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## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047

Openito Public

Department of the Treasury Internal Revenue Service

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.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	For th	<u>ne 2013 calen</u>	dar year, or tax year beginning , 2013, and ending		·	
В	Check	f applicable	C Name of organization GRAYSON COUNTY FARM BUREAU	D Employ	er Identification Number	
•	Ac	dress change	Doing Business As	75-0	906105	
	Na	me change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho		
	H	tial return	200 S FM 1417	(903	3) 893-4393	
•	$\vdash$	erminated	City or town, state or province, country, and ZIP or foreign postal code	- (503	7, 623 4323	
	H				. ¢ 411 704	
	$\vdash$	nended return	SHERMAN TX 75092	G Gross re		
	□vt	plication pending		- ·	□''' □'''	
			CLINT RUTLEDGE (SAME ADDRESS AS BOX C ABOVE)	re all subordinates i 'No,' attach a list (s	included? Yes No see instructions)	
<u></u>	Tax-	exempt status	501(c)(3) X 501(c) ( 5 )			
J	Wel	osite: ► N/	A H(c) G	roup exemption nur	mber	
K	Form	of organization	X Corporation Trust Association Other ► L Year of formation 1	950 <b>M</b> s	tate of legal domicile TX	
Pa	rt I	Summar	V			
	1		e the organization's mission or most significant activities To better th	e condit	ions and	
a			cy of agricultural producers and promote a wholes			
Activities & Governance	l		rable rural life through education, information,	<del>-</del>		
rna			r such programs.			
Уe	2		If the organization discontinued its operations or disposed of more than 25	5% of its net as	sets	
Ö			ing members of the governing body (Part VI, line 1a)		<b>3</b>   9	
ο <u>ς</u>	4	Number of inc	ependent voting members of the governing body (Part VI, line 1b)		4 9	
ij	5	Total number	of individuals employed in calendar year 2013 (Part V, line 2a)		5 13	
ij	6		of volunteers (estimate if necessary)		<b>6</b> 9	
Ac	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · ·	[	7a 206,006.	
	b	Net unrelated	business taxable income from Form 990-T, line 34		<b>7b</b> 43,850.	
J.				Prior Year	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)	197,0	40. 204,240.	
<b>Z</b> è	9	Program servi	ce revenue (Part VIII, line 2g)			
Chevenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	4	92. 369.	
4	11	Other revenue	(Part VIII, column (A), lines <u>5, 6d</u> .8c, 9c, 10c, and 11e)	171,7	67. 207,095.	
_	12	Total revenue	- add lines 8 through 11 (must equalPart VIII, column-(A), line 12)	369,2	99. 411,704.	
	13	Grants and sii	nılar amounts paid (Part IX, çol <del>umrı (A), lines</del> 1-3)	6,4	17. 6,042.	
	14	Benefits paid	o or for members (Part IX column (A), line 4)			
2	15	Salaries, othe	compensation, employee penefits (Part IX, column (A), lines 5-10)	163,9	85. 174,274.	
Holyes 2	16 =	Professional f	undraising fees (Part IX, column (A), line 11e)	103,363.		
23	10a		francisking lees (Fart IX, Column IX), line Te	27. 188 M. 1 190 T.	anticom 「11 - 日本の大学の大学の大学の大学で	
华	b	Total fundrais		The state of the state of	THE KIND OF THE PARTY OF THE PA	
4	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	203,8	46. 202,071.	
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	374,2	48. 382,387.	
	19	Revenue less	expenses. Subtract line 18 from line 12	-4,9	49. 29,317.	
ta or			Beç	inning of Curren	t Year End of Year	
Net Assets Fund Balan	20	Total assets (	Part X, line 16)	167,3	92. 197,395.	
AP	21	Total liabilities	(Part X, line 26)	1,3		
2 T	22	Net assets or	fund balances Subtract line 21 from line 20	165,9	94. 195,311.	
Da		Signatur			233/3121	
				leasudadas and hali	of the true parent and	
comp	r penait slete De	ies of perjury, i dec eclaration of prepare	are that I have examined this return, including accompanying schedules and statements, and to the best of my or (other than officer) is based on all information of which preparer has any knowledge	knowledge and bell	er, it is true, correct, and	
_		7	1.1.0 1	7-0	9-2014	
C:-		Signatur	e of officer	Date	1	
Sig He			CIT Q Hala	D.C.T.D.D.N.M.		
ne	i e	Type or	CINT Rutledge PR	ESIDENT		
			December of products and produc		L. PTIN	
		, ,	D = 1 5-11	/ Check	<b>_</b> J"	
Pai				self-employe	d P01278523	
	pare		Texas Farm Bureau			
Us	e On	ly Firm's addre	P.O. Box 2689	Firm's EIN	74-1145986	
			Waco TX 76702	Phone no	(254) 751-2337	
May	the II	RS discuss this	return with the preparer shown above? (see instructions)		X Yes No	

