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Form 990-EZ

Short Form 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 1545-1150 2018

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

1900

For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19 Check if applicable C Name of organization D Employer identification number Address change 45-0235538 Name change GRAND FORKS COUNTY FARM BUREAU Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 220 16TH STREET NE 701-741-3173 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Group Exemption REYNOLDS Application pending 58275 Number > X Cash Accounting Method Accrual Other (specify) ▶ Check ▶ X if the organization is not N/A required to attach Schedule B Website: 501(c)(3) X 501(c)((Form 990, 990-EZ, or 990-PF) 527 Tax-exempt status (check only one) — X Association Form of organization Corporation Trust Other 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 57,907 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 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 33,578 Investment income 4 Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 747 Other revenue (describe in Schedule O) 8 57,907 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 AUG 07 2020 12 Salaries, other compensation, and employee benefits 12 3,915 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance 14 OGDEN. 15 Printing, publications, postage, and shipping 15 13,577 16 Other expenses (describe in Schedule O) 16 17,871 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 40,036 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 414,250 19 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 454,286 Net assets or fund balances at end of year Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

					
Partil Balance Sheets (see the instructions for Pa	•				[चर्च
Check if the organization used Schedule O to	respond to any				X
		(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments			414,250	22	454,28
23 Land and buildings		 -	0	23	
24 Other assets (describe in Schedule O)			414 250	24	4E4 204
25 Total assets			414,250	25	454,286
26 Total liabilities (describe in Schedule O)			414 250	26	4E4 204
27 Net assets or fund balances (line 27 of column (B) must agree		Alter 1 6	414,250	27	454,28
Partill Statement of Program Service Accomp	•				F
Check if the organization used Schedule O to	respond to any	question in this Part III		/D.	Expenses
What is the organization's primary exempt purpose?				'	quired for section
PROMOTION OF AGRICULTURE AND RELATED ACTIVITIES					(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ea as measured by expenses. In a clear and concise manner, describe	-	· -			anizations, optional for
persons benefited, and other relevant information for each program t	•	ed, the number of		otne	ers)
			 		
28 PROMOTION OF AGRICULTURE IN GENERAL AND EDUCA					
AGRICULTURE. INFORM FARMERS, AGRIBUSINESS AN					
AGRICULTURE AND TO PROMOTE FARMING AND ITS IN			▶ 🗂	28a	
(Grants \$) If this amount includes for 29	oreign grants, chec	k nere		204	
25					
(Grants \$) If this amount includes for	oreian arants, chec	k here	▶ [7]	29a	
30	oreign grants, ence	K HOTO		234	
••					
				, 1	
(Grants \$) If this amount includes for	oreign grants, chec	k here	▶ []	30a	
31 Other program services (describe in Schedule O)	or grand, or con-				
(Grants \$) If this amount includes for	oreian arants, chec	k here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31a)			•	32	
Part IV List of Officers, Directors, Trustees, and Key En	nployees (list each	one even if not compens	ated — see the in	structio	ns for Part IV)
Check if the organization used Schedule O to respon		in this Part IV (c) Reportable	(d) Health ben	ofito	<u> </u>
(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to e	mployee	
	devoted to position	(If not paid, enter -0-)	benefit plans, deferred comper		other compensation
NATE SCHLIEF					
PRESIDENT	2.00	400		0	(
LARRY NORD					
VICE PRESIDENT	1.00	400		0	(
JOHN SCHUMACHER					
SECRETARY/TREAS	4.00	450		0	
BRANDON DREES]		}]
DIRECTOR	1.00	100		0	
EVAN MONTGOMERY					
DIRECTOR	1.00	350		0	
DON UGLEM	ļ				
DIRECTOR	1.00	150		0	<u> </u>
JEN FICHTNER		_			
DIRECTOR	1.00	500		0	<u> </u>
ANDREW GALEGHER	1				ł
DIRECTOR	1.00	100		0	
	1				
	1				
	[1		[
	ļ				
					
	L				200 57

GRAND FORKS COUNTY FARM BUREAU

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any que	irements in the estion in this Part V		
	instructions for that v / one or with organization add constant of the respect to any que		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
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	250		x
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a dule O 35b		+**
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Scherolar the section 5033(a) potice	dule O	'	
С	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	350	x	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
30	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	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
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1516 LT		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1 7 T T T T T T T T T T T T T T T T T T		
40a	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			1
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	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.	112.1. 1711.1 1 - 111.1 111.1 1 - 1 - 111.1 111.1 111.1 111.1 111.1 111.1 111.1 111.1 111.1 111.1 111.1 111.1 111.1		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
E	transaction? If "Yes," complete Form 8886-T	40e	نقد انجبيوا ان	X
41	List the states with which a copy of this return is filed ▶ NONE			
42a		elephone no ▶ 701-7	41-3	3173
	220 16TH STREET NE			
	Located at ▶ REYNOLDS ND	ZIP + 4 ▶ 58275		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	er	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	er hai v 6.04 St	X
	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) At any time during the calendar year, did the organization maintain an office outside the United States?	42c	القلقا تباييا	X
С	If "Yes," enter the name of the foreign country	420		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶□
43	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43		٠ ـ
	and enter the amount of tax exempt moreov received or decrease daming the tax year.	· <u> </u>	Yes	No
44a	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	44t	<u> </u>	X
С	Did the organization receive any payments for indoor tanning services during the year?	440		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	2-1-1-1 - 1-1-1 2-1-1-1-1-1 2-1-1-1-1-1		
	explanation in Schedule O	440	Ц	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	H 9, 16, 25°, 72	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		<u> </u>

