Form **990**

Return of Organization Exempt From Income Tax

2949318704708

2018

Open to Public

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.

Department of the Treasury Internal Revenue Service Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 2018, and ending For the 2018 calendar year, or tax year beginning . 20 D Employer identification number C Name of organization SMITH COUNTY FARM BUREAU В Check if applicable Doing business as 75-0911896 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 12208 HIGHWAY 31 W (903) 596-0690 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated TYLER, TX 75709 G Gross receipts \$ 403,532. Amended return F Name and address of principal officer Ħ(ā)jls this a group return for subordinates? ☐ Yes 🗵 No Application pending SAME ADDRESS AS "BOX C" ABOVE H(b) Are all subordinates included? Yes No MALCOLM WILLIAMS, If "No," attach a list (see instructions) **⊠** 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website: ▶ N/A 1954 M State of legal domicile TX Form of organization
☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ Part I Summary Briefly describe the organization's mission or most significant activities: To better the conditions and efficiency of Activities & Governance agricultural producers and promote a wholesome and desirable rural life through education, information, and other such programs. 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 10 6 Total number of volunteers (estimate if necessary) 18 Total unrelated business revenue from Part VIII, column (C), line 12 7a 200,036. Net unrelated business taxable income from Form 990-T, line 38 7b 67,283. Current Year Pnor Year 080 8 Contributions and grants (Part VIII, line 1h) . 158,440 168,650. Program service revenue (Part VIII, line 2g) 9 Investment income (Part VIII, column (A), lines 3, 4, and 3d) . JUIN . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e) 10 237. 316. 11 236,040. 234,566. Total revenue - add lines 8 through 11 (must equal Part VIII, column At line 12) 12 394,717 403,532. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 5,808 6,109 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 135,434 136,153. 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 213,816. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 191,193. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 332,435. 356,078. 62,282. 47,454. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 560,985. 570,652. 20 Total assets (Part X, line 16) 21 187,397. 149,610. Total liabilities (Part X, line 26) . . 22 Net assets or fund balances. Subtract line 21 from line 20 373,588. 421,042 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Date Sign ignature of officer Here PRESIDENT Type or print name and title Print/Type preparer's name Check I if Paid P01278523 self-employed Patrick Ehlers **Preparer** Firm's EIN ► 74-1145986 Firm's name ► Texas Farm Bureau **Use Only**

TX

X Yes No Form 990 (2018)

Phone no (254) 751-2337

Firm's address ▶ P.O. Box 2689, Waco,

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

Part		6 -3
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1 `	Briefly describe the organization's mission:	
	To better the conditions and efficiency of	
	agricultural producers and promote a wholesome and desirable rural life	
	through education, information, and other such programs.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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 measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	hers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Annual meeting	
	Held an annual meeting in which all members are invited. Purpose was to	
	discuss relative local, statewide, and national agricultural issues,	
	the importance of agriculture education, the business of the organization,	
	and current legislative issues as they relate to agriculture. Members	
	of the county farm bureau, county farm bureau staff, county farm bureau	
	voluntary leaders, Texas Farm Bureau staff and invited guests participated.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	Youth Livestock Show/Fair	
	Contributed to local youth livestock show/fair. Purposes of the show are to	
	promote responsibility, leadership skills, and interest in raising farm animals	
	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-h Clubs and FFA Chapters participate in this important event.	
		· · ·
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
70		
	State meetings	
	Volunteer Directors of the County Farm Bureau attended meetings	
	sponsored by Texas Farm Bureau, including its annual state convention.	
	at these meetings, various agricultural issues are discussed with similar	
	local volunteers from other county farm bureaus across the state. At the	
	Texas Farm Bureau annual convention, local county farm bureau leaders	
	from all over Texas voted on agricultural issues that these volunteers	
	would like Texas Farm Bureau and the volunteers to pursue on a	
	statewide level in the upcoming year.	
		·
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4	Total program service expenses.	

