

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning MAY 1, 2018 and ending APR 30, 2019

Form header section containing B (Check if applicable), C (Name of organization: PANHANDLE GRAIN AND FEED ASSOCIATION), D (Employer identification number: 75-0480525), E (Telephone number: (806) 655-0173), F (Group Exemption Number), G (Accounting Method: X Cash), I (Website: WWW.PANHANDLEGRAINANDFEED.ORG), J (Tax-exempt status: X 501(c)(6)), K (Form of organization: X Association), L (Total revenue: \$80,180).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 21 rows detailing Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes a 'RECEIVED' stamp from OGDEN, UT dated JUN 04 2019.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

SCANNED JUN 27 2019

Handwritten number 2

**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

|  | (A) Beginning of year |    | (B) End of year |
|--|-----------------------|----|-----------------|
| 22 Cash, savings, and investments  | 93,098.               | 22 | 111,639.        |
| 23 Land and buildings  |                       | 23 |                 |
| 24 Other assets (describe in Schedule O)                                       |                       | 24 |                 |
| 25 Total assets  | 93,098.               | 25 | 111,639.        |
| 26 Total liabilities (describe in Schedule O)                                  | 0.                    | 26 | 0.              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 93,098.               | 27 | 111,639.        |

**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

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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

|  |     |  |
|--|-----|--|
| 28 <u>SEE SCHEDULE O</u>   |     |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |  |
| 29   |     |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |  |
| 30   |     |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |  |
| 31 Other program services (describe in Schedule O)                                       |     |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |  |
| 32 Total program service expenses (add lines 28a through 31a)                            | 32  |  |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

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

| (a) Name and title        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|--|--|---|--|
| WES WEATHERLY             |  |  |   |  |
| PRESIDENT                 | 2.00   | 0.   | 0.  | 0.   |
| PETE DAHL                 |  |  |   |  |
| VICE PRESIDENT            | 2.00   | 0.   | 0.  | 0.   |
| STEPHANIE DAVIS           |  |  |   |  |
| SECRETARY/TREASURER       | 2.00   | 0.   | 0.  | 0.   |
| BRANDON DILLER            |  |  |   |  |
| VOLUNTEER COMMITTEE CHAIR | 2.00   | 0.   | 0.  | 0.   |
| TY DUNCAN                 |  |  |   |  |
| DIRECTOR                  | 2.00   | 0.   | 0.  | 0.   |
| MARY HAMILTON             |  |  |   |  |
| DIRECTOR                  | 2.00   | 0.   | 0.  | 0.   |
| AUSTIN HAYES              |  |  |   |  |
| DIRECTOR                  | 2.00   | 0.   | 0.  | 0.   |
| BRENDAN CAMEY             |  |  |   |  |
| DIRECTOR                  | 2.00   | 0.   | 0.  | 0.   |
| ADAM DURHAM               |  |  |   |  |
| DIRECTOR                  | 2.00   | 0.   | 0.  | 0.   |
| ANDREW DIXON              |  |  |   |  |
| DIRECTOR                  | 2.00   | 0.   | 0.  | 0.   |
| KELLY SANDERS             |  |  |   |  |
| DIRECTOR                  | 2.00   | 0.   | 0.  | 0.   |
| CURTIS MCGILL             |  |  |   |  |
| DIRECTOR                  | 2.00   | 0.   | 0.  | 0.   |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

Table with columns Yes and No. Rows 33-40e. Values: 33 (No), 34 (No), 35a (No), 35b (N/A), 35c (No), 36 (No), 37a (0), 37b (No), 38a (No), 38b (N/A), 39a (N/A), 39b (N/A), 40a (N/A), 40b (N/A), 40c (N/A), 40d (N/A), 40e (No)

Table with columns Yes and No. Rows 42b, 42c. Values: 42b (No), 42c (No)

Table with columns Yes and No. Rows 44a-45b. Values: 44a (No), 44b (No), 44c (No), 44d (No), 45a (No), 45b (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

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II  
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  
49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If "Yes," was the related organization a section 527 organization?  
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

|     |     |    |
|-----|-----|----|
|     | Yes | No |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| N/A                                 |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

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.

