Department of the Treasury
Internal Revenue Service

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.

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

A F	or the	2017 calendar year, or tax year beginning NOV 1, 2017 and ending	OCT 31, 2018	
Вс	neck if	C Name of organization	D Employer identific	cation number
ar ar	plicabi			
느	Addres	Polk County Farm Bureau	ᆜ _, .	
Ļ	Name change			<u> 392023</u>
<u> </u>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	· - ·	
L	Final return/ termin		479-	<u>394-3650</u>
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	<u>178,556</u>
\vdash	Ameno	Mena, AR /1955	H(a) Is this a group re	
	Applic tion pendir	Finally and address of principal officer Alleri Scewarc	for subordinates	
		same as C above	H(b) Are all subordinates in	
		300 (4)(4) 212 30 (4)(4)		list (see instructions)
		te: > www.arfb.com/polk	H(c) Group exemptio	
			ear of formation: 1959 N	A State of legal domicile: AL
Га	rt I	Summary	ural Dromotio	
ဗ္ဗ	1	Briefly describe the organization's mission or most significant activities Agricult	urar Promotio	11
nan	•	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its not as	e e e t e
Ver		Number of voting members of the governing body (Part VI, line 1a)		1!
ဗိ		Number of voting members of the governing body (Fart VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	<u>3</u>	15
ಹ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	
ij		Total number of volunteers (estimate if necessary)	6	2'
Activities & Governance	_	Total unrelated business revenue from Part VIII, column (C), line 12	7a	116,434
ĕ۱		Net unrelated business taxable income from Form 990-T, line 34	7 <u>b</u>	0
\neg		Tot diriodice bearings taxasis mostle network that the second sec	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Revenue		Program service revenue (Part VIII, line 2g)	46,879.	47,748
Ş		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55.	308
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,837.	130,500
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,771.	178,556
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	676.	350
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	79,283.	90,190
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0 .
Ç		Total fundraising expenses (Part IX, column (D), line 25)		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)	71,830.	66,354
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) head VED	151,789.	156,894
	19	Revenue less expenses Subtract line 18 from line 12	17,982.	21,662
s or		₩AR 1 4 2019 🍎	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	578,053.	599,952
t As		Total liabilities (Part X, line 26)	_16,623.	16,860.
-		Net assets or fund balances Subtract line 21 from line 20 OGDEN, UT	561,430.	583,092
	rt II	Signature Block		
	•	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	Date /	
Sign		ALIEN E. Stewart Resident		10
Her	e	Type or print name and title		117
			Date Check	PTIN
Paid		Print/Type preparer's name Character CPA Preparer's signature	12 (C 10 11 1	
Prep		Sherry Chesser, CPA		$\frac{60.00174819}{71-0355269}$
Use		Firm's name Landmark PLC, CPAs / / Firm's address 201 E. Markham, Suite 500	Firm's EIN	11-0333403
บรช	Ulliy	Firm's address 201 E. Markham, Suite 508 Little Rock, AR 72201	Phone no 50	1-375-2025
Mari	tho !!	RS discuss this return with the preparer shown above? (see instructions)	Li none no. 3 0	X Yes No
ividy	1116 11	io diacuss this tetriti with the biebalet shown above, (see instructions)		<u> </u>

orm	1990 (2017) Polk County Farm Bureau	71-0392023	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?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program 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	:
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported	13, the total expenses,	anu
40			
4a	(Code) (Expenses \$		<i>'</i>
	achieve educational improvements, economic opportunity,	and social	
		and social	
	advancement.		
			
