Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

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

Dep Inte	artment o mal Rever	if the Treasury nue Service	► Go to www.irs.	gov/Form990 fo	or instructio	ns and th	ne latest in	formation.	1404	Inspe	ection
A	For the	2018 cale	ndar year, or tax year beginning	9-1		, 2018, a	nd ending	8-	31	, 20 19	
В	Check if	applicable	C Name of organization COMANCE	IE COUNTY FA	RM BUREA	U			D Employ	er identification	n number
		change	Doing business as							73-6100127	,
	Name cl	hange	Number and street (or P O box if n	nail is not delivere	d to street add	ress)	Room/suite	∍	E Telepho	one number	
$ \mathbf{V} $	initial ref	-	502 SOUTHWEST 11TH STREE	T			ı			580-353-517	'3
<u> </u>		ım/terminated									
	Amende	d return		G Gross r	eceipts \$	161,263.35					
	Applicat	ion pending	F Name and address of principal office	er KERRY G	IVENS	_		H(a) Is this a gr	oup return for	subordinates? \	Yes 🗸 No
			2640 SOUTHWEST COUNTY HI		E, OKLAHOI	MA 73527	16	1		es included? 🔲 1	_
ı	Tax-exe	mpt status	501(c)(3)				1 527	If "No	o," attach	a list (see instrui	ctions)
J	Website	: >						H(c) Group	exemption	number 🟲	1480
K	Form of	organization	✓ Corporation ☐ Trust ☐ Associ	ation 🔲 Other 🕨		L Yea	r of formatio	n 1942	M State	of legal domicil	e OK
P	art I	Summ	ary								
	1	Briefly de	escribe the organization's miss	sion or most s	ignificant a	ctivities:	IMPROV	ING THE LIV	VES OF I	RURAL OKLA	HOMANS.
9	ļ										
nan											
Ver	2	Check th	is box ▶☐ if the organization	discontinued	its operation	ns or dis	sposed of	more than	25% of	its net asset	s.
& Governance	3		of voting members of the gove			-			3		9
ತ	4		of independent voting membe	•		-	· · · · · · · · · · · · · · · · · · ·		4		9
itie	5		nber of individuals employed i	•	ar 2018 (Pa	rt V, line	2a) .		5_		0
Activities	6		nber of volunteers (estimate if	• •					6		
Ā	7a		elated business revenue from					•	7a		96,430 06
	b	Net unrel	ated business taxable income	from Form 99	90-T, line 38	3			7b		34,248 18
							 - -	Prior Yea	6,452.50	Current	
Revenue	8	Contributions and grants (Part VIII, line 1h)									31,491.50
	9	_	•				· -				
æ	10		nt income (Part VIII, column (A	-			· · -		1,382 79		2,016.79
	11		enue (Part VIII, column (A), line				·		8,554.00		109,494.10
_	12		nue-add lines 8 through 11 (r			ın (A), iin	e 12)	21	6,389.29		143,002 39
	13 14		and similar amounts paid (Part IX, column (A), lines 1–3)								16 730 00
	15		· · · · · · · · · · · · · · · · · · ·	to or for members (Part IX, column (A), line 4)							16,738 09
ses	16a										<u>51,713 20</u>
Expenses			aising expenses (Part IX, column (D), line 25) ▶							*********	nation Par
Ξ,			penses (Part IX, column (A), lin						1,110.22		72,150 27
			enses. Add lines 13-17 (must						3,345.41		140,601 56
			less expenses. Subtract line 1			EIVE	ED 1.7		3,043.88		2,400 83
ខ្ល							∄ e	ginning of Cur		End of	
a se	20	Total asse	ets (Part X, line 16) .	1	MAL B	1.4.20	20 · RT		9,175.15		768,389.98
Net Assets or und Balances			lities (Part X, line 26)	. 1	6	·	20		1,204 00		1,982.00
일본	22	Net assets	s or fund balances. Subtract I	ne 21 from lin	e 20 () Gr	SEN. L			7,971.15		770,371.98
Pa	rt II	Signate	ure Block								
			y, I declare that I have examined this r							ny knowledge a	nd belief, it is
true	, correct	, and comple	te Declaration of preparer (other than	officer) is based of	on all informati	on of which	n preparer h	as any knowle	age		
			engt fruing						<u>-6-20</u>	291	
Sig		Signa	ture of officer	cidanl				Date	•		
ler	е	Type		sidont							
			or print name and title e preparer's name	Preparer's signat	ure		Date		···	- PTIN	
Pai					. ,	1 _		ی سی	Check [#	
_	pare		WILSON	Jaum	711/0m	000	<u> </u>	-12-18	self-emp		
Jse	e Only			V					s EIN ►	73-0382	
/lav	the IR		this return with the preparer s		(see instru	ctions)		Phon	e no	405-523-2	2300 es
	Description And Nation And Nation 1997										
or Paperwork Reduction Act Notice, see the separate instructions.											
					7 0	_				187	γ
										6.85	
				_						-)	

