2949311425013 1 29490

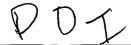
۲	. 99	90	Return of Organization Exempt From I	ncom	e Tax	<b>C</b>	OMB N	0 1545-0047
Forn	"		   Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e)	xcept pri	ivate foun	dations	, 20	019
	Januar		▶ Do not enter social security numbers on this form as it may					to Public
		of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the late:		-	14 <i>!//</i>		pection
Ā	For the	2019 calen	dar year, or tax year beginning , 2019, and end	, 20				
В	Check if	applicable	C Name of organization GRAYSON COUNTY FARM BUREAU	oyer identific	ation number			
	Address	change	Doing business as			75-0	906105	- 4
	Name ch	nange	hone number					
	Initial ret	turn	893-43	93				
$\equiv$	Fınal retu Amende	receipts \$	608,549.					
	Applicat	ion pending	F Name and address of principal officer	H(a	a) Is this a gro	up retum fo	or subordinates?	☐ Yes ☒ No
			AARON LOONEY, SAME ADDRESS AS "BOX C" ABOVE,	H(t				Yes No
		mpt status	501(c)(3)	2			st (see instru	ctions)
		: ► N/A			Group ex			
	art I		Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	mation	1950	M State	of legal domi	cile TX
L	1	Summar Briefly des	cribe the organization's mission or most significant activities: To be		h			
a)	'		tural producers and promote a wholesome and d					lclency of
Governance			education, information, and other such progr		DIE IO	ııaı	TTTE	· <b></b> -
Ē	2		box ► ☐ if the organization discontinued its operations or dispose		re than 2	25% of	its net ass	sets.
Š	3					3		9
త	4		independent voting members of the governing body (Part VI, line 1			4		9
ies	5		per of individuals employed in calendar year 2019 (Part V, line 2a)			5		15
Activities	6		per of volunteers (estimate if necessary)			6		14
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12	7a		300,112.		
	b	Net unrelat	ted business taxable income from Form 990-T, line 39			7b		36,647.
					Prior Year		Curre	ent Year
ā	8		ons and grants (Part VIII, line 1h)	262,	810.		305,820.	
enc	9	_	ervice revenue (Part VIII, line 2g)					
Revenue	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	281.		1,833.		
_	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b></b>	282,	_		300,896.
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>545,</u>			608,549.
	13		f similar amounts paid (Part IX, column (A), lines 1–3)		8,	220.		7,674.
	14	-	aid to or for members (Part IX, column (A), line 4)	<u> </u>	264	040		251 020
ses	15   16a		her compensation, employee benefits (Part IX, column (A), lines 5–10) al fundraising fees (Part IX, column (A), line 11e)	<u> </u>	264,	948.		251,038.
Expense	b		raising expenses (Part IX, column (D), line 25)	<u> </u>				<u>_</u>
X	17		enses (Part IX, column (A), lines [1a-116, 4], [2]	<u> </u>	248,	853.		256,153.
	18		nses. Add lines 13-17 (must equal Part 1x, celumn (A7,0(na.25)).		522,			514,865.
	19		ess expenses. Subtract line 18 from line-12			162.		93,684.
or Se			MAY 2 2 2020 179	Beginni	ng of Curre	nt Year	End	of Year
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)		419,	765.		509,330.
t As	21		ties (Part X, line 26)		39,	859.		35,740.
_			or fund balances. Subtract line 21 from the 20 1 1 1 1		379,	906.		473,590.
Pá	art II	Signatu	re Block					
			. I declare that I have examined this return, including accompanying schedules and sta e Declaration of preparer (other than officer) is based on all information of which prepa				ny knowledge	and belief, it is
		t, and complete	property of property (open than onlock) is based on all mornation of which proper		1, 1.1.011.00	<del></del>	17	$\mathcal{T}$
Sig	ın	gionati	ore of officer		Date	)/	1)	<u> </u>
He		1:////			Date			
			SIDENT or print name and title					
		<del></del>	preparer's signature	Date		Chack	T IF PTIN	
Pa		Patrio	ck Ehlers	4-24		Check ( self-emp	oloyed P01	
	epare	F	7. 2215	<u> </u>			$\frac{74-1145}{74-1145}$	
Us	e Onl	V ———	dress ► P.O. Box 2689, Waco, TX 76702		Phone		54)751-	
Ma	v the IF		this return with the preparer shown above? (see instructions)			<del> \</del>		Yes □ No

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 02/25/20 PRO

Form **990** (2019)

