most significant activities Agricultural Promotion Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 24 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 34 Total number of volunteers (estimate if necessary) 6 134,980. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 0 0. Contributions and grants (Part VIII, line 1h) 50,096. 50,889. Program service revenue (Part VIII, line 2g) 16,126. 15,182. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 136,762. <u>149,270.</u> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 202,984 215,341. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)
Benefits paid to or for members (Part IX, column (A), line 4) 500. 501. 0. 0. 14 76,774. 81,265 Salaries, other compensation, employee benefits (Part 🖔 column (A), lines 5-10) 16a Professional fundraising fees (Part D. column AMine 0. b Total fundraising expenses (Part IX, column (D), line 25 Other expenses (Part IX, column (A) In es 73 11 81 11f-24e) 67.871. 76,905. 149,636. 154,180. Total expenses Add line 53,348. 61,161. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 644,429 710,357 20 Total assets (Part X, line 16) 24,095. 19,328 Total liabilities (Part X, line 26) 686,262. Net assets or fund balances Subtract line 21 from line 20 625,101 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of office Sign resident Here Type or print name and title Date Preparer's signature Print/Type preparer's name P00174819 Paid Sherry Chesser, CPA Preparer ▶ Landmark PLC, Firm's EIN 71-0355269 Firm's name Use Only Firm's address 201 E. Markham, Suite Phone no. 501 - 375 - 2025Little Rock, AR 72201

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

Form	1990 (2017) Independence County Farm Bureau 71-0294353 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	Agricultural Promotion
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
7	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 \$)
	County Farm Bureau work is general in nature, helping farm families
	achieve educational improvements, economic opportunity, and social
	advancement.
	\(\frac{1}{2}\)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
40	(Code
4d	Other program services (Describe in Schedule O)
ŦŪ	
	(Expenses \$ Including grants of \$) (Revenue \$)
4e	Total program service expenses

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

$\langle D \rangle$	((
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٠,			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_		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	v	
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		4,5	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
-4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	110		A .
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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		х
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	Х
I4a	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,			1
	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	<u> </u>	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	40		v
	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,	17		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		^
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		
19	complete Schedule G, Part III	19		х
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	X
	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 19 if "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
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		Х
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			İ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		Λ
28	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A STANDARD AND AND AND AND AND AND AND AND AND AN	28a		х
b	And the second s	28b	х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	•	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
<u> </u>	If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,	-	1
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	MOLE, AIR OTH 330 Highs are required to complete optication of	•	990	/2017

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	rns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	X	
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		X
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 A	ccounts (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	iction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne 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 contribut	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		
	to file Form 8282?	ایدا	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous.		7 f		-
f	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•	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		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1 1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b		:	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	_	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 425			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand 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 Schedul	e O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

•	Check of Schoolule O contains a response or note to any line in this Bort \/			\mathbf{x}			
500	Check if Schedule O contains a response or note to any line in this Part VI			بما			
<u>3ec</u>	tion A. Governing Body and Management		V	NI-			
	Enter the number of voting members of the governing body at the end of the tax year 24		Yes	No			
1a	· · · · · · · · · · · · · · · · · · ·						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.						
	Enter the number of voting members included in line 1a, above, who are independent 1b 24						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	v				
	officer, director, trustee, or key employee?	2	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		7,			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	_6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ĺ			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b							
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 conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13		Х			
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 approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	T	15a		Х			
	Other officers or key employees of the organization	15b		X			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1					
	taxable entity during the year?	16a		х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure	100					
17	List the states with which a copy of this Form 990 is required to be filed None		_				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	wailah					
18	for public inspection. Indicate how you made these available. Check all that apply	· · aliab	.5				
	Own website Another's website X Upon request Other (explain in Schedule O)						
40		l finan	cial				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	miati	ciai				
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	The Organization - 870-793-7572 B.O. Box 2034 Bateguille AR 72503			-			

