# **Return of Organization Exempt From Income Tax**

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

2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made publicy

Open to Public

Inter	nal Rever	nue Service	Go to www.irs.gov/Form990 for instructions and the lates		UU'	Inspection
<u>A</u>	For the	e 2018 caler	ndar year, or tax year beginning $oct 1$ , 2018, and end	ling S∈	p 30	<b>, 20</b> 1 9
В	Check if	f applicable	C Name of organization OBION COUNTY FARM BUREAU		D Employe	er identification number
	Address	change	Doing business as		62-04	125488
	Name cl	hange	Number and street (or P O box if mail is not delivered to street address) Room/	suite	E Telephor	ne number
	Initial ref	turn	1212 STAD AVE	(731)	885-9303	
		urn/terminated	City or town, state or province country, and ZIP or foreign postal code	, , , ,		
$\overline{\Box}$	Amende		UNION CITY, TN 38261		<b>G</b> Gross re	ceipts \$ 204,982.
$\overline{\Box}$			F Name and address of principal officer	H(a) le this a c		subordinates? Yes No
_	Applicat	non pending [	MIKE Holman, 1212 STAD AVE, UNION CITY, TN 38			included? Yes No
_	T				-	first (see instructions)
<u> </u>	Website	mpt status		<b>-</b> -A		,
<u></u>			/A		exemption	
			【 Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	nation 193	1   M State	of legal domicile TN
L	art I	Summa				
4	1		scribe the organization's mission or most significant activities. GEN			
ĕ			ENT, PROMOTE, & PROTECT THE INTERESTS OF AGIRU	CULUTRE B	USINESS	<u> </u>
Па	_		RAL PEOPLE IN TENNESSEE.			
Š	2		s box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	d of more than	1 25% of I	
Ö	3		f voting members of the governing body (Part VI, line 1a) .		3,	23
જ	4		f independent voting members of the governing body (Part VI, line रिष्ट्रे	OCIEVEL		23
iţie	5	Total num	ber of individuals employed in calendar year 2018 (Part V, line 2a)		C5]	
Activities & Governance	6	Total num	ber of volunteers (estimate if necessary)	EB 2 1 282	n [6]	40
ĕ	7a	Total unre	lated business revenue from Part VIII, column (C), line 12 📗 '		7a	0.
	b	Net unrela	ted business taxable income from Form 990-T, line 38	<u></u> <u>.</u>	76	0.
				-UEIRnow	e ar	Current Year
ø	8	Contributi	ons and grants (Part VIII, line 1h)	63	3,665.	172,210.
Revenue	9	Program s	service revenue (Part VIII, line 2g)		3,266.	
eve	10	Investmen	nt income (Part VIII, column (A), lines 3, 4, and 7d)			9.
α	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31	,427.	19,018.
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,358.	191,237.
	13		d sımılar amounts paid (Part IX, column (A), lines 1-3)		7.5-5-5-1	
	14		aid to or for members (Part IX, column (A), line 4)	-	,726.	1,698.
(A)	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,000.
Expenses	ł		nal fundraising fees (Part IX, column (A), line 11e)			<del></del>
per			raising expenses (Part IX, column (D), line 25)			
Ä	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	8.9	3,522.	173,938.
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		),248.	175,636.
	19		ess expenses. Subtract line 18 from line 12		3,110.	15,601.
- 0		nevenue	ess expenses. Subtract line To from line 12	Beginning of Cu		End of Year
Net Assets or Fund Balances	20	Total acco	to (Part V. line 16)		5,693.	
Sala	20		ts (Part X, line 16)			175,816. 225.
get.	21		,		7,347. 9,346.	175,591.
	22 71		s or fund balances. Subtract line 21 from line 20	1133	, 540.	113,331.
true	der penal 2. Correct	ities of perjury t. and comple	r, I declare that I have examined this return, including accompanying schedules and stall te. Declaration of preparer (other than officer) is based on all information of which prepar	rer has anv knowl	ne best of m edge	ly knowledge and belief, it is
		1 /h	1 B. H.A.			71710
Sig	n	Signat	ture of officer	L_ Da		-2020
He		1!				
110			E Holman , PRESIDENT or print name and title			
		1 /		Date		
Pa	id	''			Check [	_j #
Pre	pare	MARK .		02/07/2020		loyed P00281474
Us	e Onl	y Firm's na		1		2-0380840
	. 41 . 45		dress ► 147 Bear Creek Pike, Columbia, TN 38401	Pho	neno (93	31) 388-7872
			this return with the preparer shown above? (see instructions)		<u> </u>	. X Yes No
For	Paperw	vork Reduct	tion Act Notice, see the separate instructions. BAA	REV 05/20/19 PRO		Form <b>990</b> (2018)