Part	Statement of Program Service		in this Part III					
1	Briefly describe the organization's mis		muns rait m	· · · · · <u>· · · · · · · · · · · · · · </u>				
•	To better the conditions							
			and desirable rural life					
	agricultural producers and promote a wholesome and desirable rural life through education, information, and other such programs.							
_								
2	Did the organization undertake any s	significant program services during	ng the year which were not listed on th	ne				
				🗌 Yes 🛛 No				
	If "Yes," describe these new services	on Schedule O.						
3	Did the organization cease conduc	oting, or make significant chan	ges in how it conducts, any prograi	m				
				🗌 Yes 🛮 No				
	If "Yes," describe these changes on S	Schedule O.						
4		(c)(4) organizations are required	ach of its three largest program service to report the amount of grants and all orted.					
4a	(Code. ) (Expenses \$	including grants of \$	) (Revenue \$	)				
	Volunteer Directors of th	<u>ie County Farm Bureau a</u>	attended meetings					
	sponsored by Texas Farm B	Bureau, including its a	annúal state convention.					
	At these meetings, variou	<u>is agricultural issues</u>	are discussed with					
	sımilar local volunteers	from other county farm	m bureaus across the state	·				
			cal county farm bureau					
	leaders from all over Tex	as voted on agricultu:	ral issues that these					
			e volunteers to pursue					
	on a statewide level in t	he upcoming year.						
	***************************************							
4b			) (Revenue \$	)				
	Annual meeting							
			e invited. Purpose was to					
			l agricultural issues,					
			usiness of the organization					
			to agriculture. Members					
			staff, county farm bureau					
	voluntary leaders, Texas	<u>Farm Bureau staff and</u>	invited guests participate	ed.				
		· <b></b>						
	(Code: \) (Expanses \$	including grants of \$	) (Revenue \$	····				
40								
	Youth Livestock Show/Fair							
			· 					
			lity,					
			n					
			1 → rrn					
			d FFA					
	<u>unapters participate in t</u>	nis important event.						
	Other program services (Describe on	Schedule ()						
40	(Expenses \$ including		Revenue \$ )					
	Total program convec expenses	<u>y yιαπιο υι φ</u>	ievonide ψ					



# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		×
C	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		×
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		×
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>×</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_×
b	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		_×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_×

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
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		×
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>  ^</del>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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	ļ <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? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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 Part				
	Check If Schedule O contains a response or note to any line In this Part V	•••	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1 53	,,,,,
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	10	×	

eiru	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Fator the graph of an allower was and as Fame W.O. Transmitted of West and Tax		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 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0	^	
За	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 on 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,	"		
74	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
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	<del>"</del>		
	gifts were not tax deductible?	6b	×	
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			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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? .	7 <del>f</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<del></del> -		
_	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:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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 on 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		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes." complete Form 4720, Schedule O.			

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 on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ır	nstruc	tions.
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent .   1b	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		×
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	X	
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:			
а	The governing body?	8a	×	
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<b> </b>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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.	100		<b></b>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		¥
13	describe in Schedule O how this was done	12c		×
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			
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a		×
a b	Other officers or key employees of the organization	15b		$\hat{\mathbf{x}}$
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			, 1
	with a taxable entity during the year?	16a		×
b	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		
Secti	on C. Disclosure	IOD		
17	List the states with which a copy of this Form 900 is required to be filed			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
18	(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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(X) Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	b office Individua	unles	Pos neck ss pe	rson irect	n oth an both the both Highest compensated er so employee	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) AARON LOONEY	3.00			Ī.,						
PRESIDENT	ļ	×	_	×	<u> </u>		_	0.	0.	0.
(2) BEN WIBLE VICE PRESIDENT	2.00	×		×				0.	0.	0.
(3) CLINTON RUTLEDGE	5.00	×		×				0.	0.	0
SEC TREAS	2.00	<del>  ^</del> -	├	<u>  ^</u>	-		-			0.
(4) SCOTT RENFRO DIRECTOR	2.00	×						0.	0.	0.
(5) BART LAWRENCE	6.00			}			1			
DIRECTOR		×		_				0.	0.	0.
(6) CHANDLER STRAWN DIRECTOR	1.00	×						0.	0.	0.
(7) KEITH WELCH	1.00		_				_			
DIRECTOR	,	×				i		0.	0.	0.
(8) MICHAEL GIDNEY DIRECTOR	1.00	×						0.	0.	0.
(9) RANDALL WATSON DIRECTOR	3.00	×						0.	0.	0.
(10)										
(11)									<u> </u>	
(12)										
(13)										
(14)				-				_		