Form 990 (2018) Part IV **Checklist of Required Schedules**

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "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 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
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		×
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i>	12a	· · · · ·	×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	144		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
81	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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? ###################################	21		×

Part	Checklist of Required Schedules (continued)	_		
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		_×
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 any tax-exempt bonds?	24c 24d		
d oc-		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
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		×
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	ļ	×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
С	Schedule L, Part IV	28b		×
00	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	25		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		7 65	NO
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
•	reportable gaming (gambling) winnings to prize winners?	1c	$\overline{\mathbf{x}}$	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
			Yes	No
2a `	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	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 <i>e-file</i> (see instructions)			
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b_	×	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			١.,
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 5a		J
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	ł
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	×	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
d	required to file Form 8282?	70		
e	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		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ.,
9	Sponsoring organizations maintaining donor advised funds.			لـــــا
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		-
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	104		1
b	Enter the amount of reserves the organization is required to maintain by the states in which			
V	the organization is licensed to issue qualified health plans			
¢	Enter the amount of reserves on hand	{		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.	-		احجا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.	Form	gan	(2018)
		LOLL		(4010)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ins	structi	ons.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u> </u>	
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or	}		
	if the governing body delegated broad authority to an executive committee or similar	ļ		
	committee, explain in Schedule O.	.]
р	Enter the number of voting members included in line 1a, above, who are independent . 15	- ∤		-
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	لـــــا
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>×</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u>×</u>
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	l	
	one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	70		×
Ū	the year by the following:			
а	The governing body?	8a	×	
ь	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			لنــ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_ X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.0		
40	describe in Schedule O how this was done	12c		<u> </u>
13	Did the organization have a written whistleblower policy?	13		<u>×</u>
14	•	14	<u> </u>	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		_	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (Sec	tion 5	601(c)
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	>	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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 organize	ation nor any relate	d org	anız			ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	bos of directo	unles er an	Pos neck ss pe	rson	e than or is both or/trust employee employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MALCOLM WILLIAMS PRESIDENT	3.00	×		×				0.	0.	0.
(2) KACY MITCHELL VICE PRESIDENT	6.00	×		×				0.	0.	0.
(3) WILLIAM CROOK SEC TREAS	1.00	×		×				0.	0.	0.
(4) CLINT PERKINS DIRECTOR	10.00	×						0.	0.	0.
(5) MARK CHAMBLEE DIRECTOR	14.00	×						0.	0.	0.
(6) CHARLES RAND DIRECTOR	1.00	×						0.	0.	0.
(7) MARTIN FARNSWORTH DIRECTOR	1.00	×						0.	0.	0.
(8) JEFF WILLIAMS DIRECTOR	3.00	×						0.	0.	0.
(9) REX COULTER DIRECTOR	6.00	×						0.	0.	0.
(10) BOB CARTWRIGHT DIRECTOR	1.00	×						0.	0.	0.
(11) CHARLES TATE DIRECTOR	1.00	×			i			0.	0.	0.
(12) CHARLES PARMLEY DIRECTOR	4.00	×						0.	0.	0.
(13) CHAD GULLEY DIRECTOR	4.00	×						0.	0.	0.
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees	_		lighes	st C	ompensated E	mployees (co	ontinued)	
,	(A)	(B)			Pos		41		(D)	(E)		(F)
	Name and title	Average hours per	box, office	unies	s pe i a d	rson	than one than of the state of t	an tee)	Reportable compensation from	Reportable compensation f		Estimated amount of other
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	SC)	from the rganization in the rganization and related rganizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)						_			1			
(24)												
						_						
(24)												_
(25)			<u> </u>									
1b c d	Sub-total		n A					▶ ▶	0.		0.	0.
2	Total number of individuals (including bur reportable compensation from the organization)	t not limited						e) w	no received m	ore than \$10	0,000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	oloyee, or high	est compen		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of regreater the	portal an \$	ble (150,	com 000	npei)? <i>I</i> :	nsatio f "Ye.	on a s,"	ind other comp complete Sch	pensation from nedule J for 	such _	4 ×
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe compl	nsat 'ete	tion <i>Sch</i>	froi nedi	m any ule J t	un or s	irelated organiz	ation or indiv	vidual .	5 X
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) ensation
	Total number of independent contractor	ors (include	na hi	ıt n	ot I	lımıt	ed to) th	nose listed ab-	ove) who		
~	received more than \$100,000 of compens							- "	0			