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$





Part	Checklist of Required Schedules			
-			Yes	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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	1	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	1	
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	L	✓
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		1
12a	Schedule D, Parts XI and XII	12a		1
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	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
, p	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		✓
18	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? If "Yes," complete Schedule I, Parts I and II	21	1	√

Part	IV 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		1
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		1
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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
b	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	:	1
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		1
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 a	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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			- <u>`</u>
c	Schedule L, Part IV	28b		✓
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		7
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		1
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		<u>.</u>	
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		2	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.0	1255	

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	建	4.2	也过
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	ļ	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .		機能	I Co
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	<u> </u>
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	✓_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			ı
	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:	1.0	宣 章	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	THE STATE OF		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	√	April of Falls
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		Tarl	
_	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year	The same	<u> </u>	藝生成
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Pen.a	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	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	1.6.1		100
Ū	sponsoring organization have excess business holdings at any time during the year?	8	A STANKE AND A	383676
9	Sponsoring organizations maintaining donor advised funds.	建 编	2.3	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1	E TOTAL	
11	Section 501(c)(12) organizations. Enter:			. 4
а	Gross income from members or shareholders	2		
b	Gross income from other sources (Do not net amounts due or paid to other sources	2	1	
	against amounts due or received from them.)	24	L.	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	atau s live	N. Willes of
	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.	177	(基, 数)	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	15.74m3r	75. 15
	Note. See the instructions for additional information the organization must report on Schedule O.	A 1970	1	
	Enter the amount of reserves the organization is required to maintain by the states in which	1	100	. 9
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	### F	工工模型	形譜
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
	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	7. A. S. C.	r Bes
	If "Yes," see instructions and file Form 4720, Schedule N.	16	-	Ties C
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ta 1550	**************************************

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struct					
Secti	on A. Governing Body and Management							
	En la la companya de		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year . 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 committee, explain in Schedule O.	9	•					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	9	* .					
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		✓				
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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3 4	√	1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6		✓				
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 the year by the following:							
а	The governing body?	8a	√	ļ				
b	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		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	Yes					
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No 🗸				
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	108		 •				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	-/					
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7. Ta						
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		V				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		✓				
14	Did the organization have a written document retention and destruction policy?	14		✓				
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?	,,	, ₁					
a	The organization's CEO, Executive Director, or top management official	15a		 ✓				
Ь	Other officers or key employees of the organization	15b	-	√				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			E				
b	with a taxable entity during the year?	16a						
	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		4				
Secti	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ OKLAHOMA							
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. 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	•					