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y Farm Bureau Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- 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 (Ď), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average			(C Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Tom Hess	0.50	=		1	<u>×</u>		-			
President		X		X				0.	0.	0.
(2) Eddie Joe Wagoner	0.50									
Vice President		X		X				0.	0.	_0.
(3) Matthew Carter	0.50								,	
Secretary		X		X				0.	0.	0.
(4) Kimbrew Butler	0.50									
Member		X				<u> </u>	L	0.	0.	0.
(5) Winfred Coleman	0.50									
Member		X		<u> </u>				0.	0.	0.
(6) Jim Cunningham	0.50	Į								
Member		X						0.	0.	0.
(7) Tony Greenfield	0.50		i				ĺ			_
Member		X						0.	_0.	0.
(8) Don Hubbell	0.50				i			_	_	_
Member		X			ļ	-		0.	0.	0.
(9) Tom Inman	0.50			1						
Member		X		<u> </u>	_	_		0.	0.	0.
(10) Charles Mabry, III	0.50									
Member		X		ļ.,		-		0.	0.	0.
(11) Bill Miller	0.50					1	1			
Member	0.50	X		├		+	<u> </u>	0.	0.	0.
(12) Eric Mohlke	0.50		ļ							
Member	0.50	X	-	-		-	-	0.	0.	0.
(13) John Barr	0.50			-						_
Member	0.50	X			-	-	-	0.	_ 0.	0.
(14) Raymond Staggs	0.50	.,								_
Member	0.50	X	-	\vdash	\vdash	-		0.	0.	0.
(15) Tom Williams	0.50			1				0.	0.	_
Member	0.50	X	\vdash	\vdash	\vdash	1	-	· ·	 	0.
(16) Terry Womack	0.50	x		1				0.	0.	0.
Member	0.50	^		\vdash	-			ļ	<u> </u>	
(17) Stan Carter	0.50	x						0.	0.	0.
Member		IV							<u>U•</u>	5

Part VII Section A. Officers, Direct	ors, Trustees, Key E	mplo	yees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
. (A)	(B)				2)			(D)	(E)		(F)	
Name and title	Average	(dd	not c	Posi			one	Reportable	Reportable		Estimate	ed
	hours per	bo	x, unless person is both an ficer and a director/trustee)					compensation	compensation		amount	of
	week (list any	-	1	10 a 0		1		from	from related	1.	other	
	hours for	drect						the organization	organizations (W-2/1099-MISC)	i i		
	related	10 98	stee			age ge		(W-2/1099-MISC)	(***2/1003-141100)		organizat	
	organization	s ŝ	al tru		뺉	e me		, , , , , , , , , , , , , , , , , , , ,		Ì	and relat	
	below	ज Individual trustee or director	Institutional trustee	Ja:	Key employee	Highest compensated employee	ĕ				organızatı	ons
	line)	 -	III ST	Officer	ě.	28	Former			\perp		
(18) Nathan Crouch	0.50) x						0.	0			٥
Member (19) Blake Fuller	0.50						-	0.		•		0.
Member	0.50	'						0.	0			0.
(20) Chris Tharp	0.50					<u> </u>				1		
Member		X						0.	0			0.
(21) Brandon Qualls	0.50		Ì			1						
Member		X	ļ					0.	0	•		0.
(22) Glen Mohlke	0.50	_	ŀ									
Member		X	ļ			ļ	_	0.	0	•		<u> 0 </u>
(23) Justin Melton	0.50	_							•			•
Member	0.50	X	1			├	<u> </u>	0.	0	+		0.
(24) Larry Williams	0.50	$\exists_{\mathbf{x}}$					ŀ	0.	0			0.
Member	-	+^	+			<u> </u>		0.	0	+		0.
		1								ŀ		
4. 0.1 1111		_		<u> </u>		L	L		0	+-		
1b Sub-total	- Dank VIII. Canking A							0.	0	_		0.
 Total from continuation sheets t Total (add lines 1b and 1c) 	o Part VII, Section A							0.	0	_		0.
2 Total number of individuals (include	ling but not limited to	those	liste	ed at	DOV	e) wh	20 r			•		<u> </u>
compensation from the organization	- ·								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	0
										Г	Yes	No
3 Did the organization list any forme line 1a? If "Yes," complete Schedu			e, ke	ey en	npic	yee	, or	highest compensated e	mployee on		3	x
4 For any individual listed on line 1a			omo	ensa	ation	n and	d ot	her compensation from	the organization	\vdash	3	
and related organizations greater	•							•	o. gaa		4	х
5 Did any person listed on line 1a re									dual for services			
rendered to the organization? If ")	es," complete Sched	ule J	for s	uch	pers	son					5	Х
Section B. Independent Contractors												
1 Complete this table for your five h	•	-							•	nsat	ion from	
the organization Report compens		year	endi	ng w	vith	or w	rthir		year			
Name and	(A) Name and business address NONE (B) Description of services Co								Cor	(C) mpensatio	n	
							-			_		
								、				
	·											
Total number of independent cont	ractors (including but	not I	ımıte	d to	tho	se la	stec	d above) who received m	nore than			
\$100,000 of compensation from the						0		,				