Part	VIII		tatement of Revenue heck if Schedule O contains a response or note to any line in this Part VIII								
	•	Check if Schedule O	contains a res	oonse or note t	o any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514			
Contributions, Gifts, Grants and Otre: Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, g and similar amounts not inc	1b 1c 1d tributions) 1e ifts, grants, luded above 1f	168,400. 250		-					
lo de	g h	Noncash contributions includ Total. Add lines 1a–1			168,650.						
- B	- 13	Total. Add lines ra-r	<u> </u>	Business Code	100,030.	- ' ' ' '					
Program Service Revenue	2a b c d e f	All other program sen	vice revenue .								
	3	Total. Add lines 2a-2 Investment income						, wf			
	4	and other similar amo	ounts) t of tax-exempt be	▶ ond proceeds ▶	316.	0.	0.	316.			
	5	Royalties	() Pool	(ii) Personal							
	6a b	Gross rents Less rental expenses	(i) Real 54,000.	(II) Personal		r					
	C	Rental income or (loss)	54,000.	-	1 '	' -	1.1				
	d	Net rental income or	<u> </u>	>	54,000.	0.	23,220.	30,780.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
	b	Less, cost or other basis and sales expenses									
	C	Gain or (loss)									
e	d Ra	Net gain or (loss) . Gross income from fu	ındraising		1	ı.					
Other Revenue		events (not including \$ of contributions reported See Part IV, line 18	ed on line 1c).								
돌	b	Less: direct expenses	s b		1						
		Net income or (loss) f Gross income from ga See Part IV, line 19 .									
		Loss, direct expenses		L							
		Net income or (loss) f Gross sales of in returns and allowance	ventory, less		1 (4.17	,					
		Less: cost of goods s									
	С	Net income or (loss) f									
	ļ	Miscellaneous F		Business Code	1						
	11a	INSURANCE ACTI	VITY	524298	176,786.	0.	176,786.	0.			
	b	TFB AWARDS		900099	3,650.	0.	0.	3,650.			
	С	ANNUAL MEETING		900099	100.	0.	0.	100.			
	d				30.	0.	30.	0.			
	e	Total. Add lines 11a-		_	180,566.		200 036	24 046			
	12	Total revenue. See is	nstructions .	•	403,532.	0.	200,036.	34,846.			

	90 (2018)				Page 10
Par	Statement of Functional Expenses				
	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns. A	ll other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon-				
	ot include amounts reported on lines 6b, 7b, b, 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	5,109.	· · · · · · · · · · · · · · · · · · ·	3	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,000.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages	125,162.			
9	Other employee benefits	862.			
10	Payroll taxes	10,129.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	1,440.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,000.			
13	Office expenses	10,242.			
14	Information technology	10,2121			
15	Royalties				
16	Occupancy	62,637.			
17	Travel	15,789.		- "	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	8,517.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	14,865.			
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column			. , , ,	
	(A) amount, list line 24e expenses on Schedule O.)	1 198			e ser garage
а	STATE MEMBERSHIP DUES	86,305.	•		<u>-</u>
a b	COMMITTEE/CONTRACT SVC	1,715.		-	
C	OTHER EXPENSES	11,306.			<u></u>
d		11,300.			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	356,078.			
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)				

Part X Balance Sheet Beginning of year End of year 28,578. 50,168. 1 124,854. 2 148,775. 2 3 3 4 3. 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 Assets 7 7 8 Prepaid expenses and deferred charges . . . 8,510. 9 9,574. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 576,421. 192,696. 377,450. 383,725. 10b 10c Less: accumulated depreciation 11 Investments—publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 13 13 14 14 15 15 560,985. 570,652. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 10,087. 17 6,326. 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 177,310. 23 143,284. 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 187,397. 149,610. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗵 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 373,588. 421,042. 32 Retained earnings, endowment, accumulated income, or other funds . 32 421,042. 373,588. 33 33 570,652. 560,985. Total liabilities and net assets/fund balances Form **990** (2018)

Page	1	2
raye		_

-					3 –
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	03,5	32.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	<u>56,0</u>	78.
3	Revenue less expenses. Subtract line 2 from line 1	3		47,4	54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	73,5	88.
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	21,0	42.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın ı	n 🔄 🐒		2.2
	Schedule O.		-2		<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or 🥰	78,7	De es
	reviewed on a separate basis, consolidated basis, or both.		3	7 2	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a gran	15 Mg	
	separate basis, consolidated basis, or both:		3.5		¥. %
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		2		3.7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	? 2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ı	n 🍇	10.7	3.7
	Schedule O.		F. 30.2	33,3	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in		
	the Single Audit Act and OMB Circular A-133?		. 3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	لـــــا	
			Eam	000	(2010)

