

61-17

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

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	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	392,018	22	406,714
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,787	24	1,685
25 Total assets	394,805	25	408,399
26 Total liabilities (describe in Schedule O)	1,234	26	1,285
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	393,571	27	407,114

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	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 <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	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

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(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
Matthew Grabbe President	Hr/WK .00			
Nathan Staab Vice-President	Hr/WK .00			
Jason Schneider Sec/Treas	Hr/WK .00			
Shaelyn Akers Board Member	Hr/WK .00			
Laura Haffner Board Member	Hr/WK .00			
Martha McClelland Board Member	Hr/WK .00			
Audrey Werth Board Member	Hr/WK .00			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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. ☐

	Yes	No
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 _____		
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b _____		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a _____		
b Gross receipts, included on line 9, for public use of club facilities. 39b _____		
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 ▶ _____		
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.	40b	
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. ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶ _____		
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.	40e	X
41 List the states with which a copy of this return is filed. ▶ _____		
42 a The organization's books are in care of ▶ Office Secretary Telephone no. ▶ 785-628-2831		
Located at ▶ 2809 Hall Street City Hays ST KS ZIP + 4 ▶ 67601-0775		
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: ▶ _____	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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: ▶ _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> 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
45 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 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		
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- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

- 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	<i>Stephanie Eckroat</i>	9-18-19
	Signature of officer	Date
	<i>Stephanie Eckroat</i>	County Coordinator
	Type or print name and title	

Paid Preparer Use Only

Print/Type 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

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 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

Ellis County Farm Bureau Assoc.

Employer identification number

48-0584704

Form 990-EZ, Part I, Line 8, Other Revenue: Membership Awards: 550

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 2,268

Form 990-EZ, Part I, Line 16, Other Expenses: Vote FBF: 10

Form 990-EZ, Part I, Line 16, Other Expenses: 4-H Promotion: 250

Form 990-EZ, Part I, Line 16, Other Expenses: Collegiate FB Chapter: 189

Form 990-EZ, Part I, Line 16, Other Expenses: Gifts & Flowers: 175

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: Master Group Liability: 734

Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense: 592

Form 990-EZ, Part I, Line 16, Other Expenses: Contributions: 1,500

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

Form 990-EZ, Part I, Line 16, Other Expenses: Meals & Tips: 1,310

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 506

Form 990-EZ, Part I, Line 16, Other Expenses: Non-investment Depreciation: 173

Form 990-EZ, Part I, Line 16, Other Expenses: Committees: 7,550

Form 990-EZ, Part I, Line 16, Other Expenses: Meetings: 7,936

Form 990-EZ, Part I, Line 16, Other Expenses: Dues: 420

Form 990-EZ, Part I, Line 16, Other Expenses: Seminars: Capital Expenence: 232

Form 990-EZ, Part I, Line 16, Other Expenses: Fair Expense: 500

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

Beginning of year: 434, End of year: 261

Form 990-EZ, Part II, Line 24, Other Assets: Accounts receivable: Beginning of year: 2,353,

End of year: 1,424

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

of year: 1,234, End of year: 1,285

Form 990-EZ, Part III, Primary Exempt Purpose. To promote the development of the most

profitable and permanent system of agriculture; the most wholesome and satisfactory living

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

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

Name of the organization

Employer identification number

Ellis County Farm Bureau Assoc.

48-0584704

conditions, the highest ideals in home and community life and a general interest in the

business of farming and in rural life, and to encourage active citizenship responsibility in

local, state, national and international affairs.