Page	2

Part				
	Check if Schedule O contains a res		art III <u> </u>	<u> L</u>
1	Briefly describe the organization's mission:			
	GENERAL FARM ORGANIZATION TO			
	REPRESENT, PROMOTE, & PROTECT			
	AND RURAL PEOPLE IN TENNESSEE	<u> </u>		
2	Did the organization undertake any signification prior Form 990 or 990-EZ?		ar which were not listed on the	es ⊠No
	If "Yes." describe these new services on Se			
3	Did the organization cease conducting, services?			es ⊠No
	If "Yes," describe these changes on Sched		three leveret average converse on	accounced by
4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to repor		
	·	-		
4a	(Code:) (Expenses \$		) (Revenue \$	)
	PUBLIC POLICY PROGRAMS			
	IN ORDER TO PROTECT & PROMOTE THE AGRICULTUR			
	PUBLIC POLICY EFFORTS AT THE LOCAL STATE AND NATIO			
	WITH MEMBERS & PUBLIC AWARENESS PROGRAMS ABOUT MEMBERS PARTICIPATE IN SPONSORSHIP OF MEST THE CAMBIDATE ACTIVITY			
	BELIEVED LUTTICITATE LA CARRO OLITA OLITANI LIE ARRIPORTO LOTALITA	no a tental forest indiffee with mark and substantion to	1900 110 Pub-13003 FO FORIOT 3 FOR 110 THEORY 10 THE	0115 5. mmmm.w.
		•		ev <u>‡</u>
4b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	)
	AGRICULTURE LEADERSHIP ACTIVI			
	THE OBION COUNTY FARM BUREAU STRUCTURE OF ORG			
	ISSUES THAT AFFECT AGRICULTURE. LOCAL BOARD MEM			
	AGRICULTURAL & EDUCATIONAL MEETINGS EACH MONTH. TH			
	STATE & NATIONAL CONFERENCES TO NETWORK WITH FARM			
	COMMITTEE STRUCTURE PROVIDES LEADERSHIP OPPOR	TUNITIES FOR MEMBERS THROUGH MEETINGS	, REGULAR COMMUNICATIONS AND AGRICULTURE	ACTIVITIES.
4c	(Code. ) (Expenses \$	including grants of \$	) (Revenue \$	)
	(4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-			
	Other program convect (Decembe in School	lula O )		
4d	Other program services (Describe in Scheo (Expenses \$ including gran		\$ )	
	Total program service expenses ►	7 (1.0.01100	·	

# Part IV Checklist of Required Schedules

			res	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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
4	<b>Section 501(c)(3) organizations.</b> 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		
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	×	
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
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	×	
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		<u>×</u> _
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x_
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		_ <u>×</u> _
b	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? <i>If "Yes," complete Schedule H</i>	20a		<u>×</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
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? #EVEROI15 PROPRED Let Schedule I, Parts I and II	21	000	X (0010)
		Forn	₁ <b>990</b>	(2018)

Part	Checklist of Required Schedules (Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>	Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
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		×
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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		
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		×
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	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).			
а	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 Schedule L, Part IV	28b	1	×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>×</u> _
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		×
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? <i>If "Yes," complete Schedule R, Part I</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		<u>×</u>
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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	REV 05/20/19 PRO		n <b>990</b>	(2018)

Part	V 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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
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,			
l.	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.  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>*</b>	r	, ,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<del></del>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
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			<u> </u>
1	and services provided to the payor?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		<u>-</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u></u> -	· · · ·	
_	sponsoring organization have excess business holdings at any time during the year?	8		(
9_	Sponsoring organizations maintaining donor advised funds.	9a	**	
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter.	, .		1
а	Initiation fees and capital contributions included on Part VIII, line 12		-	<b>`</b>
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	,		· .
11	Section 501(c)(12) organizations. Enter:		, 1	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			- 1
	against amounts due or received from them.)	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year   12b	12a		
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which	.		<u>ا.</u> ۱
~	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	Ĺ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	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	-	1
46	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
16	If "Yes," complete Form 4720, Schedule O.	13	7- ,1	
	ii Tes, complete Form 4720, conedule o.	Forn		(2018)