SCHEDULE D (Form 990)⁻

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

SMT	'H COUNTY FARM BUREAU		75-0911896
Par		vised Funds or Other Similar Fun	
	Complete if the organization answered		
	5	(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	r advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par		····	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space	_	
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easemen	ts	2b
c	Number of conservation easements on a certified		
ď	Number of conservation easements included in		
_			2d
3	Number of conservation easements modified, tran	sforred, released, extinguished, or terr	minated by the organization during the
	tax year ►	, , , , ,	
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcin	g conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(II)?		· · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	FAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under 5		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts rela-		
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art	t, historical treasures, or other similai	assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	<u> </u>	▶ \$

REV 11/12/18 PRO

Part	Organizations Maintaining C	Collections of	Art, His	torical 1	reasures, or	Other Similar F	Assets (continued)
	Using the organization's acquisition, accollection items (check all that apply):						
а	☐ Public exhibition		d	Loan	or exchange pr	ograms	
b	Scholarly research						
С	Preservation for future generations			_			
4	Provide a description of the organization	n's collections	and expla	ain how t	hey further the	organization's ex	empt purpose in Part
	XIII.		·		•	_	
5	During the year, did the organization s	olicit or receive	donation	s of art,	historical treasi	ures, or other sim	ular
	assets to be sold to raise funds rather the	han to be mainta	ained as p	oart of the	e organization's	collection? .	· Yes No
Part	V Escrow and Custodial Arran	gements.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?						
b	If "Yes," explain the arrangement in Par	t XIII and compl	ete the fo	llowing ta	able:		
		·		_			Amount
С	Beginning balance				[1c	
d	Additions during the year				-	1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount					dial account liabili	ity? ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par	t XIII. Check her	e if the ex	kplanatio	n has been prov	rided on Part XIII	🗆
Par	V Endowment Funds.						
	Complete if the organization a						
		(a) Current year	(b) Pri	or year	(c) Two years bad	k (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities and						
	programs						
f	Administrative expenses						,
g	End of year balance						
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.						
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
C	Temporarily restricted endowment ▶ %						
	The percentages on lines 2a, 2b, and 2d						
3a	Are there endowment funds not in the possession of the organization that are held and administered for the						
	organization by: Yes No						
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" on line 3a(II), are the related org						. 3b
4	Describe in Part XIII the intended uses of		on's endo	wment fo	unds.		
Parl							
	Complete if the organization a	inswered "Yes	" on For	m 990, F			0, Part X, line 10.
	Description of property	(a) Cost or of (investment)			or other basis ther)	(c) Accumulated depreciation	(d) Book value
1a	Land				70,107.		70,107.
b	Buildings				08,533.	118,788.	289,745.
С	Leasehold improvements				11,419.	61.	11,358.
d	Equipment				31,145.	28,545.	2,600.
e	Other				55,217.	45,302.	9,915.
Total	Add lines 1a through 1e. (Column (d) mi	et equal Form 9	90 Part	Column	(R) line 10c)	•	383,725.

Part VII	 Investments — Other Securities. Complete if the organization answ 	vered "Yes" on For	m 990. Part IV. lir	ne 11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	100 011101	(b) Book value	(c) Meti	hod of valuation -of-year market value
(1) Financia	I derivatives				
(2) Closely-	held equity interests				
(3) Other	•				
(A)					
	······				
(E) (F)	- <u></u>				
(G)		•••••			
(G) (H)				-	
	(b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments—Program Related				
T are viii	Complete if the organization answ		m 990. Part IV. lir	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	70.00 700 0111 01	(b) Book value		hod of valuation
	(a) becomplied of investment		(=, ===================================		of-year market value
(1)				<u> </u>	
(2)		,			
(3)					
(4)					-
(5)					•
(6)					·
(7)					
(8)					
(9)	·				
	(b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX	Other Assets.	rared "Vaa" on Far	m 000 Bort IV lin	a 11d Sac Form	000 Part V line 15
	Complete if the organization answ	Description	in 990, Part IV, III	e 11d. See Form	(b) Book value
(4)	, [64]	- Description			, a, a con ranco
(2)					• • • • • • • • • • • • • • • • • • •
(3)					
(4)	*	- .			
(5)	-	<u> </u>			
(6)		·			•
(7)				-	
(8)					
(9)					
Total. (Colu	ımn (b) must equal Form 990, Part X, co	l. (B) line 15)		•	
Part X	Other Liabilities.			4	
	Complete if the organization answ	vered "Yes" on For	m 990, Part IV, Iır	ne 11e or 11f. See	e Form 990, Part X,
	line 25.		· · · · · · · · · · · · · · · · · · ·	•	
1.	(a) Description of liability	(b) Book value			
	ncome taxes				
(2)					
(3)					
(4)					Territorial Design (1974)
(5)				PARTITION OF THE PARTY OF THE P	
(7)					Access the mails
(8)					
(9)					in the control of the control
	(b) must equal Form 990, Part X, col (B) line 25) ▶				
	r uncertain tax positions. In Part XIII, provid	de the text of the footn	ote to the organization	n's financial stateme	ents 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