<u> </u>		Check if Schedule O conti	aine a roenoneo	or note to any line	o in this Part VIII			
		Check if Schedule O conti	ains a response	or note to any im	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
		Membership dues	1b					
		Fundraising events	1c					
		Related organizations	1d					
S,E		Government grants (contributi						
Sin		All other contributions, gifts, gran						
her	•	similar amounts not included above						
ontri nd Oi	g							
3 E	_	Total. Add lines 1a-1f		—				
				Business Code				
9	2 a	Membership Dues	}	110000	50,889.	50,889.		
Ę,	ь				•	•		_
S E	C							
e a	d							
Program Service Revenue	е							
م ا	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			50,889.			
	3	Investment income (including	dividends, inter	est, and				
i		other similar amounts)		>	15,182.			15,182.
- 1	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
- 1	5	Royalties		•	3,658.			3,658.
			(ı) Real	(II) Personal				
- 1	6 a	Gross rents	5,400.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	5,400.					
	d	Net rental income or (loss)		, •	5,400.			5,400.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)	L	<u> </u>				
	d	Net gain or (loss)		>				
e e	8 a	Gross income from fundraising	g events (not of					
en e		including \$		•				
Ş.		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	а					
₹		Less direct expenses	. b					
		Net income or (loss) from fund		<u> </u>				
	9 a	Gross income from gaming ac						
		Part IV, line 19	a .					
		Less direct expenses	b	'				
		Net income or (loss) from gam	_					
	10 a	Gross sales of inventory, less						
		and allowances	а					
		Less cost of goods sold	b b of waysatan.	'				
	С	Net income or (loss) from sale		Business Cods		<u> </u>		
	44 =	Miscellaneous Revenu Insurance Servi		Business Code 524298	134,980.		134,980.	
		Miscellaneous I		900099	5,232.		134,700.	5,232.
		<u> </u>	.11001118	200033	J, 434 •			
	C							
	d	Total. Add lines 11a-11d			140,212.			
	12	Total revenue See instructions.			215,341.	50.889	134,980.	29,472.
		TOTAL LEAGURE OCC HISH OCHOUS.			<u></u>	30,000.		<u> </u>

Pai	t IX Statement of Functional Expens	es			
Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must d	complete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	ot include amounts reported on lines 6b, 3b, 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	501.			
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				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	70,297.			-
8	Pension plan accruals and contributions (include	10,2576			
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,477.			
11	Fees for services (non-employees)		***		
а	Management				- <u>-</u>
b	Legal				
C	Accounting	600.			
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	Other (If line 11g amount exceeds 10% of line 25,		•		
	column (A) amount, list line 11g expenses on Sch 0)	2,638.			
12	Advertising and promotion Office expenses	11,393.		1	
13 14	Information technology				
15	Royalties				
16	Occupancy	20,807.			
17	Travel		-		
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings	28,505.			
20	Interest				
21	Payments to affiliates	5 262	·		
22	Depreciation, depletion, and amortization	7,369.	·	· ·	
23	Insurance	468.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	Youth and Safety	5,125.			,
b					
С	·		,		
đ	,				-
	All other expenses	154 100			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	154,180.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			'	
	educational campaign and fundraising solicitation				