GRAND FORKS COUNTY FARM BUREAU

								_		res	NO
1 6	Did the o	rganization engage, directly or indirectly, in political c	ampaign activities o	n behalf o	f or in oppositio	n		Í			
		ates for public office? If "Yes," complete Schedule C	, Part I						46		X
Par	EVU	Section 501(c)(3) Organizations Only		40b and	E2 and same	aloto tha ta	shlee for line				
		All section 501(c)(3) organizations must answ 50 and 51	ver questions 47-	49D and	52, and comp	nete the ta	IDIES IOI IIIIE	3			
		Check if the organization used Schedule O to	respond to any o	uestion	in this Part VI						
					,					Yes	No
		rganization engage in lobbying activities or have a se	ection 501(h) election	ın effect	during the tax				4-		
	,	Yes," complete Schedule C, Part II						-	47		
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									48 49a		—
		rganization make any transfers to an exempt non-ch		nization				-	49b		\vdash
		was the related organization a section 527 organization		thar than	officara directo	ro tructoos	and kov	L	430		<u> </u>
		e this table for the organization's five highest compendes) who each received more than \$100,000 of compe									
	employee	es) who each received more than \$100,000 of compe			Reportable		th benefits,				
		(a) Name and title of each employee	(b) Average hours per week	con	pensation	contribution	s to employee	(e) Est	imated r comp		
		(a) Name and the or odor employee	devoted to position	(Forms V	V-2/1099-MISC)	deferred c	plans, and ompensation	00			
			1								
									·		
		-						Ì			
								<u></u>			
						l <u> </u>					
-		nber of other employees paid over \$100,000			P		_				
51	Complete	e this table for the organization's five highest compen of compensation from the organization. If there is no	isated independent (one, enter "None "	contractor	s who each rec	eived more	than				
	\$100,000	of compensation from the organization. If there is no	SHE, CIRCI ITONE								
		(a) Name and business address of each independent cor	ntractor		(b) Typ	e of service		(c) C	ompen	sation	
			···								
									_		
·											
		mber of other independent contractors each receiving		•							
52	Did the c	rganization complete Schedule A? Note: All section	501(c)(3) organizati	ons must	attach a						
		ed Schedule A							Yes		No
Under	penalties	of perjury. I declare that I have examined this return, included complete Declaration of preparer (other than officer) is t	ding accompanying so	hedules ar	nd statements, an	d to the best	of my knowled	ge and I	belief, i	it is	
true, co	orrect, and	complete Declaration of preparer (other trial officer) is t		II OI WIIICII	preparer rias ariy	7 Kilowieuge 77 / 20	<u> </u>				_
Sign		Signature of officer				1210	120				
_		JOHN SCHUMACHER		:	SECRETAR	Y/TRE	AS				
Here		Type or prnt name and title									
	P	nnt/Type preparer's name Pr	reparer's signature			Date			PTIN		
Paid			D	.,		7-2	7-20 Self-em	ploved	D00-	00.57	7
Paid Prepa			NTHIA M KEAVEN	Y			Firm's EIN		-42	9967 340	
Use (~~! ⊢	OOFE 10mm NUM NO					CHOIS EIN F	-43	74.	740	5 - 2
JJE (y F	GRAND FORKS, ND	58203-224	0			Phone no 7	01-7	772.	-60	50
May t	he IRS d	iscuss this return with the preparer shown above? Se					1.110110110		X Ye		No
y l	u	and the second s									(2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

► 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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• ;	Section 501(c)(4), (5), or (6) organizations Complete Part III				
Nam	e of organization			1	tification number
	GRAND FORKS COUNTY			45-02355	
Pa	rt I-A Complete if the organization is exem	pt under section 501(c	c) or is a sectio	n 527 organizatio	n.
1	Provide a description of the organization's direct and indirect	t political campaign activities in	n Part IV (see instru-	ctions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instruc				
Pa	Complete if the organization is exem	<u> </u>	c)(3).		
1	Enter the amount of any excise tax incurred by the organization	tion under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	· ·	i	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form	m 4720 for this year?			Yes No
	Was a correction made?				Yes No
-1 44	If "Yes," describe in Part IV	nt under coetion FO4/s	-\	F04(-)(2)	
	Complete if the organization is exem			on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	n for section 527 exempt functi	on		
_	activities	14 41	•	▶ \$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for se	ction		
•	527 exempt function activities	- b d E 4420 DOL		▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Ente	r nere and on Form 1120-POL	•	▶ €	
	line 17b	1		▶ \$	□ v □ N-
4 5	Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification nur		alitical areas areticas	to which the films	∐ Yes ∐ No
3	• •	` ,	•	•	
	organization made payments. For each organization listed, of the amount of political contributions received that were prom	· ·	• •		
	as a separate segregated fund or a political action committee		• •	•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(D) Address	(C) EIN	filing organization's	contributions received and
			1	funds If none enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)					
(- ,			1	}	
(2)					
\ -,					
(3)					
			1	}	
(4)					
	_				
(5)					
(6)					
			1	l	