_		7
۲a	αe	•

Form		

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

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 employee."
- 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 organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ated any curren	it officer, directo	r, or trustee
				(4	C)					
(A)	(B)	ĺ			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per	office	er an			or/trus		compensation	compensation from	
	week (list any hours for	Individual trustee or director	l _s	9	6	a F	5	from the	related organizations	other compensation
	related	d d	Ē	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	[달=	iona		횽	8 6	`	(W-2/1099-MISC)		organization and related
	line)	rus	1		yee	mpe				organizations
		e	Institutional trustee		l	Highest compensated employee				
						e a	ļ			
(1) Kerry Givens	1 1									
President	† <u>-</u>	1		1			İ			
(2) Damon Doye	1									
Vice - President		1		✓						•
(3) Russell Krız	1									
Secretary		✓		✓						
(4) Adam Bohl	1									
Treasurer		✓		✓			Ĺ.,			<u></u>
(5) Wayne Kıser	11									
<u>Director</u>		✓								<u></u> _
(6) Cody Barrington	1 1					,				
Director		✓								
(7) Isaac Fisher	11	,				1				
Director	ļ									
(8) Don Fisher	1									
Director	<u> </u>	✓			\dashv		_			
(9) Benny Taylor	11	/								
Director (10)		- 		\dashv						
(10)										
(11)										
			_	_			_			
(12)		ł	ł	1		1			ł	
(13)		\dashv		\dashv	\dashv		\dashv	- 		
·		ļ		ļ]		j		
(14)				╗	1					
	1	i	- 1	- 1	- 1		- 1		1	

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	b office individua	unles	Pos neck ss pe	rson	than of the state	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportal compensatio related organizati (W-2/1099-i	on from	(F) Estimated amount of other compensation from the organization and related
		line)	trustee	al trustee		yee	mpensated					organizations
(15)												
(16)												
(17)												
(18)												
(19)												
(20)			-							-		
(21)							·					
(22)											1	
(23)												
(24)												
(25)				\dashv		\dashv		\dashv				
1b	Sub-total						.	•		_	-	
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•			•		. !					
2	Total number of individuals (including but reportable compensation from the organization)			_		ed a	bove) wł	no received mo	ore than \$1	00,000	of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S							mpi	loyee, or high	est compe	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	lıvıdual 	5 1
Section 1	on B. Independent Contractors Complete this table for your five highest of	ompensate	ad ind		nde	nt c	ontra		ure that receive	d more the	n \$100	000 of
	compensation from the organization. Rep year.											
	(A) Name and business addr	ess							(B) Description of se	ervices	((C) Compensation
						-						
2	Total number of independent contractor received more than \$100,000 of compensations.							tho	ose listed abo	ve) who	10 P	

Par	Part VIII Statement of Revenue									
D-8-29/1991	in the second	Check if Schedule C	contains a res	ponse or note			· · · · · · · · · · · · · · · · · · ·	(D)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) . Unrelated business revenue	Revenue excluded from tax under sections 512–514		
s, Grants Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	1b	31,491 50						
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (cor All other contributions, g	ntributions) 1e							
Contributions, and Other Sim	g h	and similar amounts not inc Noncash contributions includ Total. Add lines 1a-1	ted in lines 1a–1f. \$	<u> </u>	31,491.50					
evenue	2a b			Business Code						
Program Service Revenue	c d									
Program	e f g	All other program ser Total. Add lines 2a-2								
	3	Investment income and other similar amount income from investment	ounts)	· •	2,016.79		, .	2,016.79		
,	5 6a	Gross rents	(i) Real 31,325.00	(II) Personal						
	b c d	Less' rental expenses Rental income or (loss) Net rental income or	18,260.96 13,064.04 (loss)		13,064.04	13,064 04				
	.7a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other						
	c	and sales expenses . Gain or (loss) . Net gain or (loss) .								
enne	8a	Gross income from fuevents (not including \$	ındraising							
Other Revenu		of contributions reporte See Part IV, line 18 .	ed on line 1c).							
Ō	ь с 9а	Less. direct expenses Net income or (loss) for Gross income from ga	rom fundraising							
	b c	See Part IV, line 19 Less: direct expenses Net income or (loss) fi								
	10a	Gross sales of in returns and allowance	ventory, less es a							
	b	Less: cost of goods so Net income or (loss) fr Miscellaneous Ro	om sales of inve	entory ► Business Code						
	11a b c	OFFICE COMMISSIONS OFFICE COMMISSIONS SALARY REIMBURSTM		524113 524126 524126	11,985 67 74,925 89 9,518.50		11,985.67 74,925.89 9,518.50			
	d e 12	All other revenue Total. Add lines 11a- Total revenue. See in	11d		96,430 06		96 430 06			