If following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or not	te to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		<u> </u>		1	
	2	Savings and temporary cash investments			530,287.	2	584,220.
	3	Pledges and grants receivable, net	<u> </u>		3		
	4	Accounts receivable, net	L		4		
	5	Loans and other receivables from current and for	ormer offic	ers, directors,			
		trustees, key employees, and highest compensation	ated emplo	oyees Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perso	ns (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3	I)(B), and contributing			
		employers and sponsoring organizations of sections	tion 501(c)	(9) voluntary			
sts		employees' beneficiary organizations (see instr)	Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis Complete Part VI of Schedule D	10a	339,246.			_
	ь	Less accumulated depreciation	10b	213,149.	114,102.	10c	126,097.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line	11			12	
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		40.	15	40.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		644,429.	16	710,357.
	17	Accounts payable and accrued expenses			2,217.	17	7,061.
	18	Grants payable				18	
	19	Deferred revenue			17,111.	19	17,034.
	20	Tax-exempt bond liabilities		Ĺ		20_	
	21	Escrow or custodial account liability Complete	Part IV of	Schedule D	_	21	
Ø	22	Loans and other payables to current and former	r officers, o	directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and dis	equalified persons			,
abi		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	d third pai	ties		24	···
	25	Other liabilities (including federal income tax, pa	yables to	related third			
	ĺ	parties, and other liabilities not included on lines	s 17-24) C	complete Part X of			
		Schedule D			<u></u>	25	
	26	Total liabilities. Add lines 17 through 25			19,328.	26	24,095.
		Organizations that follow SFAS 117 (ASC 958	3), check l	nere 🕨 🔛 and			
S		complete lines 27 through 29, and lines 33 ar	nd 34.				
Š	27	Unrestricted net assets				27	
3ale	28	Temporarily restricted net assets		28			
ğ	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117 (A	ISC 958),	check here ▶ X			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		Ĺ	0.	30	0.
ASS	31	Paid-in or capital surplus, or land, building, or ed	quipment f	fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or	other funds	625,101.	32	686,262.
Z	33	Total net assets or fund balances		Ļ	625,101.	33	686,262.
	34	Total liabilities and net assets/fund balances			<u>644,429.</u>	34	710,357.

Form	1990 (2017) Independence County Farm Bureau	/1029	<u>4353</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	5,3	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	4,1	80.
3	Revenue less expenses Subtract line 2 from line 1	3	6	1,1	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62	5,1	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	68	6,2	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				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	· O.			
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	a no b			
	separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		_3a_		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or guidite, explain why in Schodule O and describe any stone taken to undergo such guidite		26		1