		<u> </u>	
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
			
			
	No.		
4c	(Code) (Expenses \$) (Revenue	e \$)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		
		Form 9	90 (2017)

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

	Oncokiist of frequired contended			
	504(10) 4047(14)(11 15 15 15 15 15 15 15 15 15 15 15 15 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
	If "Yes," complete Schedule A			X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
_	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	5	x	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	Λ	
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
-				_ 41_
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
_	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	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			
10	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.			
9	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	
h	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		х
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			ŀ
	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			
	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	<u> </u>	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			1,7
	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	45		v
	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	16		х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 -	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	''	 	**
13	complete Schedule G, Part III	19		х
	complete constant of Fartin		990	(2017)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	04		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	
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
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23_		
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		X
	Schedule K If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		l
C		24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
250	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	256		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	}	İ	ļ
	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			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			j
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		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?	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			
	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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?		<u>-</u> _	
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

	rt V Statements Regarding Other IRS Filings and Tax Compliance	,	<u> </u>	ugu
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2	1	1
b	The state of the s	0	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning	\exists	1	
Ŭ	(gambling) winnings to prize winners?	1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		T	
	filed for the calendar year ending with or within the year covered by this return 2a	4		1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	C04.000	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
-	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country			1
•	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-		
5a	And the second s	5a		x
b	20 Land Control of the Control of th	5b		Х
c	KING BUILDING STATES OF THE ST	5c		
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
-	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	Out the assessment of a second of 675 mode portly on a contribution and partly for goods and converge projected to the page	or? 7a		
b	to the second and the second second and the second	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
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 1098-0	7 <u>7h</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
	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		ــــــــــــــــــــــــــــــــــــــ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	ــــــــــــــــــــــــــــــــــــــ
10	Section 501(c)(7) organizations. Enter			
а	· · · · · · · · · · · · · · · · · · ·	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а				
b				
	amounts due or received from them)	_		
12a		12a	+	+
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	+	+-
а	· · · · · · · · · · · · · · · · · · ·	13a	-	+
	Note. See the instructions for additional information the organization must report on Schedule O			
b				
	organization is licensed to issue qualified health plans	\dashv		
С				+
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14 <u>a</u>		X

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

Form 990 (2017) Polk County Farm Bureau 71-0392023 Page 6
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							
	Check if Schedule O contains a response or note to any line in this Part VI					X		
ec.	tion A. Governing Body and Management				V	N-		
	Fatantha assembles of setura members of the governing body at the and of the tay year	1a		15	Yes	No		
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	la_						
	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	ı	15				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other					
2	officer, director, trustee, or key employee?	P ******	u., 0	2		x		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	ct supervision					
3	of officers, directors, or trustees, or key employees to a management company or other person?		. тоброт тогот	3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as:			5		X		
6	Did the organization have members or stockholders?			6	Х			
	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	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	stockh	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 ye	ar by th	e following:					
	The governing body?	•	J	. 8a	Х			
	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	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 R	evenu	e Code)			,		
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10	4	X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12:				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risc			121	X	-		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escnbe		٠,,			
	in Schedule O how this was done			120		77		
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 approv		idependent		1			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		45		v		
	The organization's CEO, Executive Director, or top management official			15:		X		
Þ	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			151	'			
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment i	wth a					
ioa		inent (vitir a	16	.	х		
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the expectation of the e	ite its i	participation	100	+	 ** -		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati							
	exempt status with respect to such arrangements?			161				
Sec	tion C. Disclosure			,		1		
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 (Sec	tion 501(c)(3)s c	nly) availa	ble			
-	for public inspection. Indicate how you made these available. Check all that apply	,						
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		•	y, and fina	ncial			
-	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 a	nd records 🕨					
	The Organization - 479-394-3650							
	P.O. Box 1139, Mena, AR 71953							