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. Se Check if Schedule O contains a response or note to any line in this Part VI								
Secti	on A. Governing Body and Management			<u> </u>					
			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.								
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 23								
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	<u>×</u>						
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? .								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×					
6	Did the organization have members or stockholders?	6	×	<u></u>					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	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.	٠,							
а	The governing body?	8a	×	<b></b>					
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	ala )						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	ie Co	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	×					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	104							
	, , , , , , , , , , , , , , , , , , ,	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a		12a		_ <u>×</u> _					
b	F	12b							
С		12c							
13	<u></u>	13		<u>×</u>					
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?		· ·						
a	Individual of the state of the	15a 15b		×					
b	Other officers or key employees of the organization	130		<u> </u>					
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			, ; ]					
16a	with a taxable entity during the year?	16a		×					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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	<u></u>	لــــ					
Secti	organization's exempt status with respect to such arrangements /	100	J						
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (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 inte financial 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 reconstruction of the person who possesses the organization's books and reconstruction of the person who possesses the organization's books and reconstruction of the person who possesses the organization's books and reconstruction of the person who possesses the organization's books and reconstruction of the person who possesses the organization's books and reconstruction of the person who possesses the organization of the person of the pe	ords	<b>&gt;</b>						

Page	7
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Form 990 (2018)

	·		
Part VII	Compensation of Officers, Directors, Trustees, K	ey Employees, Highest Cor	mpensated Employees, and
	Independent Contractors		

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

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	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	do x, ce Individua	ot ch	Pos neck ss pe	c) ition more rson	than both Highest compensated employee	one i an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	1.50	ee	stee		-	nsated				
(1) SEE ATTACHED STATEMENT	1.50	×						0.	0.	0.
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	/ees	s, aı	nd H	lighe	st C	ompensated E	mployees	(contin	ued)	
	(A) Name and title	(B) Average hours per week (list any	box, unless person is b officer and a director/tr					an tee)	(D)  Reportable compensation from	(E) Reportal compensatio	n from	(F) Estimated amount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-i	ons	compensation from the organization and related organizations	
(15)													
(16)													
(17)													
(18)													
(19)													—
(20)													
(21)													_
(22)										<del></del>			—
(23)													
(24)										<del></del>			
(25)										<u> </u>		-	
1b c	Sub-total	-		. <u>. l</u>		<u> </u>	•	<b>*</b> * *	0.		0.		<u>).</u>
2	Total number of individuals (including but reportable compensation from the organi					ed a	bove	) wl		ore than \$1			<u>,</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct							loyee, or high	· ·		1 - 1 1	lo X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,0	000	? <i>If</i>	"Yes	5, "	complete Sch			7	×
5	Did any person listed on line 1a receive of for services rendered to the organization?												×
Section	on B. Independent Contractors												_
1	Complete this table for your five highest of compensation from the organization. Repyear.												
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation	_
													<u> </u>
						_							<u> </u>
2	Total number of independent contractor received more than \$100,000 of compensations.							the	ose listed abo	ve) who			

Par	t VIII	Statement of Revenue			5		
	•	Check if Schedule O contains a re	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rants _	1a b	Federated campaigns 1a  Membership dues 1b	<del></del>		revenue	· .	512-514
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events 1c	<del></del>				
iffs ar A	d	Related organizations 1d					•
S, E	e	Government grants (contributions) 1e					,
<u>S</u> S	f	All other contributions, gifts, grants,					
the st		and similar amounts not included above 1f	2,100.				
E O	g	Noncash contributions included in lines 1a-1f \$	1				
a Co	h	Total. Add lines 1a-1f	•	172,210.			
		<del>"</del> , <del>"</del> ,	Business Code				
Program Service Revenue	2a						
æ	b						
j.	С						
er.	d						
Ē	е						
gra	f	All other program service revenue.					
Ę	g	Total. Add lines 2a-2f					
	3	Investment income (including divid					
		and other similar amounts)		9.	0.	0.	9.
	4	Income from investment of tax-exempt to	ond proceeds >				
	5	Royalties					
		(ı) Real	(II) Personal				ē
	6a	Gross rents 32,763.	·		1		`
	b	Less. rental expenses 13,745.					
	С	Rental income or (loss) 19,018.					
	d	<u> </u>	📐	19,018.	0.	0.	19,018.
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	<u></u>				<del></del>
Other Revenue	8a	Gross income from fundraising					
š		events (not including \$ 1,846.				ļ	
Œ		of contributions reported on line 1c).	1				
þe		See Part IV, line 18					, *
ð	1	Less: direct expenses	·				-
		Net income or (loss) from fundraising Gross income from gaming activities.	events . ►				
	ya	See Part IV, line 19					
					İ		
		Less: direct expenses					
	1	Gross sales of inventory, less	uvilles				
	102	returns and allowances					
	h		5			,	
		Net income or (loss) from sales of inv				·	
		Miscellaneous Revenue	Business Code				
	11a	<u> </u>	pagniess Code	<del>                                     </del>			
	b		-	<del></del>			
	C						
	d	All other revenue			-		
		Total. Add lines 11a–11d				-	
	12	Total revenue. See instructions		191,237.	0.	0.	19,027.
	_						

# Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con	· · · · · · · · · · · · · · · · · · ·		s must complete co	
	· Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,698.	1,698.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10	Other employee benefits				
11	Fees for services (non-employees).		·		
а	Management	6,289.	6,289.		-
b	Legal	380.	380.		
c d	Lobbying	300.	300.		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	25,169.	25,169.		
12	Advertising and promotion	700.	700.		
13	Office expenses	7,346.	7,346.		
14	Information technology				<del></del>
15	Royalties	10.000	10.000		
16 17	Occupancy	12,292.	12,292.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,973.	11,973.		
20	Interest	850.	850.		
21	Payments to affiliates	100,871.	100,871.		
22	Depreciation, depletion, and amortization .	2,681.	2,681.		
23	Insurance	1,396.	1,396.		<del></del>
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		,		j
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MEMBER PROMOTION	2,666.	2,666.		······································
b	MISCELLANEOUS	1,325.	1,325.		
C					<u> </u>
d					- · · · · · · · · · · · · · · · · · · ·
е	All other expenses  Total functional expenses. Add lines 1 through 24e	175 (2)	175 626		
25 26	Joint costs. Complete this line only if the	175,636.	175,636.		
20	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)				

Part X Balance Sheet

		Check if Schedule O contains a response or	note to any line in this Pai	t X		
	•			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		15,109.	1	15,944.
	2	Savings and temporary cash investments	[		2	4,978.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest cor	mpensated employees.	<del></del>		
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified personal (1050/0/47)		,		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volunt-		•		
s		organizations (see instructions) Complete Part II of Sched			6	<u> </u>
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or	1			
		other basis. Complete Part VI of Schedule D	10a 414,841.	• •		,
	b	Less: accumulated depreciation [	<b>10b</b> 283,951.	137,579.	10c	130,890.
	11	Investments—publicly traded securities .		11		
	12	Investments—other securities. See Part IV, line 1	24,005.	12	24,004.	
	13	Investments - program-related. See Part IV, line 1	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	· · · · · · · · ·	176,693.	15 16	175,816.
	16 17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	ine 34)	170,093.	17	175,010.
	18	Grants payable		123.	18	125.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete P	art IV of Schedule D .		21	
Ş	22	Loans and other payables to current and for			as,	, , , ,
Liabilities		trustees, key employees, highest compens			<u> </u>	
api		disqualified persons. Complete Part II of Schedul	eL		22	
	23	Secured mortgages and notes payable to unrelate	F	17,222.	23	100.
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on lines of Schedule D	17-24). Complete Part X		25	
	26		-	17,347.	26	225.
$\dashv$	20	Organizations that follow SFAS 117 (ASC 958),	check here ► □ and	17,317.		
S S		complete lines 27 through 29, and lines 33 and				]
SE	27	Unrestricted net assets			27	
ब्रु	28	Temporarily restricted net assets	[		28	
ᅙ	29		<i>.</i> [		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 956 complete lines 30 through 34.	8), check here ► 🗵 and			
S C	30	Capital stock or trust principal, or current funds	<i></i>		30	
se	31	Paid-in or capital surplus, or land, building, or equ	uipment fund		31	
۲	32	Retained earnings, endowment, accumulated inc	<b>–</b>	159,346.	32	175,591.
Š	33	Total net assets or fund balances		159,346.	33	175,591.
	34	Total liabilities and net assets/fund balances .		176,693.	34	175,816.
						Form <b>990</b> (2018)

	7				90
Par	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	1	91,2	37.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	75,6	36.
3	Revenue less expenses. Subtract line 2 from line 1	3		15,6	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	59,3	46.
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		6	44.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	75,5	91.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990. 🗵 Cash 🗌 Accrual 🔲 Other			1 3	0.3
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	ع. ا		10.
	Schedule O.		i 2.2		3.13
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled oi	^'	** * 1 /4	
	reviewed on a separate basis, consolidated basis, or both:			. 98 	, = v
	Separate basis Consolidated basis Both consolidated and separate basis			<u>الا "" لا</u>	ş.,
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	, <b>(0</b> )		61
	separate basis, consolidated basis, or both.				1. p. 26.
	Separate basis Consolidated basis Both consolidated and separate basis		235	10.50	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of				
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c	Wilder.	
	If the organization changed either its oversight process or selection process during the tax year, e.	plain in		) V	6300
	Schedule O.		11.52	1.5%	2. 20
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			×
	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 und	ergo the	3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uuiis.		n <b>990</b>	(2019)
			⊢∩rr	11 33U	1/01/01