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

➤ 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.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	, (see separate msu u	••				
		or (6) organizat	tions Complete Part III		F	Anna idaakii aakia muuban
Nan	ne of organization			_	· · · ·	loyer identification number
_		<u>Indepen</u>	dence County Far panization is exempt und	m Bureau	Nomin a postion 507 a	71-0294353
Pa	art I-A Complet	e if the org	janization is exempt une	der section 501(c	or is a section 527 (organization.
1	Provide a description	of the organiz	ation's direct and indirect politi	cal campaign activities	in Part IV	
2	Political campaign ac	tivity expendit	ures			B
3	Volunteer hours for po	olitical campai	gn activities			
D		- :/ 4			1(0)	
			janization is exempt und			<u> </u>
1		•	incurred by the organization un			<u> </u>
2		-	incurred by organization manag		5	\$
	•		n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made					☐ Yes ☐ No
_	o If "Yes," describe in Fart I-C Complet		anization is exempt un	der section 501(c	except section 501	(c)(3).
1			by the filing organization for se			
-			ization's funds contributed to o	•		
_	exempt function activ		ization's farias contributed to o	ther organizations for t	> 500 tion 527	t
2	•		Add lines 1 and 2 Enter here	 and on Form 1120-POI	•	
J	line 17b	техренакагес	Add most and 2 Lines here	und 0111 01111 1 1201 01	_, ▶ :	
4		tion file Form	1120-POL for this year?		•	Yes No
			nployer identification number (E	EIN) of all section 527 p	olitical organizations to whi	
•	•		tion listed, enter the amount pa	•	<u> </u>	
	contributions received	d that were pr	omptly and directly delivered to	a separate political or	ganization, such as a separ	ate segregated fund or a
	political action comm	ittee (PAC) If	additional space is needed, pro	vide information in Par	t IV.	
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	` '		`,	, ,	filing organization's	contributions received and
					funds If none, enter ·0·	promptly and directly delivered to a separate
						political organization
						If none, enter -0-
			<u> </u>			
	 					

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org	Indep anizatio	endenc on is exe	e County Fa mpt under section	rm Bureau on 501(c)(3) and file	71 − 0 ed Form 5768 (e	0294353 Page 2 election under
section 501(h)).			·			
A Check 🕨 🔲 if the filing organizat	tion belon	gs to an affi	liated group (and list i	n Part IV each affiliated (group member's nar	me, address, EIN,
expenses, and shar	e of exces	ss lobbying	expenditures)			
B Check 🕨 🔛 if the filing organizat	tion check	ed box A ar	nd "limited control" pre	ovisions apply		
		bying Expe leans amou	nditures ints paid or incurred)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence nub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	-			ļ		
c Total lobbying expenditures (add lii		_	., (aocccc)g,		-	
d Other exempt purpose expenditure		J 10,		F		-
e Total exempt purpose expenditure		s 1c and 1c	1)		-	
				th columns	_	
f Lobbying nontaxable amount. Ente			-	1		
If the amount on line 1e, column (a) o	r (D) IS:		bying nontaxable am	1		
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000	·		00 plus 15% of the exc	1		
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (en	tor 25% c	of line 1ft				
h Subtract line 1g from line 1a. If zero				Ī	-	
· ·	•					
i Subtract line 1f from line 1c If zero	•		line 1, did the erecon	totion file Form 4720		
j If there is an amount other than ze		er line in or	line 11, did the organiz	ation life Form 4720		Yes No
reporting section 4911 tax for this (Some organizations the	nat made	a section 5	eraging Period Under 01(h) election do not ate instructions for l	have to complete all o	f the five columns	· · · · · · · · · · · · · · · · · · ·
	Lobi	bying Expe	nditures During 4-Ye	ar 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						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 Independence County Farm Bureau 71-0294353 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)).

of the lobbying activity	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
		Yes	No		Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state	or			一		
local legislation, including any attempt to influence public opinion on a legislative mat	ter			ľ		
or referendum, through the use of						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c th	rough 1ı)?					
c Media advertisements?						
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?					<u> </u>	
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar me	ans?					
i Other activities?						
j Total Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			_		
b If "Yes," enter the amount of any tax incurred under section 4912				ļ		
c If "Yes," enter the amount of any tax incurred by organization managers under section	n 4912			_		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year						
Part III-A Complete if the organization is exempt under section 501	(c)(4), secti	on 501(c)	(5), or	se	ction	
				\neg	Yes	No
501(c)(6).					res	
501(c)(6).				1	X	
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members?				1 2		
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity experimental III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, and	(c)(4), secti	on 501(c)	رم (5), or	2 3 se	X X ction	Х
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity experimental lil-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, an answered "Yes."	(c)(4), secti	on 501(c)	(5), or R (b) F	2 3 se Part	X X ction	Х
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501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity experimental lil-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, and answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amexpenses for which the section 527(f) tax was paid).	(c)(4), secti e answered	on 501(c) l "No," Ol	(5), or R (b) F	se Part	X X ction	Х
501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity experient III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amexpenses for which the section 527(f) tax was paid). a Current year	(c)(4), secti e answered	on 501(c) l "No," Ol	(5), or R (b) F	se Parl	X X ction	Х
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity experimental lil-B. Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	(c)(4), secti e answered	on 501(c) l "No," Ol	(5), or R (b) F	2 3 se Part	X X ction	Х
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501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity experimentally and if either (a) BOTH Part III-A, lines 1 and 2, and answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section if notices were sent and the amount on line 2c exceeds the amount on line 3, what per does the organization agree to carryover to the reasonable estimate of nondeductible	(c)(4), sective answered counts of political field (e) dues portion of the experience (c) (4), section (e), s	on 501(c) I "No," OI cal	(5), or R (b) F	2 3 se 'art 1 1 2a 2b	X X ction	Х