Forn	n 990 (2013) GRAYSON COUNTY FARM BUREAU	75-0906105	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	To better the conditions and		
	efficiency of agricultural producers and promote a wholesome		
	See Form 990, Page 2, Part III, Line 1 (continued)		
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, section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	as measured by expens of grants and allocation	es. is to
		<u> </u>	
<b>4</b> a	a (Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
	Youth Livestock Show/Fair		
	Contributed to local youth livestock show/fair. Purposes of the		
	promote responsibility, leadership skills, and interest in raisi	ng farm anımal	s
	for area youth. The County Farm Bureau volunteers as well, and	the local	
	4-H Clubs and FFA Chapters participate in this important event.		
4 t	(Code: ) (Expenses \$ including grants of \$) (F	Revenue \$	)
	Annual meeting		
	Held an annual meeting in which all members are invited. Purpos	e was to	
	discuss relative local, statewide, and national agricultural iss		
	the importance of agriculture education, the business of the org		
	and current legislative issues as they relate to agriculture. M		
	of the county farm bureau, county farm bureau staff, county farm		
	voluntary leaders, Texas Farm Bureau staff and invited guests pa		<del></del>
			· – – – – –
40	c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
	State meetings		<del></del>
	Volunteer Directors of the County Farm Bureau attended meetings		· <b>-</b>
	sponsored by Texas Farm Bureau, including its annual state conve		
	at these meetings, various agricultural issues are discussed wit		
	local volunteers from other county farm bureaus across the state		
	Texas Farm Bureau annual convention, local county farm bureau le		
	from all over Texas voted on agricultural issues that these volu		
	would like Texas Farm Bureau and the volunteers to pursue on a	<del></del>	
	statewide level in the upcoming year.		
	Statewide Toyot In the appointing Year.		
		<b></b>	
	d Other program services. (Describe in Schedule O.)		
40	Other program services. (Describe in Schedule O.)  (Expenses \$ Including grants of \$ ) (Revenue \$		)
	Total program service expenses		

Partily Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х Х 10 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X Х Х Х Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11 f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X ... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI, and XII . . . . 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х 12 h if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . . . . . . . Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a 14b Х 15 Х 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, Х 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . . Х 20 20 b

Page 4

PartilVa Checklist of Required Schedules (continued)

Yes No 21 Х 22 Х 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* 23 Х Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . . . . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . . . . . . . . . . . . . . . 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If Yes, complete Schedule L, Part I . . . . . . . . . 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If 'Yes,' complete 25b 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? Х If so, complete Schedule L, Part II 26 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 X 27 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) a 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 28b Х Х 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . . . . . . . . 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . . . . . . 31 Х 32 Х 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 Х 35a 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 36 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х 38 BAA

Form 990 (2013)

# Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response or note to any line in this Part V			. $\Box$
	The second of th		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 13			J
t	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	Х	<u> </u>
	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X	<u> </u>
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l <sub>x</sub>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		<u> </u>
K	olf 'Yes,' enter the name of the foreign country			
<b>.</b>	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a 5 b		$\frac{\hat{x}}{x}$
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 c		<u> </u>
		36	-	<del></del>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
	Organizations that may receive deductible contributions under section 170(c).	0.5	71	
	``			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		l
b	off 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7с		
	If Yes, Indicate the number of Forms 8282 filed during the year			لــــا
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	, 9		$\vdash$
•	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			ļ
_	holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9 a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		<del>                                     </del>
	Section 501(c)(7) organizations. Enter:	•		
	Initiation fees and capital contributions included on Part VIII, line 12	3	,	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	'		
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	<del> </del>			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	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 Schedule O	14b		