Part IX Statement of Functional Expenses

	on 501(0)(2) and 501(0)(4) organizations must be		All ather areas as		,
Secu	on 501(c)(3) and 501(c)(4) organizations must co				
<u> </u>	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,			· · · · · · · · · · · · · · · · · · ·	,
	b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		 	1	PROPERTY OF THE PROPERTY OF TH
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign		 	ALTO CONTRACTOR OF THE STATE OF	品数据
·	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 .				
4	Benefits paid to or for members	16,738.09	3	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
5	Compensation of current officers, directors,	10,750.00		を できる	Market State
	trustees, and key employees				i
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1	Ì		
7	Other salaries and wages	48,093.00)	<u> </u>	
8	Pension plan accruals and contributions (include	10,000.00	1		```
	section 401(k) and 403(b) employer contributions)	1			
9	Other employee benefits				
10	Payroll taxes	3,620.20			
11 '	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	420.00)		
d	Lobbying		Valid to drive the County market	The State Hands of State and Assessment of State and Sta	<u> </u>
е	Professional fundraising services See Part IV, line 17		经验证据明 6年		
f	Investment management fees	,		-	
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	5,566.52			
13	Office expenses	26,227.51	<u> </u>		
14 15	Information technology ,				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,243 74			
23	Insurance	6,266.95	7.77		
24	Other expenses. Itemize expenses not covered	建筑。	建筑建筑		
	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.)			建产工作的	
а	POSTAGE	2,355 06	_		
b	CHARITABLE CONTRIBUTIONS	2,335.25			
C	FEDERAL TAX	9,685.24			
d	STATE TAX	3,050.00	7		·
е 05	All other expenses Total functional expenses. Add lines 1 through 24e				
25	Joint costs. Complete this line only if the	140,601.56			
26	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)	•			•

L P	art X			-		
		Check if Schedule O contains a response o	r note to any line in this P	art X		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		173,206.00	1	176,512.07
	2	Savings and temporary cash investments		359,757.41	2	361,133 20
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L	· · · · · · · · · · · · · · · · · · ·		5	
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ai sponsoring organizations of section 501(c)(9) volur organizations (see instructions) Complete Part II of Sche	nd contributing employers and ntary employees' beneficiary		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		500 00	9	12,600 00
	10a	Land, buildings, and equipment: cost or			1	特定公司
		other basis. Complete Part VI of Schedule D	10a 550,942.21			
	b	Less: accumulated depreciation	10b 332,797.56	249,166.63	10c	218,144 65
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line			12	
	13	Investments-program-related See Part IV, line			13	·
	14	Intangible assets		<u> </u>	14	·
	15	Other assets. See Part IV, line 11			15	·
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	734,927.27	16	768,389.98
	17	Accounts payable and accrued expenses .			17	
	18 19	Grants payable		<u> </u>	18 19	· · · · · · · · · · · · · · · · · · ·
	20				20	
ĺ	21	Tax-exempt bond liabilities			21	
ွှ	22	Loans and other payables to current and for			250K	
Liabilities	22	trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu	sated employees, and		22	
ا تـّــ	23	Secured mortgages and notes payable to unrela	ted third parties .		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,204.00	26	-1,982.00
seo		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and	, check here ▶ 🔲 and			
<u>e</u>	27	Unrestricted net assets		Annual Control of the	27	The state of the s
Ba	28	Temporarily restricted net assets			28	
밀		Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	8), check here ► 🔲 and			
ಕ್ಟ್	30	Capital stock or trust principal, or current funds		AND THE PROPERTY OF THE PROPER	30	
SS		Paid-in or capital surplus, or land, building, or eq			31	· ·
ا ک		Retained earnings, endowment, accumulated inc		767,971 15	32	770,371.98
		Total net assets or fund balances			33	770,371.98
	34	Total liabilities and net assets/fund balances .	<u> </u>	769,175.15	34	768,389,98 Form 990 (2018)

	(2018)	