#### 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

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

- •	ection 501(c)(4), (5), or (6) orga				
	of organization	anizations Complete Fait in		Employer iden	ntification number
	ON COUNTY FARM BUR	EAH		62-04254	
Part		e organization is exempt und	er section 501(		
1		f the organization's direct and in		<del> </del>	
	definition of "political car				
2	Political campaign activit	y expenditures (see instructions)		▶ \$	· · · · · · · · · · · · · · · · · · ·
3		cal campaign activities (see instru		<del> </del>	
Part	I-B Complete if the	e organization is exempt und	er section 501(	c)(3).	
1	•	excise tax incurred by the organiz			
2		excise tax incurred by organization			••••••
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear <sup>?</sup>	🗌 Yes 🗌 No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organia	zation for section	527 exempt function	
	activities			<b>&gt;</b> \$	
2		filing organization's funds contrib			
		vities			
3		expenditures. Add lines 1 and 2			
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		Yes No
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also ente
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	ee (PAC). If addition	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
				lutius ii rione, enter -0-	delivered to a separate
					political organization
					If none, enter -0-
(1)					
<del>'''</del>				<u> </u>	
(2)		ļ	4		
<del></del>					
(3)			_		
<del></del>					
(4)			_		
(5)			1		
`-'					
(6)			4		
6)			1		

Page	2

Part	II-A	Complete if the organization 'section 501(h)).	is exempt u	ınder section 5	01(c)(3) and file	d Form 5768 (ele	ction under
A C	heck 🕨	If the filing organization belong address, EIN, expenses, and s				Iliated group memb	er's name,
ВС	heck 🕨	I if the filing organization check	ed box A and "	'limited control" pi	rovisions apply.		
		Limits on Lobby				(a) Filing	(b) Affiliated
		(The term "expenditures" me			·	organization's totals	group totals
1a		obbying expenditures to influence	•				
b		obbying expenditures to influence	-		<del>-</del> :		
C		obbying expenditures (add lines 1a	<u>-</u>				<del></del>
d		exempt purpose expenditures					
e		ing nontaxable amount. Enter t				-	
•	colum	•	ne amount ii	On the following			
	If the ar	mount 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			
	Over \$5	00,000 but not over \$1,000,000	· '	15% of the excess		ľ	
		,000,000 but not over \$1,500,000		10% of the excess			
	-	,500,000 but not over \$17,000,000	<del> </del>	5% of the excess o	ver \$1,500,000		
		7,000,000	\$1,000,000		<u></u>	1	
g		oots nontaxable amount (enter 259 oct line 1g from line 1a. If zero or les	•				
h i		ct line 1f from line 1c. If zero or les					
i		e is an amount other than zero	•			file Form 4720	
,		ng section 4911 tax for this year?					Yes No
	(Som	e organizations that made a sec See the	tion 501(h) ele separate instr	ructions for lines	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbying	Expenditures	During 4-Year A	veraging Period	<del> </del>	
	Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	(e) Total
2a	Lobbyi	ng nontaxable amount					
b		ng ceiling amount of line 2a, column (e))					
С	Total lo	obbying expenditures					
d	Grassr	oots nontaxable amount					
е		oots ceiling amount of line 2d, column (e))					
f	Grassr	oots lobbying expenditures					
					<u> </u>		

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT for (election under section 501(h)).	iled	Form	5768		
For e	eàch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(2	a)		(b)	
	ription of the lobbying activity.	Yes	No	A	mount	t
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:			 :	•	;
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				•,	
С	Media advertisements?					
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?					
İ	Other activities?					
j	Total. Add lines 1c through 1i					<del>-,</del>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				<u> </u>	
þ	If "Yes," enter the amount of any tax incurred under section 4912		,			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					<del></del>
d Dow		1/5\ 6		· .		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5), C	or se	CHOH		
					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	L	×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the					×
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Organization answered "Yes."	Ř (b)	Part	III-A,	line :	3, is 
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	OT				
а	Current year		2a			
þ	Carryover from last year	· }	2b			
С	Total	.	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
	Supplemental Information  de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated grown instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t), Par	t II-A, I	nes 1	and

Schedule C (Form	990 or 990-EZ) 2018 Pa	ge 4
Part IV	Supplemental Information (continued)	
	•	
***************************************		