Par	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	w, and	for	
		III		
		· · · ·		. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	If there are material differences in voting rights among members			
b		al l		
2				
		2	_ X_	
3	of officers, directors or trustees, or key employees to a management company or other person?	3		х
4				
	·	<u> </u>		<u>X</u> _
5	a *No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI.  Cition A. Governing Body and Management  I Enter the number of voting members of the governing body at the end of the tax year.  I a Enter the number of voting members of the governing body deligible among members of the governing body governing body deligible among members of the governing body governing body deligible for the province of deligible of the province of the pr			X
6		6	X	
7 a		7.3	х	
		/ a		
t		7 5		х
_				
	the following:	-		
			X	
		8.0		
Schedule O. See instructions. Check if Schedule O cotatins a response or note to any time in this Part VI.  Section A. Governing Body and Management  1 a Enter the number of voling members of the governing body at the end of the tax year.  1 if there are member difference in voting rights among members of the governing body, or if the governing body delegated broad if there are member of voling members included in line 1s, above, who are independent  2 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee or key employees?  2 Did any officer, director, frustee or key employees have a family relationship or a business relationship with any other officer, director, frustee or key employees to a management duties customanly performed by or under the direct supervision of officers, director, frustees, or key employees to a management company or other persons?  3 Did the organization news any significant changes to its governing documents since the prior from 390 was filed?  4 Did the organization make any significant changes to its governing documents since the prior from 390 was filed?  5 Did the organization have members a stockholders?  6 Did the organization have members a stockholders?  7 Did the organization have members as stockholders?  8 Did the organization have members as stockholders?  9 Did the organization have so of the organization reserved to (or subject to approval by) member				х
Sec		nue C	ode.)	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	40		
	· <del>- · · · · · · · · · · · · · · · · · ·</del>	10 a		Х
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		_X
ŧ	of 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?			X
11 a	of 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?	10 b		
11 a b 12 a	of '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?	10 b	X	
11 a t 12 a	of 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?	10 b 11 a 12 a	X	
11 a t 12 a	of f '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?	10 b 11 a 12 a		
11 a b 12 a b	of 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?	10 b 11 a 12 a 12 b	Х	
11 a b 12 a b c c 13	of f 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?	10 b 11 a 12 a 12 b 12 c 13	Х	Х
11 a b 12 a b 13 14 15	of f Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13	Х	X
11 a b 12 a b 13 14 15	of f 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?	10 b 11 a 12 a 12 b 12 c 13	Х	X X X
11 a b 12 a b 13 14 15	of f Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14	Х	X X X
11 a k 12 a k 13 14 15 a k	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14	Х	X X X
11 a k 12 a k 13 14 15 a k	of 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13 14	Х	X X X
11 a b 12 a b 13 14 15 a b 16 a	of 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?	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	x	X X X
11 a b 12 a b 15 15 16 a b 16 a b	of 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?.  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.  In the organization have a written conflict of interest policy? If 'No,' go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers of key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity duning the year?  Officers, 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	10 b 11 a 12 a 12 b 12 c 13 14 15 a 15 b	x	X X X
11 a b 12 a b 13 14 15 16 a b	of 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  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.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers of key employees of the organization  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Of 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	x	X X X
11 a b 12 a b 13 14 15 16 a b 16 a b 17 17 17 17 17 17 17 17 17 17 17 17 17	of 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?.  I has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  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.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  The organization's CEO, Executive Director, or top management official  Other officers of key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  The 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	10 b 11 a 12 a 12 b 12 c 13 14 15 a 16 a	X	X X X
11 a b 12 a b 13 14 15 16 a b 16 a b 17 17 17 17 17 17 17 17 17 17 17 17 17	of 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?.  It has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  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.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give nse to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers of key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate h	10 b 11 a 12 a 12 b 12 c 13 14 15 a 16 a	X	X X X
Y   I a Enter the number of voting members of the governing body at the end of the tax year.   1 a   9   If there are malerial differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or smaller committee, explain in Schedule O.   1   9   Did any officer, director, trustee in the governing body delegated broad authority to an executive committee or smaller committee, explain in Schedule O.   1   9   Did any officer, director, trustees, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees a management duties customanly performed by or under the direct supervision of officers, director, survives or key employees to a management company or other person?"   3   3   3   3   3   3   3   3   3				
11 a b 12 a b 13 14 15 16 a b 17 18 19	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?  It als the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  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.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers of key employees of the organization.  If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed.  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availatinspection. Indicate how yo	10 b 11 a 12 a 12 b 12 c 13 14 15 a 16 b 16 a	X	X X X

Form 990 (2013)	GRAYSON	COUNTY	FARM	BUREAU

75-0906105

Page 7

Part VII	Compensation of Officers,	Directors, Trustees,	Key Employees,	, Highest Compensate	d Employees, and
	Independent Contractors	·		. •	_

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

- 1 a 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.

