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ENVELOPE POSTMARK DATE

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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.**

▸ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

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OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning Nov 1 **, 2016, and ending** Oct 31 **, 2017**

B Check if applicable: Address change; Name change

C Name of organization: GRAY-ROBERTS COUNTY FARM BUREAU

D Employer identification number: 75-1305571

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▸ $ 122,260.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

	Line	Description				Amount
REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	1,650.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	42,598.
	4	Investment income			4	2,916.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue			8	75,096.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▸			9	122,260.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)			10	36,635.
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	43,107.
	13	Professional fees and other payments to independent contractors			13	900.
	14	Occupancy, rent, utilities, and maintenance			14	14,726.
	15	Printing, publications, postage, and shipping			15	596.
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses			16	38,862.
	17	**Total expenses.** Add lines 10 through 16 ▸			17	134,826.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-12,566.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	285,636.
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▸			21	273,070.

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	190,566.	22	181,770.
23	Land and buildings	92,102.	23	88,996.
24	Other assets (describe in Schedule O) See L-24 Stmt	3,480.	24	2,880.
25	**Total assets**	286,148.	25	273,646.
26	**Total liabilities** (describe in Schedule O) See L-26 Stmt	512.	26	576.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	285,636.	27	273,070.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III X

What is the organization's primary exempt purpose? PROMOTING AGRICULTURE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)

28 SEE SCHEDULE O

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization

GRAY-ROBERTS COUNTY FARM BUREAU

Employer identification number

75-1305571

Pt III, Line 31 County Farm Bureau volunteers participate in matters dealing with legislation that affects agriculture.

County Farm Bureau volunteers help organize their members

Name of the organization	Employer identification number
GRAY-ROBERTS COUNTY FARM BUREAU	75-1305571

Other	Pt 1, Line 10- Purpose of Payment: Donation Class of Activity: Charitable Grantee's Name and Address: Miami Volunteer Fire Dept 214 N. Main Miami, TX 79059 Amount Given: $8,000
Other	Pt 1, Line 10- Purpose of Payment: Donation Class of Activity: Charitable Grantee's Name and Address: Hoover Volunteer Fire Dept P.O. Box 820 Pampa, TX 79066 Amount Given: $8,000