SCHEDULE D

(Form 990)

Depa/tment of the Treasury Internal Revenue Service

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

Employer identification number

	Independence Count	71-0294353	
Pa	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, I	ine 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization'	_	Yes No
6	Did the organization inform all grantees, donors, and donor	•	
•	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	or come comment, or not any owner perpose	Yes No
Pa		organization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organiza		
•	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		tilled moterie strastars
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	of a conservation easement on the last
_	day of the tax year	amed conservation contribution in the form	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 s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	- 1
u	listed in the National Register	a alter 7725700, and not on a motone struc	2d
3	Number of conservation easements modified, transferred, r	released extinguished or terminated by th	
3	year	released, extinguished, or terminated by tr	ie organization during the tax
4	Number of states where property subject to conservation e	assement is located	
5	Does the organization have a written policy regarding the p		
3	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
U	Star and volunteer riours devoted to monitoring, inspecting	g, nariding of violations, and emoloting cor	iscivation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hai	ndling of violations, and enforcing conserv	ation easements during the year
•	S	numing of violations, and emoreting conserv	and readerners during the year
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	O(b)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?	ove satisfy the requirements of section 17	Yes No
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expens	
3	include, if applicable, the text of the footnote to the organiz		
	conservation easements	ation 5 interioral statements that 55551550	o and organization o accounting to.
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on For		
	If the organization elected, as permitted under SFAS 116 (A		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public e		
	the text of the footnote to its financial statements that desc		a
h	If the organization elected, as permitted under SFAS 116 (A		nt and balance sheet works of art, historical
•	treasures, or other similar assets held for public exhibition,	•	
	relating to these items	odddallori, o'r robbaror iir iararoranob o'r pr	as the second of
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical ti	reasures or other similar assets for financi	
2			a gan, profido
_	the following amounts required to be reported under SFAS	Tro (200 300) relating to these itellis	• \$
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		S

	Schedule D (Form 990) 2017 Independence County Farm Bureau 71-0294353 Page 2									
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3.	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following that	at are a s	ignificant	use of its	collection if	tems
	(check all that apply)		_							
а	Public exhibition	C	, <u> </u>	Loan or exc	hange progra	ams				
b										
C	c Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII	
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as	sets not	included			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina t	table						
_									Amount	
c	Beginning balance						1c			
	Additions during the year						1d			
	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 ci	ustodial acco	ount liabi	lity?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII		•				•			
Pai										
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four ye	ears 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									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	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%								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for t	he organi	zation		
	by.								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	e organization's end	owment	funds						
Pai	rt VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	V, line 11a S	See Form 990), Part X,	line 10			
	Description of property	(a) Cost or o		(b) Cost	or other		ccumulate		(d) Book v	/alue
		basis (invest	ment)		(other)	de	preciation			
1a	Land			2	9,833.					<u>,833.</u>
b	Buildings			22	2,456.		<u>132,7</u>	34.	<u>89</u>	<u>,722.</u>
С	Leasehold improvements									
d	Equipment			7	7,758.		72,3			<u>,416.</u>
е	Other			. <u>.</u>	9,199.		8,0	73.		<u>,126.</u>
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Pari	X, colur	nn (B), line 1	10c)				126	<u>,097.</u>