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

	,			(C	;)					
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)					)	(D)  Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) CLINT RUTLEDGE	2.00									
PRESIDENT		Х		X				0.	0.	0.
(2) RANDY WATSON	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) CHANDLER STRAWN	1.00				i					
SEC TREAS		X		X				0.	0.	0.
(4) BEN_WIBLE	5.00	i								
DIRECTOR		X						0.	0.	0.
(5) BART LAWRENCE	1.00									
DIRECTOR		Х					<u> </u>	0.	0.	0.
(6) SCOTT RENFRO	2.00									
DIRECTOR		X						0.	0.	0.
_(7)_KEITH_WELCH	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MIKE GIDNEY	1.00									
DIRECTOR		Х						0.	0.	0.
(9) AARON LOONEY	3.00									
DIRECTOR		Х						0.	0.	0.
<u>(10)</u>	<b> </b>									
<u>(11)</u>										
(12)										
(13)						-				
(14)										
<del></del>								•		

Form 990 (2013) GRAYSON COUNTY FARM BURE								<del> </del>	75-090610			ge <b>8</b>
Part VII Section A. Officers, Directors, Trus		Key	Em	nplo ()		es,	and	d Highest Con	pensated Emp	loyee	S (conti	inued)
(A) Name and title	Average hours per week	box	, unle: cer ar	Posi heck ss pe	ition more rson i	than o s both or/trusto	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amou	(F) stimated int of oth pensation	
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	fr org: an	om the anization d related anization	
<u>(15)</u>												
(16)												
(17)												
(18)		-										
(19)												
(20)												
(21)												
(22)												
(23)								-				
(24)										,		
(25)												
1 b Sub-total	1 A						<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)							ive	7		npensa	tion	0.
	or tructor			nlov		or bio	hor	at compared on	anlovoo		Yes	No
<ul> <li>3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind.</li> <li>4 For any individual listed on line 1a, is the sum of repo</li> </ul>	ividual		• •		• •					. 3		Х
the organization and related organizations greater that such individual	an \$150,	000?	If 'Y	'es' d	com	olete	Sch	nedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrue corfor services rendered to the organization? If 'Yes,' corSection B. Independent Contractors										. 5		X
Complete this table for your five highest compensated compensation from the organization. Report compens	d indepe sation fo	nden r the	t cor	ntrac ndar	tors	that ir end	rece	eived more than \$1 with or within the	100,000 of organization's tax ye	ar		
(A) Name and business addres	s							Description of		Compe	C) nsatio	n
2 Total number of independent contractors (including bis \$100,000 of compensation from the organization	ut not lin	nited	to th	ose	liste	d ab	ove	) who received mo	re than	·		-
PAA		TEEAC	400	4444						Form	990 (	2012\

	n 990 (2013) GRAYSON COUNTY FARM BUREAU  t VIII Statement of Revenue			75-0906105	Page 9
ı aı	Check if Schedule O contains a response or note to any line	e in this Part VIII			
	erredk in contessate of contessino a respense of note to any link	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	204,240.			
PROGRAM SERVICE REVEN					
	Investment income (including dividends, interest and other similar amounts)	369.	0.	0.	369.
YENUE	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)				
OTHER REVENUE	See Part IV, line 18		-		

c Net income or (loss) from sales of inventory . . . . . . . Miscellaneous Revenue **Business Code** 142,927 11a INSURANCE SVC FEES 524298 142,927 0 0. 62,909. 0. 62,909. 0. 524298 b INS AGENT INCOME c BANKING PROGRAM 522100 170 0. 170 0. 1,089. d All other revenue . . . . . . . . . 1,089 0. e Total. Add lines 11a-11d . . . . . . . . . . . . . . . . . 207,095

411,704

TEEA0109 07/08/13

Form 990 (2013)

1,458.

206,006.

0.