Sched	dule C (Form 990 or 990-EZ) 2018 GRAI	ND FORKS COU	JNTY FARM	BUREAU		45-023553	8	Page 2
Par	t II-A Complete if the organ	nization is exemp	t under secti	on 501(c)(3)	and filed	Form 5768 (el	ection u	nder
	section 501(h)). Check In the filing organization address, EIN, expensions Check In the filing organization in the filing organization in the filing organization in the filing organization.	ses, and share of exc	cess lobbying e	kpenditures)		ated group memb	er's name	
	<u></u>			or provisions	арріу	(1) (1) (1)	(6)	Affiliated
	Limits on L (The term "expenditures	obbying Expendit		d)	orç	(a) Filing ganization's totals	, ,	oup totals
1a	Total lobbying expenditures to influence p							
	Total lobbying expenditures to influence a							
С	Total lobbying expenditures (add lines 1a		, ,,					
d	Other exempt purpose expenditures	·						
е	Total exempt purpose expenditures (add	lines 1c and 1d)						
f	Lobbying nontaxable amount. Enter the a	mount from the following	ng table in both			· · · ·		
_	columns							
	If the amount on line 1e, column (a) or (b)	is The lobbying noi	ntaxable amount i	s:			Hibit	
L	Not over \$500,000	20% of the amour	nt on line 1e					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess ov	er \$500,000				
L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	lus 10% of the excess over \$1,000,000					
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	\$225,000 plus 5% of the excess over \$1,500,000					
	Over \$17,000,000	\$1,000,000						
g	Grassroots nontaxable amount (enter 25	% of line 1f)						
h	Subtract line 1g from line 1a If zero or le	ss, enter -0-						
1	Subtract line 1f from line 1c If zero or les	s, enter -0-						
j	If there is an amount other than zero on e	either line 1h or line 1i, o	did the organization	n file Form 4720	0		_	_
	reporting section 4911 tax for this year?			<u> </u>				Yes No
		4-Year Averag	ing Period Un	der Section 5	01(h)			
	(Some organizations that m	ade a section 501(h	n) election do r	not have to co	omplete all	of the five colu	nns belo	w.
		See the separate i	instructions fo	r lines 2a thr	ough 2f.)			
		Lobbying Expendit	ures During 4-	Year Averagi	ing Period			
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c)) 2017	(d) 2018		(e) Total
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount							
	(150% of line 2a, column (e))		<u>Presidentara</u> T					
С	Total lobbying expenditures							
d	Grassroots nontaxable amount							
е	Grassroots ceiling amount							
	(150% of line 2d, column (e))		veressam.				114	
		1	1			ı	1	

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

Pa	Int計算器 Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT filed	Form	5768			
		((a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity	Yes	No	•	Amou	ınt	-
	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 Volunteers?						
С	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
j	j Total Add lines 1c through 1:	er (u 9) er (u 9)				etar (MD	
b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912			Lafa, Taraka (1811) - 1817 (1816) Britania (1816) - 1818 (1816) - 1818 Britania (1816) - 1818 (1816) - 1818			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		ia m (lanatan	raint, prais des Problèment	域组	電腦	
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or se	ction			
1	Were substantially all (90% or more) dues received nondeductible by members?				1	Yes X	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar?		-	2		X
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	501(c)(5), d		ction	<u> </u>	is	<u></u> .
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						•
а	2 Current year		2a				

b Carryover from last year

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

4	
5	

2b 2c

Part IV	Supplemental Information	
T all they are	Supplemental imornation	J

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEBULE 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

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

GRAND FORKS COUNTY FARM BUREAU

45-0235538

Employer identification number

FORM	990-EZ,	PART	Ι,	TINE	8 -	OTHER	KEVEN	IUE
DESCRIPTION AMOUNT						MOUNT		
MISCE	LLANEOUS	5			,		\$	647
AWARE							\$	100
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FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES DESCRIPTION **AMOUNT EXPENSES** ADVERTISING AND PROMOTION 3,537 \$ OFFICE 553 TRAVEL 1,360 2,751 CONFERENCES/MEETINGS **INSURANCE** 100 SCHOLARSHIPS 2,000 BOARD PER DIEM 2,450

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

LEGISLATIVE FORM

MEMBER MEETING/EXPENSE

DESCRIPTION	BEG.	OF YEAR	END OF YEAR	
FURNITURE & EQUIPMENT	\$	77,692	\$ 77,69	2
LESS ACCUMULATED DEPRECIATION	\$	77,692	\$ 77,69	2
TO	TAL \$	0	\$	0

TOTAL \$

506

320

13,577