### **SCHEDULE D** (Form 990)

**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.

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal	Revenue Service	✓ Go to www.irs.gov/Form	n990 for instructions and the latest infor	mation.	Inspection
Name o	f the organization	on		Employer ide	entification number
OBI		FARM BUREAU		62-0425	
Par	_	<del>-</del>	vised Funds or Other Similar Fur		ounts.
	Com	plete if the organization answered	"Yes" on Form 990, Part IV, line 6.	- T	
			(a) Donor advised funds	(b) f	Funds and other accounts
1		er at end of year			
2		alue of contributions to (during year)			
3	Aggregate v	alue of grants from (during year) .			
4		alue at end of year		1	
5			r advisors in writing that the assets h		
_			he organization's exclusive legal contro		<b>– –</b> ·
6			and donor advisors in writing that gra efit of the donor or donor advisor, or f		
			ent of the donor of donor advisor, or i		
Par		servation Easements.		· · · ·	· · l res l No
Pal			"Yes" on Form 990, Part IV, line 7.		
1		of conservation easements held by the		<u> </u>	
•			ation or education)   Preservation of	f a historica	Ilv important land area
		on of natural habitat	•		historic structure
		tion of open space			
2			eld a qualified conservation contribution	on in the for	m of a conservation
		n the last day of the tax year			Held at the End of the Tax Year
а	Total number	er of conservation easements		2a	
b	Total acreag		ts		
С	Number of c	onservation easements on a certified	historic structure included in (a)	2c	
đ			(c) acquired after 7/25/06, and not		
3	Number of c tax year ►	onservation casements modified, tran	sferred, released, extinguished, or terr	minated by t	the organization during the
4	·	tates where property subject to conse	envation easement is located		
5			egarding the periodic monitoring, ins	pection, ha	andling of
			asements it holds?		
6			ecting, handling of violations, and enforcin		
•	<b>&gt;</b>	,	3, 3	•	•
7		penses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation	n easements during the year
_	<b>&gt;</b> \$	<del></del> ,	2(d) also as a tief of the annual part of		7/b)/4\/D)/d
8			e 2(d) above satisfy the requirements of		J(⊓)(4)(B)(I) · · □ Yes □ No
9			conservation easements in its revenue	and expen	<del></del>
	balance she	et, and include, if applicable, the text	of the footnote to the organization's fir	nancial state	ments that describes the
	organization	's accounting for conservation easem	ents.		
Part			ns of Art, Historical Treasures, or		nilar Assets.
			"Yes" on Form 990, Part IV, line 8.		
1a	If the organi	zation elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue st	atement and balance sheet
	works of art	, historical treasures, or other simila	r assets held for public exhibition, ed	ducation, or	research in furtherance of
			footnote to its financial statements tha		
b	If the organ	zation elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue sta	atement and balance sheet
			r assets held for public exhibition, ed	ducation, or	research in furtherance of
	•	e, provide the following amounts related	_		
					<b>5</b>
	(ii) Assets in	cluded in Form 990, Part X			financial gain provide the
2			t, historical treasures, or other similar SFAS 116 (ASC 958) relating to these i		ilinancial gain, provide the

REV 11/12/18 PRO

**b** Assets included in Form 990, Part X . . .

a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . .

Pan	۵	2

Parl	III Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of the	follow	ring that are a si	gnificant us	e of its
а	Public exhibition		d	☐ Loan	or exchange	e progr	ams		
b	☐ Scholarly research		е	☐ Othe	r				
С	☐ Preservation for future generations								
4	Provide a description of the organizati XIII.	ion's collections a	and expla	ain how t	hey further t	the org	anization's exem	npt purpose	ın Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tre	easures	s, or other simila	r	
	assets to be sold to raise funds rather	than to be mainta	uned as p	part of the	e organizatio	on's co	llection?	☐ Yes	☐ No
Part	IV Escrow and Custodial Arra	ngements.							
	Complete if the organization 990, Part X, line 21.								orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?						other assets no	t 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:				
							Ar	nount	
C	Beginning balance					1c			
d	Additions during the year					1d	+		
е						1e	<del></del>		
f	Ending balance					1f	L	)   V	
2a	Did the organization include an amoun								∐ No
b Par	If "Yes," explain the arrangement in Pa	III AIII. Check her	e ii the e	кріапаці	n nas been p	Jiovide	O Un Fart Alli .	• • •	<u> </u>
rail	Complete if the organization	answered "Yes	" on For	m 990. f	Part IV. line	10.			
	Complete in the organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance			***************************************					************
b	Contributions								
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 the		d balanc	e (line 1g	, column (a)	) held a	ıs		
а	Board designated or quasi-endowmen	t ▶	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	······							
0-	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			zation the	at are held a	and adr	ministered for the	<u> </u>	
Ja	organization by	possession or tr	e organi	zation the	at ale lielu a	inu au	illinstered for the	Ye	s No
	(i) unrelated organizations							3a(i)	3 110
	(ii) related organizations							3a(ii)	1-
b	If "Yes" on line 3a(ii), are the related or							3b	<del>                                     </del>
4	Describe in Part XIII the intended uses							\ <u></u>	
Part	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes	" on For	m 990, f	Part IV, line	11a. S	See Form 990,	Part X, line	10.
	Description of property	(a) Cost or ot (investm		, ,	or other basis other)		Accumulated preciation	(d) Book va	lue
1a	Land	1.	5,800.					15,	800.
b	Buildings		4,496.				263,636.		860.
c	Leasehold improvements		8,408.				4,178.	4,	230.
d	Equipment		6 <u>,137.</u>				16,137.		<u>0.</u>
<u>e</u>	Other				(D) 1 1 =	_ \		120	000
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9:	90, Part )	k, columr	า ( <i>B), Iine 10</i> เ	C.) .	<b>▶</b>	130,	890.