Form 990 (2017)	Polk	County	Farm	Bureau

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

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

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

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

Check this box if neither the organization		orga I	anıza			mper	nsat			(5)
(A)	(B)			Pos	C) sition	,		(D)	(E)	(F)
Name and Title	Average	(do				than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week		1	Ī	T		100,	from the	from related	other
	(list any hours for	Irect				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	6 0 1	tee			sate		(W-2/1099-MISC)	(***271033***************	organization
	organizations	ruste	Institutional trustee		yee	a		(** 2) 1000 111100)		and related
	below	dual	l iii	_	1	등 등				organizations
•	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former			•
(1) Allen Stewart	0.50									
President		X		X				0.	0.	0.
(2) Ronney Fields	0.50						ļ			
Vice President		X		X				0.	0.	0.
(3) Terry Keener	0.50	ļ								
Secretary/Treasurer		X		X				0.	0.	0.
(4) Stephen Barney	0.50									
Member		X						0.	0.	0.
(5) Farrell Cole	0.50			1						
Member		X						0.	0.	0.
(6) Claude Luke Alston	0.50									
Member		X	<u> </u>					0.	0.	0.
(7) Bill Hoek	0.50									
Member		X						0.	0.	0.
(8) Greg Hunter	0.50									
Member		X			L.			0.	0.	0.
(9) Dennis Philpot	0.50	i								
Member		X						0.	0.	0.
(10) Terry Terrell	0.50				Ĭ					
Member		X		i				0.	0.	0.
(11) Mitchell Tidwell	0.50									
Member		X						0.	0.	0.
(12) James Watkins	0.50									
Member		X						0.	0.	0.
(13) Duane Webb	0.50									
Member		X						0.	0.	0.
(14) Rodney Bowen	0.50									
Member		X					,	0.	0.	0.
(15) David Head	0.50									•
Member		X					_	0.	0.	0.
]			1					
			1_		_		<u> </u>			
						<u> </u>				- 000 (55 (5)

rar	L VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable		Es	tımate	d
		hours per							compensation	compensatio			ount o	of
		week	_	cer an	Jad	ii ecto	Jertrus	(69)	from	from related			other	
		(list any hours for	irecto						the	organization	1		pensa	
		related	ord	<u>8</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anızatı	
		organizations	ruste	l trus		<u> </u>	ᇣ		(44-2/1033-141130)			_	d relate	
		below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	 ==					ınızatı	
		line)	Indivi	Instit	Officer	Key eı	Hgh	Former				J		
														-
									'		ŀ			
			ĺ											
												-		
				l										
				_	L									
			İ											
				ļ										
					<u> </u>									
1b	Sub-total .								0.		0.			<u>0.</u>
C	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bove	e) w	no r	eceived more than \$100	,000 of reportab	le			_
	compensation from the organization												M	0
											ſ		Yes	No
3	Did the organization list any former officer.		uste	e, ke	y er	npic	oyee	, or	highest compensated e	mployee on				v
	line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4	For any individual listed on line 1a, is the si	•		-						the organization				v
_	and related organizations greater than \$15									d -15		4		<u>X</u>
5	Did any person listed on line 1a receive or							elat	ed organization or indiv	dual for services	i	_		v
	rendered to the organization? If "Yes," con	npiete Schedui	e <i>J 1</i>	or s	ucn	pers	son					5		X
	tion B. Independent Contractors		400	ond:			roote		that recovered more than	\$100,000 of com	20000	ation f	rom	
1	Complete this table for your five highest co the organization. Report compensation for										ipens:	auO// I	10111	
		trie caleridar y	eai	enui	ng v	VILII	OI W	<u> </u>		yeai		(C	٠,	
	(A) Name and business	address	N	ONI	FI:				(B) Description of s	ervices	С		'' nsatioi	n
				<u> </u>				\dashv					_	
								- 1						
												-		
									<u> </u>					
						_		_						
								\neg						
								7						
2	Total number of independent contractors (including but r	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					0							
													^^^	

Polk County Farm Bureau 71-0392023 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or (D) Revenue excluded from tax under Total revenue exempt function business sections revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 47,748. 47,748. 2 a Membership Dues 110000 Program Service Revenue f All other program service revenue 47,748 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 308. other similar amounts) 308 Income from investment of tax-exempt bond proceeds 1,811. 1,811. Royalties 5 (i) Real (II) Personal 5,400. 6 a Gross rents 0. b Less rental expenses 5,400. c Rental income or (loss) 5,400. 5,400. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory .b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 116,434 Insurance Service Fees 524298 116,434.

6,855.

123,289.

178;556.

900099

748. 116,434.

6,855.