TOITIE	90 (2016)			P.	age 12
Par	t XI Reconciliation of Net Assets		,		
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		143,	002.39
2	Total expenses (must equal Part IX, column (A), line 25)	2		140,	601.56
3	Revenue less expenses. Subtract line 2 from line 1	3		2,	400.83
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		767,	971,15
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		770,	371.98
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·			
			,	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			7	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır			40
	Schedule O.		3.55	(G.	
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 com-	piled or	\$	2.7	-
	reviewed on a separate basis, consolidated basis, or both:				On A
_	Separate basis Consolidated basis Both consolidated and separate basis			2.2	MA
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			4. 人员
	separate basis, consolidated basis, or both:			£	
	Separate basis Consolidated basis Both consolidated and separate basis		4	2.	4.5
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o		4		
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c	naterial	0.12004.0
	If the organization changed either its oversight process or selection process during the tax year, exschedule O	plain in	3.5		2
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	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		1 1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b	لييبا	
			_	$\alpha \alpha \alpha$	(0040)

.

Form **990** (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Section 527 organizations Complete Part I-A only

	=	s," on Form 990, Part IV, line 4, or Fo			
		s that have NOT filed Form 5768 (election div			
		s," on Form 990, Part IV, line 5 (Prox		* **	
	see separate instructions),		y raxy (occ ocpuia		, ·, · , · ,
• Se	ection 501(c)(4), (5), or (6) org	anizations: Complete Part III			
Name	of organization			Employer ide	entification number
COMA	NCHE COUNTY FARM BUF				73-6100127
Part	I-A Complete if the	e organization is exempt und	er section 501	(c) or is a section 527	organization.
1	Provide a description of definition of "political ca	of the organization's direct and in mpaign activities")	direct political ca	ampaign activities in Pa	rt IV. (see instructions for
2	Political campaign activi	ty expenditures (see instructions)		. . ▶	\$
3		ical campaign activities (see instruc	ctions)	<u> </u>	
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	ation under sectio	n 4955 ▶	\$
2		excise tax incurred by organization	-		\$
3		ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part		504/	-\	4/-\(0\)
Part		e organization is exempt und	············	<u></u>	1(C)(3).
1	activities	tly expended by the filing organiz		▶ ;	\$
2	527 exempt function act	e filing organization's funds contrib		 .	B
3	Total exempt function line 17b	expenditures. Add lines 1 and 2	Enter here and	on Form 1120-POL, ▶	B
4	Did the filing organization	n file Form 1120-POL for this year	?		. Yes No
5	organization made paym the amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organded delivered to a separated	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)				-	
(4)					
(5)					
(6)					

Pa	irt II-A	Complete if the organiza section 501(h)).	tion is exempt	under section 5	01(c)(3) and file	d Form 5768 (el	ection under
A	Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).						
В	Check ►	If the filing organization ch	ecked box A and	"limited control" p	rovisions apply.		
		Limits on Lo "The term "expenditures"	bbying Expendit means amounts		.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lo	obbying expenditures to influer	nce public opinion	(grass roots lobby	yıng)		
	b Total lo	obbying expenditures to influer	nce a legislative bo	ody (direct lobbyin	g)		
	c Total lo	obbying expenditures (add line	s 1a and 1b) .				
	d Other e	exempt purpose expenditures					
		xempt purpose expenditures (a		,			
	f Lobbyi column	ng nontaxable amount. Ente	er the amount fi	rom the following	g table in both		
	If the ar	nount on line 1e, column (a) or (b	is: The lobbying	nontaxable amoun	t is:		
	Not ove	r \$500,000	20% of the an	nount on line 1e	•		
		00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1	,000,000 but not over \$1,500,000		10% of the excess			
		,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000		
		7,000,000	\$1,000,000				
	-	oots nontaxable amount (enter	•				
		ct line 1g from line 1a. If zero o					
		ct line 1f from line 1c. If zero or	•				
		e is an amount other than ze ng section 4911 tax for this ye	ar?				Yes No
	(Som	e organizations that made a	section 501(h) ele	Period Under Sec ection do not hav ructions for lines	e to complete all	of the five columi	ns below.
	,	Lobbyi	ng Expenditures	During 4-Year Av	veraging Period	T	
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	a Lobbyii	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total lo	bbying expenditures	·				
	d Grassro	oots nontaxable amount			,		
		oots ceiling amount of line 2d, column (e))					
1	f Grassro	oots lobbying expenditures	1				

