

**Short Form**  
**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

A For the 2018 calendar year, or tax year beginning

7/1/2018

, and ending

6/30/2019

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

Butler County Farm Bureau Assoc.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

700 South Main Suite B

City or town

State

ZIP code

El Dorado

KS

67042

Foreign country name

Foreign province/state/county

Foreign postal code

OS

D Employer identification number

48-0561117

E Telephone number

316-320-3166

F Group Exemption  
Number

G Accounting Method

 Cash Accrual

Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c)(3)  501(c)( 5 ) (insert no)  4947(a)(1) or  527K Form of organization  Corporation  Trust  Association  Other

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

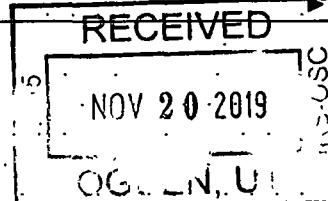
(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

69,732

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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 

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 7,450
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 55,575
	4 Investment income	4 6,707
	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 0
	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 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 0
2019	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 0
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 69,732
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10 1,000
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 46,207
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 7,150
	15 Printing, publications, postage, and shipping	15 151
	16 Other expenses (describe in Schedule O)	16 16,678
	17 Total expenses. Add lines 10 through 16	17 71,186
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,454
	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)	19 278,962
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 679
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 278,187



For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2018)

67

**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	277,842	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	3,239	24
25	Total assets	281,081	25
26	Total liabilities (describe in Schedule O)	2,119	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	278,962	27
			278,187

**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. What is the organization's primary exempt purpose? Educate/improve life quality

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 All activities offered to educate and/or improve quality of life for members.

Programs offered to all members include health, safety, citizenship, and marketing.

(Grants \$  If this amount includes foreign grants, check here ►  28a

29

(Grants \$  If this amount includes foreign grants, check here ►  29a

30

(Grants \$  If this amount includes foreign grants, check here ►  30a

31 Other program services (describe in Schedule O)

(Grants \$  If this amount includes foreign grants, check here ►  31a32 Total program service expenses. (add lines 28a through 31a) ►  32 0**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
Dean Good				
President	Hr/WK 00			
Zach Blair				
Vice-President	Hr/WK .00			
Michelle Black				
Sec/Treas	Hr/WK .00			
Caleb Allemand				
Board Member	Hr/WK 00			
Paul Glass				
Board Member	Hr/WK 00			
Ryan Locke				
Board Member	Hr/WK 00			
Debbie Marshall				
Board Member	Hr/WK .00			
Joni Showalter				
Board Member	Hr/WK .00			
Jeff Varner				
Board Member	Hr/WK 00			
	Hr/WK			

BO

**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 Schedule O to respond to any question in this Part V.

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 33  X

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 34  X

35 a 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)? 35a  X  
 b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b   
 c 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 35c  X

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 36  X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 37b  X  
 b Did the organization file Form 1120-POL for this year? 38a  X

38 a 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   
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations. Enter 39b

a Initiation fees and capital contributions included on line 9  
 b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ► 40b   
 b 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   
 c 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   
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e  X  
 e 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

42 a The organization's books are in care of ► Office Secretary Telephone no ► 316-320-3166  
 Located at ► 700 South Main Suite B City El Dorado ST KS ZIP + 4 ► 67042 42b  X

b 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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c  X

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 43

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 ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a  X  
 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b  X  
 c Did the organization receive any payments for indoor tanning services during the year? 44c  X  
 d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a  X  
 b 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 45b  X

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 Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a 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."

(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
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
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"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
Name	Str	
City	ST	ZIP
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		Date
	Signature of officer Zach Blair	
Type or print name and title		11-12-19

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address			Phone no	

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

Name of the organization

Butler County Farm Bureau Assoc.

**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

Employer identification number

48-0561117

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 363

Form 990-EZ, Part I, Line 16, Other Expenses 4-H Promotion: 1,300

Form 990-EZ, Part I, Line 16, Other Expenses Board Expense 1,646

Form 990-EZ, Part I, Line 16, Other Expenses Committees 1,226

Form 990-EZ, Part I, Line 16, Other Expenses Dues 513

Form 990-EZ, Part I, Line 16, Other Expenses Insurance Master Group Liability 663

Form 990-EZ, Part I, Line 16, Other Expenses Office Expense 757

Form 990-EZ, Part I, Line 16, Other Expenses Contributions 1,289

Form 990-EZ, Part I, Line 16, Other Expenses Bank Service Charges: 4

Form 990-EZ, Part I, Line 16, Other Expenses Safety Deposit Box: 36

Form 990-EZ, Part I, Line 16, Other Expenses Fair Expense 213

Form 990-EZ, Part I, Line 16, Other Expenses Insurance Liability 16

Form 990-EZ, Part I, Line 16, Other Expenses Insurance Personal Property 212

Form 990-EZ, Part I, Line 16, Other Expenses Subscriptions: 110

Form 990-EZ, Part I, Line 16, Other Expenses Taxes Sec of State 40

Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,620

Form 990-EZ, Part I, Line 16, Other Expenses Investment/Brokerage Fees 1,727

Form 990-EZ, Part I, Line 16, Other Expenses Meetings 4,800

Form 990-EZ, Part I, Line 16, Other Expenses Gifts and Flowers 143

Form 990-EZ, Part I, Line 20, Net Assets Unrealized Gain/Loss 679

Form 990-EZ, Part II, Line 24, Other Assets Equipment less accumulated depreciation.

Beginning of year 1,364, End of year 1,001

Form 990-EZ, Part II, Line 24, Other Assets Accounts receivable Beginning of year 1,875

End of year 1,725

Form 990-EZ, Part II, Line 26, Liabilities Accounts payable and accrued expenses Beginning

of year 2,119, End of year 2,375

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

Butler County Farm Bureau Assoc.

Employer identification number

48-0561117