Sign Here  
 Signature of officer: *Walter E. Webb*  
 Date: 5/30/19  
 Type or print name and title: *Walter E. Webb*

Paid Preparer Use Only  
 Print/Type preparer's name: WALTER E. WEBB, CPA  
 Preparer's signature: *Walter E. Webb*  
 Date: 5/30/19  
 Check  if self-employed  
 PTIN: P00564222  
 Firm's name: STEWART MARTIN DUDLEY & WEBB P.C.  
 Firm's address: P.O. BOX 669 AMARILLO, TX 79105-0669  
 Firm's EIN: 75-2290093  
 Phone no.: 806-374-7576

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

PANHANDLE GRAIN AND FEED ASSOCIATION

Employer identification number

75-0480525

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

INTEREST INCOME

75.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: SOUTH PLAINS COLLEGE FOUNDATION

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: CLARENDON COLLEGE

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: WTAMU SCHOLARSHIPS

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: TEXAS TECH FOUNDATION

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: ENMU

AMOUNT GIVEN:

3,000.

Name of the organization

PANHANDLE GRAIN AND FEED ASSOCIATION

Employer identification number  
75-0480525

## ACTIVITY CLASSIFICATION:

GRANTEE NAME: HIGH PLAINS FOOD BANK

AMOUNT GIVEN: 1,000.

## ACTIVITY CLASSIFICATION:

GRANTEE NAME: CAL FARLEY BOYS RANCH

AMOUNT GIVEN: 1,000.

## ACTIVITY CLASSIFICATION:

GRANTEE NAME: SNACK PAK 4 KIDS

AMOUNT GIVEN: 1,000.

## ACTIVITY CLASSIFICATION:

GRANTEE NAME: SAMARA LAMBRIGHT

AMOUNT GIVEN: 500.

## ACTIVITY CLASSIFICATION:

GRANTEE NAME: SETH MURPHREE

AMOUNT GIVEN: 500.

## ACTIVITY CLASSIFICATION:

GRANTEE NAME: RYAN SMITH

AMOUNT GIVEN: 500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 19,500.

## FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

WEBSITE 2,858.

|                               |                                      |                                |            |
|-------------------------------|--------------------------------------|--------------------------------|------------|
| Name of the organization      | PANHANDLE GRAIN AND FEED ASSOCIATION | Employer identification number | 75-0480525 |
| NGFA DUES                     |                                      |                                | 600.       |
| INSURANCE                     |                                      |                                | 856.       |
| PAYPAL FEES                   |                                      |                                | 1,606.     |
| CONTINUING EDUCATION          |                                      |                                | 125.       |
| MEMBER FALL SOCIAL            |                                      |                                | 979.       |
| TOTAL TO FORM 990-EZ, LINE 16 |                                      |                                | 7,024.     |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - WE STRIVE TO EDUCATE AND ENLIGHTEN OUR MEMBERS, AS WELL AS THE PUBLIC, IN ALL MATTERS PERTAINING TO THE GRAIN AND FEED BUSINESS; TO CREATE CONFIDENCE OF THE PUBLIC IN BUSINESS ETHICS PERTAINING TO THE GRAIN AND FEED BUSINESS, AND TO GENERALLY CONDUCT A MUTUAL NON-PROFIT ASSOCIATION PERTAINING TO THE GRAIN, FEED, OR GRAIN BUSINESS, WITH NO PART OF THE EARNINGS TO INURE TO THE BENEFIT OF ANY INDIVIDUAL MEMBER OR SHAREHOLDER AND WITH NO PART OF THE REVENUES TO BE PAID IN DIVIDENDS EXCEPT UPON A DISSOLUTION OF THE CORPORATION.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

WE STRIVE TO EDUCATE AND ENLIGHTEN OUR MEMBERS, AS WELL AS THE PUBLIC, IN ALL MATTERS PERTAINING TO THE GRAIN AND FEED BUSINESS; TO CREATE CONFIDENCE OF THE PUBLIC IN BUSINESS ETHICS PERTAINING TO THE GRAIN AND FEED BUSINESS, AND TO GENERALLY CONDUCT A MUTUAL NON-PROFIT ASSOCIATION PERTAINING TO THE GRAIN, FEED, OR GRAIN BUSINESS, WITH NO PART OF THE EARNINGS TO INURE TO THE BENEFIT OF ANY INDIVIDUAL MEMBER OR SHAREHOLDER AND WITH NO PART OF THE REVENUES TO BE PAID IN DIVIDENDS EXCEPT UPON A DISSOLUTION OF THE CORPORATION.

Name of the organization

PANHANDLE GRAIN AND FEED ASSOCIATION

Employer identification number

75-0480525

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Multiple horizontal lines for additional information.