Schedule C (Form 990 or 990-EZ) 2018

	(election under section 501(h)).		a)	(b)	
	each "Yes," response on lines 1a through 1ı below, provide ın Part IV a detailed in part IV a detailed in ption of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	4 4 7 6 1			
а	Volunteers?			و باین م	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?			The Country of the Land Country of the Country of t	
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912	* 3.	•		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		ر. شهست		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			10 A	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), c	or se	ction	
				Yes No	
1	Were substantially all (90% or more) dues received nondeductible by members?			1 /	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 🗸	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	orior y	year?	3 🗸	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes." Dues, assessments and similar amounts from members	? (b)	Part	. III-A, line 3, is	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of	••		
2	political expenses for which the section 527(f) tax was paid).	١,	Ţ.,		
а	Current year	ł	2a		
b	Carryover from last year	·	2b		
c	Total	. 1	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t	he i			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi		ř٠.		
	and political expenditure next year?	. {	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	. [5		
Part	IV Supplemental Information				
	e the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list), Par	t II-A, lines 1 and	
••••					
·			 -		

	rm 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
		,
		r
	·	

SCHEDULE D (Form 990)·

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
СОМ	NCHE COUNTY FARM BUREAU		73-6100127
	t I Organizations Maintaining Donor Ad		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(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	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, a	_	
_	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or fo	or any other purpose
Pa	t II Conservation Easements.		
	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		a historically important land area
	Protection of natural habitat	<u> </u>	a certified historic structure
	Preservation of open space		a dominio motorio diladiaro
2	Complete lines 2a through 2d if the organization he	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		2a
b	Total acreage restricted by conservation easement	te	
c	Number of conservation easements on a certified I		2c
d	Number of conservation easements included in		
	historic structure listed in the National Register .		· 2d
3	Number of conservation easements modified, trans		
	tax year ►	oronou, roiouoou, examgaionou, er tem	mated by the organization during the
4	Number of states where property subject to conse	nvation easement is located ▶	
5	Does the organization have a written policy re		pection handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, insper		- -
•	Land volunteer riburs devoted to monitoring, insper	cting, nationing of violations, and emotions	g conscivation casemonts daming the year
7	Amount of expenses incurred in monitoring, inspecting	ng handling of violations, and enforcing of	conservation easements during the year
•	>\$	ig, nationing of violations, and emoloting t	onservation casements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(II)?		· · · · · · · · Yes · · No
9	In Part XIII, describe how the organization reports of		—
3	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		area datement that describes the
Par			Other Similar Assets
1 211	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	Other Ommar Assets.
1a	If the organization elected, as permitted under SF		revenue statement and balance sheet
16	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the fe	· · · · · · · · · · · · · · · · · · ·	
b	If the organization elected, as permitted under SI		
D	works of art, historical treasures, or other similar	The state of the s	
	public service, provide the following amounts relati		doubler, or research in furtherance of
			▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · •
2	If the organization received or held works of art,	historical treasures or other similar	assets for financial dain, provide the
2	following amounts required to be reported under SI		
_			
a	Revenue included on Form 990, Part VIII, line 1 .		\$