(a) Beck-prior of security or category (b) Book value (c) (Affection of valuation Cost or and-of-year market value (c) Cost or and-of-year market value (c) Cost or and-of-year market value (c) Cost or and-of-year market value (c) Cost (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Fo	orm 990. Part IV. lir	ne 11b. See Form	n 990. Part X. line 12.
	•	(a) Description of security or category		(c) Me	thod of valuation
(3) Other TELIC/TERC (A) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial	derivatives			
A	(2) Closely-h	neld equity interests			
(6) (7) (8) (8) (8) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (1) (1) (1) (1) (2) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		FLIC/TFAC	24,004.	Cost	
Ci					. <u></u>
(i) (ii) (iii) (iii) (ivi) (i					
(G) (G) (G) (G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					<del></del>
(G) (G) (H) Total, (Courne (g) must equal Form 990, Part X, col. (B) line 13)  Part VIII  Investments — Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line  (a) Description of investment  (b) Book value  (c) Method of valuation Cost or end-of-year market value  (t) (2) (3) (4) (5) (6) (9) (10) (9) (10) (10) (10) (10) (10) (10) (10) (10					
(G)  (Final, Column (b) must equal Form 990, Part X, col. (g) line 12) ▶ 24, 0.04.    Part VIII   Investments — Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (e) Book value (f) Method of valuation Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(b)   24,004.				-	
Total (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ 24, 004.					
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line (g) Method of valuation Cost or end-of-year market value (t) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		blowet ocual Form 000, Part V. ani. (P) Inn 12 )	24 004		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line   (a) Description of investment   (b) Book value   (c) Method of valuation (c) Method of valu			24,004.	ŀ	
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-d-lyear market value (d) (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	Part VIII		orm 990 Part IV Jin	e 11c. See Form	990. Part X. line 13.
Cost or end-of-year market value	<del></del>				
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1014.   Column (b) must equal Form 990, Part X, col (B) line 13)    Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X   (9) Fodat. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X   (1) Federal income taxes (2) (3) (4) (6) (6) (7) (6) (7) (8) (9)		(a) Bassipher of missioner	(2) 2001. (4/4)		
(9)	(1)		-		
(4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (10) must equal Form 930, Part X, col (B) line 13) ▶ Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) must equal Form 990, Part X, col (B) line 15) ▶ Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (1) line 25.  I. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7) (6) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1					
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(6) (7) (8) (9) (9) (10tal, (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10tal, (Column (b) must equal Form 990, Part X, col (B) line 15)	(4)				
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(8) (9) (9) (101. (Column (b) must equal Form 390, Part X, col (β) line 13) ▶    Part IX	(6)				
(9)	(7)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	(8)				
Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (a) Description (b) Book value (b) Book value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)		(5 200 B (V 1 (D)) (0) b			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line (b) Book value (c) (c) (c) (d) (d) (e) Book value (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			1		
(a) Description (b) Book value (c) (c) (c) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part IX		vrm 000 Part IV lin	e 11d See Form	990 Part X June 15
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)			7111 330, Fait IV, III	e Tru. See Form	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part V line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	(4)	(a) Description		<del></del>	(10) 20011 11111
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part V line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(4) (5) (6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part N line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (6) (7) (8) (9)					
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part V line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part V line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part IV line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25.  I. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 15)			
Ine 25.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)	Part X	Other Liabilities.			
1.     (a) Description of liability     (b) Book value       (1) Federal income taxes     (2)       (3)     (4)       (5)     (6)       (7)     (8)       (9)     (b) Book value			orm 990, Part IV, Iir	e 11e or 11f. Se	e Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)					
(2)       (3)         (3)       (4)         (4)       (5)         (6)       (7)         (8)       (9)		(5) 2000, 500, 500, 500, 500, 500, 500, 500			
(3)       (4)         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (9)		come taxes			
(4)       (5)         (5)       (6)         (7)       (8)         (9)       (9)					
(5)       (6)         (6)       (7)         (7)       (8)         (9)       (9)					
(6) (7) (8) (9)					
(7)       (8)       (9)					
(8) (9)					
(9)					
rotan (Dollanii (D) mast dydai i Oiri 330, i ari N. 601 (D) iind 20 / 🚩		n) must equal Form 990. Part Y. col. (R) line 25.1			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the			note to the organization	n's financial statem	ents that reports the