## Part IX | Statement of Functional Expenses

Section 501(c)(3	) and 501(c)(4) organizations	must complete all columns	All other organizations mus	t complete column_(A	<del>1).</del>
		ains a response or note to a			

	not include amounts reported on lines 7b, 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 governments and organizations in the United States. See Part IV, line 21	4,642.	·		·
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,400.			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages	157,851.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	790.			
10	Payroll taxes	15,633.			
11	Fees for services (non-employees)				
	Management				_
	Legal				
	Accounting	1,628.			
	Lobbying				
	Professional fundraising services See Part IV, line 17				<del>_</del>
	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	500.	·		
13	Office expenses	22,287.			
14	Information technology		<u>-</u>		
15	Royalties			·	· · · · · · · · · · · · · · · · · · ·
16	Occupancy	56,017.			
17	Travel	3,761.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,597.			
20	Interest				
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	4,269.			
23	Insurance		<u></u>	<del>-</del>	
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		,		,
а	STATE MEMBERSHIP DUES	104,714.			_
b	OTHER EXPENSE	5.298.			
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	382,387.			
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)				

75-0906105 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 26,879. 9,233 2 2 Savings and temporary cash investments . . . . . . . . 81,874 96,149. 3 3 4 336 452 5 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . 6 7 8 Prepaid expenses and deferred charges . . . . . . . . 9 1.170 2.340. Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . . . . . . . . 10 a 10 b 10 c 147,584 74,779 71,575. 11 11 Investments - other securities See Part IV, line 11 . . . . . . 12 12 13 Investments - program-related. See Part IV, line 11 . . . . . . 13 14 14 15 Other assets, See Part IV, line 11 . . . . . . . . . . . . 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 197,395 16 167. 17 17 2,084 1,398 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees, 22 22 Secured mortgages and notes payable to unrelated third parties . . . . . . . . . . . . 23 24 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 398 26 2,084 Total liabilities. Add lines 17 through 25 . . . . . . . . . . . . . Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 27 28 Temporarily restricted net assets . . . . . . 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.

BAA

31

33

197,395 Form 990 (2013)

195,311

195,311

30

31

32

33

34

165,994

165,994

167,392

Retained earnings, endowment, accumulated income, or other funds . . .

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . .

⊢orn	1990 (2013) GRAYSON COUNTY FARM BUREAU	10102		га	ye iz
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\perp \perp \downarrow$
1	Total revenue (must equal Part VIII, column (A), line 12)		4:	11,7	04.
2	Total expenses (must equal Part IX, column (A), line 25)		38	32 <u>,</u> 3	87.
3	Revenue less expenses Subtract line 2 from line 1			<u> 29,3</u>	17.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u> </u>	1	65 <u>,9</u>	94.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	,		95,3	1 1
Da	Column (D)/.	<u>'</u>		33,3	<u> </u>
Pa	t XII Financial Statements and Reporting				[i]
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · ·	• • •		. X
		1		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			٠,	. 1
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.				, 
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			*	
	Separate basis Consolidated basis Both consolidated and separate basis				
,	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		<u></u>
BA			Form	990 (	2013

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

GRAYSON COUNTY FA	RM BUREAU 75-0906105
Pt_VI, Line la	An executive committee, when appointed, has the authority
	to conduct affairs of the organization between regular board
	meetings, but the committee is under the direct supervision
	of the board of directors at all times, and all actions of the
	committee must be ratified at the following board of directors
	meeting.
Pt VI, Line 2	Clint Rutledge/Mike Gidney - Business Relationship
	Bart Lawrence/Aaron Looney - Business Relationship
Pt VI, Line 6	Members
Pt_VI, Line 7a	All members are the same class and are invited to the
	annual membership meeting where directors are elected.
Pt_VI, Line 11b_	The form 990 is reviewed by president prior to filing.
Pt_VI, Line 12c_	The board of directors will discuss any arising conlficts
	of interest at the monthly board meeting.
Pt_VI, Line 19	The organization makes its Form 990 and any other
	required information available to the public
	upon specific request only.
Pt_VI, Line 15	No officers or directors receive any compensation; therefore
	no_compensation_review_is_needed
Pt XII, Line 2a &2k	While the financial statements are not compiled by an
	"independent" accountant, they are compiled by a separate
	entity who compiles its financial statements and
~	prepares and files all of its state and federal tax
~	returns/reports. This entity also reconciles the
	organization's bank statements. The organization pays a
	fee for these services.

