

Form 990-EZ

# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Department of the Treasury  
Internal Revenue Service

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.

Open to Public  
Inspection

<b>A</b> For the 2018 calendar year, or tax year beginning	7/1/2018	, and ending	6/30/2019
<b>B</b> Check if applicable	<b>C</b> Name of organization		
<input type="checkbox"/> Address change	Cowley County Farm Bureau Assoc.		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	1200 Main, Box 635 Room/suite		
<input type="checkbox"/> Final return/terminated	City or town	State	ZIP code
<input type="checkbox"/> Amended return	Winfield	KS	67156
<input type="checkbox"/> Application pending	Foreign country name	Foreign province/state/county	Foreign postal code

**D** Employer identification number

48-0636214

**E** Telephone number

620-221-2091

**F** Group Exemption  
Number ►

<b>G</b> Accounting Method	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ►
<b>I</b> Website:	► N/A		

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

<b>J</b> Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) ( 5 )	► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
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K Form of organization  Corporation  Trust  Association  OtherL 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 ► \$ 70,693

**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 ►

1 Contributions, gifts, grants, and similar amounts received . . . . .	1	7,400
2 Program service revenue including government fees and contracts . . . . .	2	
3 Membership dues and assessments . . . . .	3	42,883
4 Investment income . . . . .	4	20,410
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 \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	
c Less direct expenses from gaming and fundraising events . . . . .	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0
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	70,693
10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	1,500
11 Benefits paid to or for members . . . . .	11	
12 Salaries, other compensation, and employee benefits . . . . .	12	41,838
13 Professional fees and other payments to independent contractors . . . . .	13	
14 Occupancy, rent, utilities, and maintenance . . . . .	14	12,079
15 Printing, publications, postage, and shipping . . . . .	15	125
16 Other expenses (describe in Schedule O) . . . . .	16	14,663
17 Total expenses. Add lines 10 through 16 . . . . .	17	70,205
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	488
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	325,406
20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	325,894

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2018)

2018 FORMS

Expenses

Net Assets

**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 . . . . .	296,684	22 299,280
23	Land and buildings . . . . .	27,582	23 27,284
24	Other assets (describe in Schedule O) . . . . .	3,792	24 1,987
25	<b>Total assets</b> . . . . .	328,058	25 328,551
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	2,652	26 2,657
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	325,406	27 325,894

**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  ►

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 

(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
Bradley Bryant President	Hr/WK 00			
Megan Pringle Vice-President	Hr/WK 00			
Sarah Bryant Treasurer	Hr/WK .00			
Beau Bailey Board Member	Hr/WK .00			
Justin Groom Board Member	Hr/WK .00			
Grady Martin Board Member	Hr/WK 00			
Jeffrey Wacker Board Member	Hr/WK 00			
	Hr/WK			



<b>Part V Other Information</b> (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.		<input type="checkbox"/>				
		<b>Yes</b>	<b>No</b>			
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. ► _____					
42 a	The organization's books are in care of ► Office Secretary	Telephone no. ► 620-221-2091				
	Located at ► 1200 Main	City Winfield	ST KS	ZIP + 4 ► 67156	<b>Yes</b>	<b>No</b>
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).	42b	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: ► _____	42c	X			
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 . . . . . ►

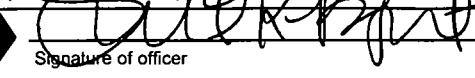
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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
	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 ►			Phone no
	Firm's address ►				

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

Cowley County Farm Bureau Assoc

Employer identification number

48-0636214

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising 345

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Service Charge 116

Form 990-EZ, Part I, Line 16, Other Expenses: 4-H Fair Prizes/Fair Expense 1,600

Form 990-EZ, Part I, Line 16, Other Expenses: Programs 7,083

Form 990-EZ, Part I, Line 16, Other Expenses: Dues-Chamber of Commerce 150

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance Master Group Liability 668

Form 990-EZ, Part I, Line 16, Other Expenses: Meetings 2,747

Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense 278

Form 990-EZ, Part I, Line 16, Other Expenses: Rent: Post Office Box: 147

Form 990-EZ, Part I, Line 16, Other Expenses: Board Meeting Food &amp; Supplies 510

Form 990-EZ, Part I, Line 16, Other Expenses: Interest Expense 3

Form 990-EZ, Part I, Line 16, Other Expenses: Safety Deposit Box: 15

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

Form 990-EZ, Part I, Line 16, Other Expenses: Subscriptions 54

Form 990-EZ, Part I, Line 16, Other Expenses: Taxes: Other: 85

Form 990-EZ, Part I, Line 16, Other Expenses: Taxes: Personal Property: 13

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

Form 990-EZ, Part I, Line 16, Other Expenses: Non-investment Depreciation: 309

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable: Beginning of year: 2,902

End of year 1,406

Form 990-EZ, Part II, Line 24, Other Assets: Laptop and Printer: Beginning of year 890, End

of year 581

Form 990-EZ, Part II, Line 26, Liabilities: Accounts Payable: Beginning of year 2,652, End of

year 2,657

Name of the organization

Cowley County Farm Bureau Assoc.

Employer identification number

48-0636214