ь Miscellaneous

e Total. Add lines 11a-11d

Total revenue. See instructions.

d All other revenue

Form 990 (2017) Polk 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	350.								
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members	hvvrpvv+++++++++++++++++++++++++++++++++								
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	81,085.								
8	Pension plan accruals and contributions (include	4 -00								
	section 401(k) and 403(b) employer contributions)	1,729.								
9	Other employee benefits									
10	Payroll taxes	7,376.			<u> </u>					
11	Fees for services (non-employees)									
	Management									
Ь	•	600.			-					
	Accounting		· · · · · · · · · · · · · · · · · · ·							
	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
T	Investment management fees Other (If line 11g amount exceeds 10% of line 25,									
g	column (A) amount, list line 11g expenses on Sch 0.)			1						
12	Advertising and promotion	4,876.								
13	Office expenses	11,741.								
14	Information technology									
15	Royalties				†					
16	Occupancy	13,069.								
17	Travel		-		İ					
18	Payments of travel or entertainment expenses				1					
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	16,673.								
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	14,082.								
23	Insurance	517.								
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	4,226.								
	Miscellaneous	570.			1					
c	112500114110045									
d					_					
e	All other expenses									
25	Total functional expenses Add lines 1 through 24e	156,894.								
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

Pai	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any li	ne in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	76,348.
	2	Savings and temporary cash investments		135,549.	2	50,000.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former office				
		trustees, key employees, and highest compensated employees	oyees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified perso	ns (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3	B)(B), and contributing		1	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr) Complete			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	626,263.			
	ь	Less accumulated depreciation 10b	152,679.	442,484.	10c	473,584.
	11	Investments - publicly traded securities			11	
	12	Investments other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11	Ĺ		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		20.	15	20.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		578,053.	16	599,952.
	17	Accounts payable and accrued expenses		1,647.	17	1,793.
	18	Grants payable	_		18	
	19	Deferred revenue		14,976.	19	15,067.
	20	Tax-exempt bond liabilities	_		20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	-
es	22	Loans and other payables to current and former officers,	directors, trustees,			•
ij		key employees, highest compensated employees, and dis	squalified persons			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third	Г		23	
	24	Unsecured notes and loans payable to unrelated third pa		·	24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24) C	Complete Part X of			
		Schedule D	-	16 622	25	16 060
	26	Total liabilities. Add lines 17 through 25		16,623.	26	16,860.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🔲 and			
Ses		complete lines 27 through 29, and lines 33 and 34.			a-	1
<u>a</u>	27	Unrestricted net assets	-		27	
Ва	28	Temporarily restricted net assets	-		28	
pur	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958),	shock horo		29	
ŗ			Check here			
S.	20	and complete lines 30 through 34.		0.	30	0.
set	30	Capital stock or trust principal, or current funds	fund	0.	31	0.
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment Retained earnings, endowment, accumulated income, or	Г	561,430.	32	583,092.
Š	32 33	Total net assets or fund balances	outer turius	561,430.	33	583,092.
	34	Total liabilities and net assets/fund balances	-	578,053.	34	599,952.
	, J=4	Total liabilities and het assets/fully balances		3,0,033.		Form 990 (2017)

-orm	1990 (2017) POIR County Farm Bureau	<u> </u>	<u> </u>	Page 12
	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		,556.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,894.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,662.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	561	<u>,430.</u>
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	583	,092.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: О.		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	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 separa	te 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	ie 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 Audıt		
	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 required	ııred audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2017)

SCHÉDULE C

Department of the Treasury

Internal Revenue Service

(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

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	oloyer identification number
	Polk Co	<u>unty Farm Bureau</u>			<u>71-0392023</u>
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
					
1	Provide a description of the organiz	ation's direct and indirect politic	al campaign activities	ın Part IV	
	Political campaign activity expendit				\$
3	Volunteer hours for political campai	an activities			
_	, or other transfer of the state of the stat	3			
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax			>	\$
3	If the organization incurred a section	in 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt und	er section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ction 527 exempt func	tion activities	\$
	Enter the amount of the filing organ				
_	exempt function activities		· ·	•	\$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	ind on Form 1120-POL		
•	line 17b			•	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5		_	N) of all section 527 pc	olitical organizations to wh	ich the filing organization
Ŭ	made payments For each organiza				
	contributions received that were pr				
	political action committee (PAC) If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(6) / (64) 655	(0) =	filing organization's	contributions received and
				funds If none, enter -0	
					delivered to a separate political organization
				-	If none, enter -0-
				_	<u> </u>
				-	
			-	-	
					