Schedule O (Form 990),	Supplemental Information to Form 990
Form 990, Page 2, Part	III. Line 1 (continued)

Briefly	describe	the	organization's	mission:
,		••••	J	

and desirable rural life through education, information, and other such programs.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Members of the County Farm Bureau are also members of
Expenses		Texas Farm Bureau, a statewide agricultural organization
Grants Of		(exempt under 501(c) (5)) that works for the betterment
Revenue.		of agriculture and coordinates programs on a statewide
_		basis. Members of the County Farm Bureau are also members
		of the American Farm Bureau, a national agricultural
		organization that also works for the betterment of agriculture.
Code:	Description	
Expenses		County Farm Bureau volunteers participate in matters
Grants Of		dealing with legislation that affects agriculture.
Revenue.		
		County Farm Bureau volunteers help organize their members
		into separate agricultural commodity interests.
Code:	Description:	Youth Leadership Conference
Expenses _		Sponsored student(s) to attend the Farm Bureau Youth Leadership Conference.
Grants Of		The purpose of the conference is to give selected high school students in Texas
Revenue.		a better understanding of the various forms of government and educate them
_		their responsibilities as citizens. The conference runs three full days and
		includes lectures, discussions, and films by outstanding authorities in
		government, history, and economics.
Code <sup>.</sup>	Description:	
Expenses		National Affairs Meetings
Grants Of		County Farm Bureau Directors attended meetings with national
Revenue.		legislators as well as state legislators to explain how
_		laws and regulations impact agriculture and rural areas.

## Form **4562**

10

**Depreciation and Amortization** (Including Information on Listed Property)

OMB No 1545-0172

2013

nt 179

10

11

Depar Interna	tment of the Treasury al Revenue Service (99)	► See separate instructions.	► Attach to your tax ret	urn.		Attachment Sequence No		
Name	(s) shown on return				Iden	tifying number		
	AYSON COUNTY F.				75	-0906105		
	cm 990 / Form							
Par		Expense Certain Property Under Seave any listed property, complete Part V before you						
1	Maximum amount (se	e instructions)			1			
2	Total cost of section 1	79 property placed in service (see instructions).		<i>.</i>	2			
3	Threshold cost of sect	tion 179 property before reduction in limitation (se	e instructions)	[	3			
4	Reduction in limitation	. Subtract line 3 from line 2. If zero or less, enter -	0		4			
5								
6		(a) Description of property	(b) Cost (business use only)	(c) Elected cost		]		
						-		
7	Listed property. Enter	the amount from line 29	7			<del></del>		
8	Total elected cost of s	ection 179 property. Add amounts in column (c), I	nes 6 and 7		8			

Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . 

13	Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12   13	
Note	: Do not use Part II or Part III below for listed property. Instead, use Part V	
Par	t II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)	(See instructions.)
	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	. 14
15	Property subject to section 168(f)(1) election	. 15
16	Other depreciation (including ACRS)	. 16
Par	t III MACRS Depreciation (Do not include listed property.) (See instructions )	
	Section A	

	Section A		
17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	4,117.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	,	
	Section R — Assets Placed in Service During 2013 Tay Year Using the General Depreciation	System	

Section B	<ul> <li>Assets Placed</li> </ul>	in Service During 2013	Tax Year Using t	he General De	preciation Syste	m
(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
<b>b</b> 5-year property	79-1					
c 7-year property		1,065.	7.0 YRS	НҮ	200DB	152
d 10-year property					<u> </u>	
e 15-year property	] [ ] [ ]					
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental			27.5 yrs	MM	S/L	
property			27.5 yrs	MM	S/L	
l Nonresidential real			39 yrs	MM	S/L	
property				MM	S/L	
Section C -	Assets Placed in	Service During 2013 T	ax Year Using th	e Alternative D	epreciation Sys	tem
00 01 17		1			C / T	

property			MM	S/L	
Section C - As	ssets Placed in Service	During 2013 Tax Year Using the	Alternative	Depreciation Syste	m
20 a Class life				S/L	
<b>b</b> 12-year	,	12 yrs	_	S/L	
c 40-year		40 yrs	MM	S/L	_
Part IV Summary (See instr.	ictions )				

Pa	art IV Summary (See instructions.)		
21	Listed property. Enter amount from line 28	. 21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	. 22	4,269
23	For assets shown above and placed in service during the current year, enter		

the portion of the basis attributable to section 263A costs . . . . . . .