Par	Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	ords, chec	k any of t	he follo	wing that are a	signific	cant us	se of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	grams			
b	☐ Scholarly research		е	☐ Other	,					
С	☐ Preservation for future generation:									
4	Provide a description of the organiza XIII.	tion's collections	and exp	aın how ti	hey furthe	r the or	ganızatıon's ex	empt p	urpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather	r than to be maint							Yes	□ No
Par	Complete if the organization 990, Part X, line 21.		s" on Fo	rm 990, F	Part IV, lin	e 9, or	reported an a	amount	t on Fo	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?						r other assets		Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing ta	able:			Amoun	it	-
С	Beginning balance					10	;			
d	Additions during the year					10	i			
е	Distributions during the year					16	•			
f	Ending balance					11				
2a	Did the organization include an amou									☐ No
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanation	n has been	provid	ed on Part XIII			
Par	t V Endowment Funds.									
	Complete if the organization									
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years ba	ick (e)	Four yea	rs back
1a	Beginning of year balance									
b	Contributions		ļ							
С	Net investment earnings, gains, and losses									
d	Grants or scholarships							. [
е	Other expenditures for facilities and programs		\							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t			e (line 1g,	column (a	a)) held	as:			
а	Board designated or quasi-endowmer	nt ▶	%							
b	Permanent endowment ▶	<u></u> %								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and									
За	Are there endowment funds not in the	e possession of the	ne organi	zation tha	t are held	and ad	ministered for	the		
	organization by:							_	_	s No
	(i) unrelated organizations							3a	_	
	(ii) related organizations								(ii)	
b	If "Yes" on line 3a(ii), are the related of	•	•					. 3	<u>b </u>	
4	Describe in Part XIII the intended uses		on's endo	owment fu	inds.					
Par										
	Complete if the organization									
	Description of property	(a) Cost or of (investm		(ot	other basis her)	de	Accumulated epreciation	(d)	Book val	lue
1a	Land				100,000.00	4 4			100	,000.00
b	Buildings			1	411,740.03		296,980.58		114	,759 45
c	Leasehold improvements		-							
d	Equipment				39,202.18		35,816.98		3	,385.20
<u>e</u>	Other	·	00.5		(D)	<u></u>				
Entai	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90 Parti	x column	(K) line 16	IC 1	▶		210	144 65

Part VII	Investments—Other Securities Complete if the organization ans		rm 000 Port IV lir	o 11h Soo Form	990 Part V line 12
	(a) Description of security or catego				thod of valuation
	(including name of security)	ry 	(b) Book value		l-of-year market value
(1) Financial	derivatives				
	neld equity interests				·
(3) Other			ļ	<u> </u>	
(A)				ļ	
(B)					• •
(C)				 	
(D) (E)	•		<u> </u>	 	
(F)				 	
(G) ·				 	—
(H)		,		 	· · · · · · · · · · · · · · · · · · ·
	b) must equal Form 990, Part X, col. (B) line 12)				
Part VIII	Investments—Program Relate			Trace as well all all all all all all all all all	1
-	Complete if the organization ans		m 990. Part IV. lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation
		•		Cost or end	-of-year market value
(1)	-				. ,
(2)	· · · · · · · · · · · · · · · · · · ·				
(3)					
(4)					· · · · · · · · · · · · · · · · · · ·
(5)	·				
(6)			<u> </u>		
_(7)					
(8)					
(9)	15 000 0 11/ 1/01/		 	SHALL SERVICE OF COURSE SERVICE	MARKET - ADMINISTER & STATEMENT PROSPERIOR CONTROL OF THE PARTY OF THE
	o) must equal Form 990, Part X, col (B) line 13)			国的民族的对抗人的情况	
Part IX	Other Assets. Complete if the organization ans	wordd "Voc" on For	m 000 Part IV lin	e 11d See Form	000 Part Y line 15
		a) Description	ili 330, Fait IV, III	le Tru. See Form	(b) Book value
(1)					
`(2)			· · · · · · · · · · · · · · · · · · ·		
(3)					
(4) /					
(5)					
(6)					
(7)					
(8)					
(9)			<u></u>		
	nn (b) must equal Form 990, Part X, c	ol (B) line 15)	· ·_ · · ·	<u></u> ▶	<u> </u>
Part X	Other Liabilities.	, ,,,, ,,			
	Complete if the organization ans	wered "Yes" on Fori	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
•	line 25.		STREET WASH MARKET	50'4 PTM-01-41858TPW-VF2-13611-7765	determine vermenter et de swerting de son
1. (1) Federal in	(a) Description of liability	(b) Book value			
	come taxes				
(2)	·				
(4)					
(5)					
(6)		,			
(7)					
(8)		•			
(9)					
	must equal Form 990, Part X, col (B) line 25)				
2. Liability for	uncertain tax positions. In Part XIII, provi	de the text of the footno	te to the organization	's financial statemer	its 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