Part	Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _ 1	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	_
С	Recoveries of prior year grants	2c	- ■ -
d	Other (Describe in Part XIII.)	t t	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 .	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c 5
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	Reconciliation of Expenses per Audited Financial Statem		er Return.
	Complete if the organization answered "Yes" on Form 990,		<u> </u>
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا	
a	Donated services and use of facilities	2a	-
b	Prior year adjustments	2b	<u> </u>
C	Other losses	2c	-{
d	Other (Describe in Part XIII.)		20
e	Add lines 2a through 2d		2e 3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1	i i i	3
4		4a	
a	Other (Describe in Part XIII.)		- 1266
h-		40	
b	,		40
С	Add lines 4a and 4b		
с 5	Add lines 4a and 4b		4c 5
c 5 Part	Add lines 4a and 4b	e 18)	5
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
5 Part	Add lines 4a and 4b	e 18) d 4; Part IV, lines 1b and 2	5 b; Part V, line 4, Part X, line
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SCHEDULE O (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.

20**18**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

75-0911896 SMITH COUNTY FARM BUREAU 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: Rex Coulter & Kacy Mitchell-family relationship Mark Chamblee & Bill Crook-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 the president prior to filing. and all directors review at the board meeting subsequent to its filing. Pt VI, Line 15: No officers or directors receive any compensation; therefore, no compensation review is needed. Pt VI, Line 19: The organization makes its Form 990 and any other required information available to the public upon specific request only.

Name of the organization	Employer identification number			
SMITH COUNTY FARM BUREAU	75-0911896			
Pt XII, Line 2a&b: While the financial statements are not compiled	oy 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.				
Pt III, Line 4d-Other Program Services: YOUTH LEADERSHIP CONFERENCE	-Sponsored			
student(s) to attend the Farm Bureau Youth Leadership Conference. The	ne purpose			
of the conference is to give selected high school students in Texas	a better			
understanding of the various forms of government and educate them on t	heir responsibilities			
as citizens. The conference runs three full days and includes lectur	res, discussions			
and films by outstanding authorities in government, history and econ	nomics. NATIONAL			
AFFAIRS MEETINGS-County Farm Bureau Directors attended meetings with	n national			
legislators as well as state legislators to explain how laws and rec	gulations			
impact agriculture and rural areas. AG IN THE CLASSROOM-County Farm	Bureau volunteers			
contributed their time and resources to an Agriculture in the Class	room Program.			
Using various specially developed materials (in conjunction with Tex	xas Farm Bureau),			
reachers around the state guide Texas students in grades 1 thru 6 in	n exploring			
various facets of food and fiber production in Texas. How agricultur	re contributes			
to the lifestyles of people throughout the world is also presented.	ADDITIONAL-Members			
of the County Farm Bureau are also members of Texas Farm Bureau, a s	statewide			
agricultural organization (exempt under 501 (c)(5)) that works for t	the betterment			
of agriculture and coordinates programs on a statewide basis. Member	rs of the			
County Farm Bureau are also member of the American Farm Bureau, a na	ational agricultural			
organization that also works for the betterment of agriculture. Cour	nty Farm Bureau			
volunteers also help organize their members into separate agricultur	cal commodity			
interests and participate in matters dealing with legislation that a	affects agriculture.			