Schedule D (Form 990) 2017

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

	dule D (Form 990) 2017 Independence County Farm		71-0294353 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State		per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
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	1 1	
а	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	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	omonto With Evnono	5
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total expenses and losses per audited financial statements	•	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	ا ما	
a	Donated services and use of facilities	. 2a	
b	Prior year adjustments	2b	
C	Other losses Other (Describe in Part XIII)	2c 2d	
d	Add lines 2a through 2d		20
е 3	Subtract line 2e from line 1		2e
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
Ų	,	40	
_	Add lines 4a and 4b		40
С 5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information.		5
5 Pa l	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	Part IV, lines 1b and 2b, Pa	5
Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5
5 Pa l	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5
5 Pa l	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5
5 Pa l	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5
5 Pa l	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5
5 Pa l	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5
Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5
Pa i	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Pa	5

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 71-0294353 Independence County Farm Bureau

1 (a) Nan	ne of disqualified p	NOTE OF	(b) R	lelationship bety			ıfıed	(c) Description of transaction					(d) Corrected									
(a) Nan	ne ot disqualitied p	person		person and or	ganız	ation		(0) DE	escription of tran	sactio	n 		Y	es	No						
											-			-								
•														+								
	<u> </u>													+								
														+								
2 Enter t	he amount of tax	incurred by	the o	rganization man	agers	or disc	ualifie	d persons du	ring	the year under												
section	n 4958 .	•			•		•	•				\$										
3 Enter t	he amount of tax,	ıf any, on lı	ne 2, a	above, reimburs	ed by	the or	ganıza	tion				\$										
		., -																				
Part II	Loans to and																					
	Complete if the	_					, Part \	V, line 38a or l	Forn	n 990, Part IV, lin	e 26,	or if th	e orga	nızatı	on							
	reported an amo	1) Original) Dalamaa dua	(-)	lo.	(h) App	roved	(:) M	/ritten						
٠.	Name of ested person	(b) Relatio		(c) Purpose of loan	(d) Loan to or from the		from the		l' '		from the		oringinal amount		(f) Balance due		(g) defa	ult?	by boa	ard or	, ,,, ,,	ment?
	·				To	From						No	Yes	No	Yes	1						
					1.0	1					Yes		1.00		,,,,	1						
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otal					<u> </u>			▶ \$	<u> </u>													
Part III	Grants or As	sistance	Ber	nefiting Inter	reste	d Pe	rsons								·							
	Complete if the	organization	n ansv	vered "Yes" on	Form	990, Pa	art IV, I	ine 27														
(a) Na	ame of interested (person	(b) Relationship			•) Amount of		(d) Type				•	ose o	f						
				interested pers the organiza		id		assistance		assistan	ce		a	issista	ance							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

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.

A part of the form 990 or 990-EZ.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Independence County Farm Bureau	71-0294353
Form 990, Part VI, Section A, line 2:	
Raymond Staggs and John Barr, family relationship	
John Barr and Brandon Qualls, 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 membershi	p. Officers are
elected by the board.	
Form 990, Part VI, Section A, line 7b:	
Policy resolutions are subject to member approval.	
Form 990, Part VI, Section B, line 11b:	
The 990 is reviewed and signed by the President. The f	ull Board reviews the
990 at the next board meeting.	
Form 990, Part VI, Section B, Line 12c:	
The Organization monitors the conflict of interest pol	icy annually and
enforces it on an as needed basis.	
Form 990, Part VI, Section B, Line 15:	
The Organization does not have compensated officers or	
officials.	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization Independence County Farm Bureau	Employer identification number 71-0294353
Form 990, Part VI, Section C, Line 19:	
These documents are not available to the public.	
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