Par		Reconciliation of Revenue per Audited Financial Statema Complete if the organization answered "Yes" on Form 990, I		Return.
1		evenue, gains, and other support per audited financial statements		11
2		ts included on line 1 but not on Form 990, Part VIII, line 12.		(MEXAGORE)
		· · · · · · · · · · · · · · · · · · ·		
a		realized gains (losses) on investments	2a	
b		d services and use of facilities	2b	
C		ries of prior year grants	2c	
d		Describe in Part XIII.)	2d	14. A 44-1
е		es 2a through 2d		2e
3		et line 2e from line 1		3
4		ts included on Form 990, Part VIII, line 12, but not on line 1:		
а		nent expenses not included on Form 990, Part VIII, line 7b	4a	
b	•	Describe in Part XIII.)	4b	
С		es 4a and 4b		4c
5		venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	C	Reconciliation of Expenses per Audited Financial Statem Complete of the organization answered "Yes" on Form 990, F	Part IV, line 12a.	er Return.
1	Total ex	penses and losses per audited financial statements		1
2	Amount	s included on line 1 but not on Form 990, Part IX, line 25:	_	
а	Donated	d services and use of facilities	2a	
b	Prior yea	ar adjustments	2b	
С	Other lo	sses	2c	
d	Other (D	Describe in Part XIII.)	2d	
е				2e
3		t line 2e from line 1		3
4		s included on Form 990, Part IX, line 25, but not on line 1:	1	757
а		ent expenses not included on Form 990, Part VIII, line 7b	4a	
b		Describe in Part XIII.)	4b	
C		es 4a and 4b		4c
5		penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5
Part		upplemental Information.		
		scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	o provide any additional in	formation

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.

2018

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number

Comanche County Farm Bureau	73-6100127
The Organization does not have stockholders but it does have members. There are two types of mem	,
the other is a Voting member. An Associate member includes someone who runs or operates a farm b	
income is less than half their total income. An Associate member also includes someone working in A	grıbusiness Someone who is not
directly related to Agriculture is an Associate member. Lastly, an Associate member can hold thier me	mbership through a church, FFA
chapter, an association, or by a corporation not producing agriculture products. A Voting member car	be a family that gets the majority of
its average gross income from the sale of agricultural products. A Voting member can also be held by	a retired agricultural person living on
an income or social security accrued and not employed full time in another occupation. A Voting mem	ber can also be held by a partnership
or corporation receiving the majority of income for the sale of agricultural products.	
,	
	,
	·····
·	·
	,
	. ,

Name of the organiz	ation		Employer identification number
Comanche Coun	ty Farm Bureau		73-6100127
Date	Activity	Participants	Hours
Sept. 2018	Annual Meeting	All Board Members	8 Hours
Sept. 1- May 19	Regular Meeting	All Board Members	18 Hours
Sept. 18 - May 19	Women's Regular Meeting	All Members	, 18 Hours
Oct. 2018	Women's Conference	2 Members	2 Days
Oct. 2018	FireHouse Safety	Debbie Givens	5 Days
Oct. 2018	Sponsored Essay Contest	All Members	2 Hours
Nov. 2018	State Convention	All Board Members & WC	3 Days
Nov. 2018	Health & Safety Poster Contest	All Members	2 Hours
Dec. 2018	Legislative Dinner	All Board Members & WC	5 Hours
eb 2019	Eddie Eagle Gun Safety	All Members	4 Hours
eb. 2019	Stock Show	All Board Members	8 Hours
eb. 2019	Farm Bureau Week	All Board Members	4 Hours
Mar 2019	Drivers Safety	Debbie Givens & Georgia Doye	8 Hours
Mar 2019	State Leadership Conference	Kerry Givens	6 Hours
May 2019	Held Women's Day	All Members	5 Hours
May 2019	Trip to Capitol	5 Board Members & R Mitchell	8 Hours
uly - Aug. 2019	Regular Meeting	All Board Members	6 Hours
luly-Aug 19	Regular Meeting	All Members	6 Hours