			_	+	
		i		1	

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 Part II-A Complete if the org	Polk (County	Farm Burea	u n 501(c)(3) and file	71-(ed Form 5768 (e	0392023 Page 2
section 501(h)).	Januaria	ii io caci	inprediction course		, , , , , , , , , , , , , , , , , , ,	
	tion belone	as to an affi	lated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar		_	=			,
			nd "limited control" pro	visions apply		
Limr	ts on Lobb	yıng Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	Jence pub	lic opinion (grass roots lobbying)		-	
b Total lobbying expenditures to infli	•		,			
c Total lobbying expenditures (add li	7		, (, , , , , , , , , , , , , , , , , ,			
d Other exempt purpose expenditure		,			-	
e Total exempt purpose expenditure		s 1c and 1c) .			
f Lobbying nontaxable amount Enti	•			h columns		
If the amount on line 1e, column (a) of			bying nontaxable am	<u>-</u>		
Not over \$500,000	. (5) .5.		the amount on line 1e	-		1
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exc	ess over \$500.000		
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exc			
Over \$1,500,000 but not over \$17			0 plus 5% of the exce			
Over \$17,000,000	,000,000	\$1,000,		1		
0101 411,000,000		\$1,000 ,				
g Grassroots nontaxable amount (er	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a If zer		•		Ì		
i Subtract line 1f from line 1c If zero						
j If there is an amount other than ze			ine 1. did the organiza	ation file Form 4720		
reporting section 4911 tax for this						Yes No
(Some organizations t	hat made	a section 5	eraging Period Under 01(h) election do not ate instructions for lii	have to complete all	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Yea	r 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						<u> </u>

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990 EZ) 2017 Polk County Farm Bureau 71-0392023 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)).

or e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		_		
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
j	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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	11			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	Х	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				X
<u>. u.</u>	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical	•		
_	expenses for which the section 527(f) tax was paid).	iou.			
9	Current year		2a		
	Carryover from last year		2b		
	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			
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	pomodi	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				·
		n liet) Dert II	A lines 1 c		
	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 II	-A, lines i a	ına 2 (see	
nstri	uctions), and Part II-B, line 1 Also, complete this part for any additional information				

SCHEDULE D

(Form 990)

Department 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 Inspection

Name of the organization

Employer identification number

D-	t I Organizations Maintaining Donor Advise	d Funda or Other Similar Funda	71-0392023
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Friede and other and other
		(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 advise	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	f 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
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	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 of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	ne organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items		•
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$ > \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial	
-	the following amounts required to be reported under SFAS 1:		J , F 1
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		S