75-0906105

GRAYSON COUNTY FARM BUREAU

Pai		Property (Incom, or amusemen		es, certai	n other v	ehicles,	certain	com	outers,	and p	roperty	used for	r entertai	nment,		
	Note: Fo	or any vehicle fo	r which you are	using the	standar	d mileag	je rate o	r dec	ducting	lease	expens	e, comp	lete <b>onl</b> y	y 24a, 2	4b,	
		: (a) <i>through (c) c</i> n A — Deprecia								for lum	te for n		r automo	hiles \		
24	a Do you have evider				<u>`</u>		Yes						e written?		Yes	No
	(a)	(b)	(c)	use claime (d		· · · [	(e)			(f)		g)		<u> </u>		(i)
	Type of property	Date placed	Business/ investment	Cost other b	or	1	or deprecia ss/investm		Red	covery erlod	Me	thod/ rention	Depre	eciation uction	Ele	ected on 179
	(list vehicles first)	in service	percentage			` u	ise only)		<u> </u>		ļ	- Little	400			ost
25		ation allowance 50% in a qualifi										25			1 2 3	
26		more than 50% ii				<u> </u>	<u></u>	•••	· · · ·	<u></u>	<u> </u>	120			·	<del></del>
		ļ	ļ								-					
27	Property used 5	0% or less in a	unalified busines	ec lico.		<u> </u>										
	1 Toperty used 5	To the same at	qualified busifies	33 use.			<del></del>				T				14,	,,,
																*
															7, 14	73. I
28	(·),											28		100	753	<u> </u>
	Add amounts in	column (ı), line		ind on lin Section l							· · · <u>·</u>	<u></u>	· · · . ·	. 29		
Com	plete this section	for vehicles use								_	elated p	erson. It	f vou pro	vided ve	ehicles	
to yo	our employees, fi	rst answer the qu	uestions in Sect	on C to s	ee if you	meet a	n excep	tion t	o com	pleting	this se	ction for	those ve	ehicles		<del></del>
30	Total business/	investment miles	s driven	(a		(b) Vehic		١,	(c) 'ehicle	,	(d) Vehic		(e) Vehic		(f) Vehic	olo 6
-	during the year (do not include		Vehic	cie i	Venic	<u> </u>	<b>'</b>	enicie	3	venic	HE 4	venii		Verill		
31	•	es).														
32	_	sonal (noncomm	-													
														-		
33		en during the ye n 32														
	Ū			Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle	e available for pe	ersonal use													
35	Was the vehicle	e used primarily or related perso	by a more				-									
36	Is another vehic	·				···						•				
	<del>_</del>		C - Questions											-		
Ansv	wer these question	ons to determine	if you meet an estructions).	exception	to comp	oleting S	ection B	for v	ehicle	s used	by em	oloyees	who are	not mo	re than	
															Yes	No
37	Do you maintair	n a written policy ees?							ncludii	ng con	nmuting	·				
38	Do you maintair employees? Se	n a written policy e the instruction:	statement that s for vehicles us	prohibits ed by co	persona rporate d	l use of	vehicles directors	, exc	ept co 1% or	mmuti more (	ng, by y owners .	our 				
39	,	use of vehicles I		•												
40	Do you provide vehicles, and re	more than five v	rehicles to your etion received?.	employee	es, obtair	n informa	ation from	m yo	ur emp	oloyee	s about	the use	of the			
41	Do you meet the Note: If your an	e requirements of swer to 37, 38, 3	concerning quali 39, 40, or 41 is '	fied auto Yes,' do	mobile d	emonstr olete Sed	ation us ction B fo	e? (S or the	See ins	truction	ns.) hicles.					
Pa	rt VI Amort	ization														
	De	(a) scription of costs		Date an	( <b>b)</b> nortization egins		(C) Amortizabl amount	le		Co	d) de tion	Amo pe	(e) ortization eriod or centage	l .	(f) Amortization for this year	
42	Amortization of	costs that begin	s during your 20	)13 tax y	ear (see	instruction	ons):					1 - 50.		<u> </u>		
													1.			
43		f costs that bega	-										43	<del> </del>		
44	i otal. Add am	ounts in column	(i). See the insti	uctions t		120812 06		• •	• • • •	····	• • • •	<u>···</u>	1 44	F	orm 456	2 (2013)