Schedule D (Form 990) 2018

BAA

Part	Χl	Reconciliation of Revenue per Audited Financial Stateme	•	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, F		<del></del>	
1		revenue, gains, and other support per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part VIII, line 12	1 . 1		
а		nrealized gains (losses) on investments	2a		
b		ted services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3		act line <b>2e</b> from line <b>1</b>		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1.			
а		ment expenses not included on Form 990, Part VIII, line 7b		_	
b		(Describe in Part XIII.)	···-		
C		nes 4a and 4b		4c	·
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	XII	Reconciliation of Expenses per Audited Financial Statem		er Kei	turn.
		Complete if the organization answered "Yes" on Form 990, F		1 4 1	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:		7. 7	
a		ed services and use of facilities	2a	3	•
b	-	/ear adjustments	2b		
C		losses		at a	
ď		(Describe in Part XIII.)			
e		nes 2a through 2d		2e 3	
3		act line <b>2e</b> from line <b>1</b>	<i>.</i>	3	
4			4a	2 4	
а		·	4b		***
h	Othor	(Describe in Part VIII.)			
p		,	<del>_ ,~ ,                                 </del>	4c	
С	Add lı	nes <b>4a</b> and <b>4b</b>		4c	
c 5 Part	Add II Total (	nes <b>4a</b> and <b>4b</b>		5	
c 5 Part Provid	Add II Total ( XIII e the c	nes <b>4a</b> and <b>4b</b>	2 18.)	<b>5</b> b, Part	V, line 4; Part X, line
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes <b>4a</b> and <b>4b</b>	2 18.)	<b>5</b> b, Part	V, line 4; Part X, line tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes <b>4a</b> and <b>4b</b>	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
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c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
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c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t	14, Part IV, lines 1b and 2 provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t	e 18.)  I 4, Part IV, lines 1b and 2 o provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t	e 18.)  I 4, Part IV, lines 1b and 2 o provide any additional i	5 b, Part nforma	tion.
c <b>5</b> Part Provid	Add II Total ( XIII e the c	nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and es 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part t	e 18.)  I 4, Part IV, lines 1b and 2 o provide any additional i	5 b, Part nforma	tion.

REV 11/12/18 PRO

Schedule D (Fo	rm 990) 2018	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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	•	<del>-</del>
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		•

#### 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 ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

OBION COUNTY FARM BUREAU	62-0425488					
Pt VI, Line 11b: THE COMPLETED FORM 990 IS PRESENTED TO THE PRESI	DENT & SECRETARY					
AND IS AVALIABLE TO THE GOVERNING BODY PRIOR TO FILING THE RETURN	1.					
Pt VI, Line 19: THE FINANCIAL STATEMENT IS PRESENTED TO BOARD MEM	BERS AT REGULAR					
MEETINGS & VOTING MEMBERS AT THE ANNUAL MEETING. THE FINANCIAL STATEMENT IS						
PRESENTED TO THE MEMBERSHIP AT THE ANNUAL MEETING.						
Pt VI, Line 2: SEE ATTACHED STATEMENT						
Pt VI, Line 6: THE ORGANIZATION HAS MEMBERS						
Pt VI, Line 7a: THE ORGANIZATIONS VOTING MEMBERS ELECT THE GOVERNING BODY.						
Pt VI, Line 7b: VOTING MEMBERS ELECT THE GOVERNING BODY, APPROVE CHANGES TO						
THE BY LAWS, AND ARE REQUIRED TO APPROVE THE DISSOLUTION OF THE C	RGANIZATION.					
Pt XI: LINE 9 LINE OF CREDIT BALANCE CORRECTION.	۵					
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	·····					