<u>S</u> che		unty Farm					392023	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical 1	reasures, o	r Other:	Similar As	sets(continued	1)
3	Using the organization's acquisition, accessing	on, and other record	ls, check any of th	e following that	are a sign	ficant use of	its collection ite	ms
	(check all that apply)		_					
а	Public exhibition	d	Loan or ex	change progra	ms			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizatio	n's exemp	t purpose in F	Part XIII	
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	easures, or othe	r sımılar as	sets		_
	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organizat	ion answered "	Yes" on Fo	rm 990, Part	IV, line 9, or	
	Is the organization an agent, trustee, custodi	· · · · · · · · · · · · · · · · · · ·	liany for contribute	one or other ass	ets not inc		-	
ıa	on Form 990, Part X?	an or other intermed	nary for contribution	one of other asc	octo not me		Yes	□ No
_	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table			'		140
D	ir res, explain the arrangement in Fart Airi	and complete the lo	downing table				Amount	
_	Company halange					1c	Amount	
C	Beginning balance			•		1d		
a	Additions during the year	•		•				
e	Distributions during the year		•	•		1e		
f	Ending balance	000 D. 4 V. I	04 (
	Did the organization include an amount on Fo					,	L∐ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete r					Three waara ha	unit (-) Four you	ro book
		(a) Current year	(b) Prior year	(c) Two years	s dack (d)	Three years ba	ick (e) Four yea	IS DACK
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 curr	rent year end baland	e (line 1g, column	(a)) held as				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	_					
c	Temporarily restricted endowment	 %						
Ŭ	The percentages on lines 2a, 2b, and 2c sho							
32	Are there endowment funds not in the posse		ation that are held	and administer	red for the	organization		
38	by	oolon or the organiz				organization.	Ye	s No
							3a(i)	
	(i) unrelated organizations (ii) related organizations						3a(ii)	+
	If "Yes" on line 3a(ii), are the related organizations	strana hatad aa raaru	rad an Cabadula I	22			3b	
_		•		١,			<u> 30 </u>	
A Do	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment tunas					
rai			n Bort IV Ivon 11a	San Earm 000	Dart V III	a 10		
	Complete if the organization answere						(d) Pools ::-	
	Description of property	(a) Cost or o		st or other is (other)		ımulated cıatıon	(d) Book va	uue
		basis (investi	nent) bas		debie	CIALION	60	3 E A
	Land			68,350.		7 200		<u>350.</u>
b	Buildings		4	54,330.	9	7,399.	356,	93T.
С	Leasehold improvements					5 000		
d	Equipment			55,339.	5	5,008.		<u>331.</u>
<u> </u>	Other			48,244.		272.		<u>972.</u>
Tota	. Add lines 1a through 1e (Column (d) must e	equal Form 990. Part	X. column (B), line	9 10c)			473.	584.

Complete if the organization answered "Yes"			
(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)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			·
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (8) line 13.)			
	an Form 000 Port IV	line 11d See Form 000 Bort V li	no 15
Complete if the organization answered "Yes"	Description	ine 11d See Form 990, Part X, II	(b) Book value
	Description		(B) Book Value
(1)			
(2)			-
(3)			
(4)	,		
(5)			· · · - ·
<u>(6)</u>			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)		
Part X Other Liabilities.	5 10)		
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11e or 11f See Form 990 Pa	art X line 25
(-) Description of lightly	<u> </u>	(b) Book value	art 7, 1110 E0
(1) Federal income taxes		(4)	
(2) (3)	-		
(4)			
-		-	
(5) (6)		_	
(7)	-		
(8)	-		
(9)	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		ate 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

	rt XI Reconciliation of Revenue per Audited Financial Sta	tomonto With Dovon	o nor Doturn	
Га	·		e per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne iza		
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 00 1		
a		2a 2b		
b		2c 2c		
c d		2d		
e		_ <u>Zu</u>]	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	
a		4a		
ь		4b		
c		<u> </u>	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	rt XII Reconciliation of Expenses per Audited Financial St		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	•	•	
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	• ••		
а		2a		
b	Prior year adjustments	2b		
С	Other losses	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 IX, line 25, but not on line 1			
_	Investment expenses not included on Form 990, Part VIII, line 7b	40		
а	investment expenses not included on total 556, that this, into 75	4a		
a b		4b		
b	Other (Describe in Part XIII) Add lines 4a and 4b	4b	4c	
b c 5	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 1	4b	4c 5	
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.	8)	5	
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information.	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	ı XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
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b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
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b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa Prov	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,
b 5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Find the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4b 8) 4, Part IV, lines 1b and 2b, Part IV	5	t XI,

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 . ักรจวกวร

Polk County Farm Bureau 71-0392023
Form 990, Part VI, Section A, line 6:
The Organization is a mutual benefit organization.
Form 990, Part VI, Section A, line 7a:
The board is elected annually by the general membership. Officers are
elected by the board.
·
Form 990, Part VI, Section A, line 7b:
Policy resolutions are subject to member approval.
Form 990, Part VI, Section B, line 11b:
The 990 is reviewed and signed by the Board President.
Form 990, Part VI, Section B, Line 12c:
The policy is reviewed when bids are taken on a new job or contributions
are made to any entity.
are made to any therety.
Form 990, Part VI, Section B, Line 15:
The Organization does not have compensated officers or management
officials.
Form 990, Part VI, Section C, Line 19:
These documents are not available to the public.
•