Part	Section A. Onicers, Directors,	rustees,	Key I	<u>Em</u> j	ριο	<u>yee</u>	s, an	a H	lignest Compe	nsated	-mplo	yees (	<u>contini</u>	uea)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles er and	Pos neck ss pe d a d	erson	e that highest compensated	n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E Repor compen from re organiz (W-2/1099	table isation elated ations	o com fr organ	(F) ated amo f other pensatio om the ization ai organizat	on ind
(15)				"		-	ted							
(16)			$\vdash$		-	$\vdash$						·		
(17)			<u> </u>			_								
(18)		<del> </del>	<u> </u>			_	<u> </u>					<del>                                     </del>	<del></del>	
		<b>+</b>	-			L								
												; !		
(20)														
(21)														
(22)						_				<u>-</u>				
(23)						-								
(24)					H									
(25)				$\vdash$		-		$\vdash$						
	Subtotal		<u> </u>	L ·	L	<u> </u>			0.	<u> </u>	0.	<del></del>		0.
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					<b>&gt;</b>	0.		0.			0.
_ <u>u</u>	Total number of individuals (including but	t not limited				ted		e) W		e than \$1		of		
	reportable compensation from the organi	zation >					0						Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							-	oyee, or highes			3		×
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal	ble d	com	nper	nsatio							×
5	Did any person listed on line 1a receive of for services rendered to the organization?											5		×
Secti	on B. Independent Contractors							$\equiv$						
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business add								(B) Description of serv			(C) Compens		
					_			_						
2	Total number of independent contracto	•	_					th	ose listed above 0	e) who				

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to an	y line in this Pa	nt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	305,820.				
S E	С	Fundraising events 1c					
fts,	d	Related organizations 1d					
iai Iai	e	Government grants (contributions) 10		100, 10	1		
rs, im	f	All other contributions, gifts, grants,					
tion r.S	'	and similar amounts not included above 11					
the	q	Noncash contributions included in	· <u> </u>				
ntr d	9	lines 1a–1f 1g	\$				
Col	h	Total. Add lines 1a-1f		305,820.			
		Totali Add lilles Ta-III	Business Code	303,020.			
ģ	2a		Submissis Gode				
vic	b			<del></del>			
Ser	0						-
m e	יט						
gram Ser Revenue	d						· 
Program Service Revenue	e	All sales					
مَ	T	All other program service revenue		· <del></del>			
	g	Total. Add lines 2a–2f		<del></del>		<del></del>	
	3	Investment income (including dividends	_ 1	1 022		0	1 022
	4	other similar amounts)	+	1,833.	0.	0.	1,833.
	4	Income from investment of tax-exempt bo	`				
	5	Royalties					
	_	<del>  '' </del>	(ii) Personal				į
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					 
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)					<del></del> -
	7a	Gross amount from (i) Securities	(II) Other				
		sales of assets					' '
		other than inventory 7a		•	1 /	,	
Revenue	ь	Less cost or other basis					
Ver		and sales expenses . 7b					İ
Re	_	Gain or (loss) 7c		· · · · · · · · · · · · · · · · · · ·			
er	d		· · · · · · · · · · · · · · · · · · ·				<del></del>
Other	8a	Gross income from fundraising					
		cvents (not including \$ of contributions reported on line		**			
	L	· · · · · · · · · · · · · · · · · · ·					
		Less: direct expenses 8b					
	C	Net income or (loss) from fundraising ever	<u>nts ▶</u>				
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a					
	L	, , , , , , , , , , , , , , , , , , ,					
		Net income or (loss) from gaming activitie	s <b>&gt;</b>				<del></del>
	10a	Gross sales of inventory, less					
		returns and allowances 10a					Į
		Less: cost of goods sold 10b			<del></del>		
	С	Net income or (loss) from sales of inventor					<del></del>
Sn		THE DESCRIPTION THEORY	Business Code	200 116	<del> </del>	200 110	
e e	11a		524298	300,112.	0.	300,112.	0. 703.
llar en	b		900099	703.	0.	0.	
scellaneo Revenue	C		900099	81.	0.	0.	81.
Miscellaneous Revenue	d	All other revenue		200 000			<del></del>
		Total. Add lines 11a-11d	· · · · · · · · · · · · · · · · · · ·	300,896.		200 110	2,617.
	12	Total revenue. See instructions	• 1	608,549.	0.	300,112.	∠,61/.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	2,454.			
2	Grants and other assistance to domestic			}	
	individuals. See Part IV, line 22	5,220.			
3	Grants and other assistance to foreign		!		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	_			
	trustees, and key employees				
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	Other salaries and wages	232,685.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	<u> </u>			
9	Other employee benefits				
10	Payroll taxes	18,353.			
11	Fees for services (nonemployees):		ļ		
а	Management		·		
b	Legal				
С	Accounting	1,560.			
d	Lobbying				
е	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.)			<u>-</u>	
12	Advertising and promotion	72.	<del>-</del>		
13	Office expenses	23,973.	· · · · · · · · · · · · · · · · · · ·		
14 15	Information technology				
16	Royalties	58,528.	<del></del>		
17	Occupancy	9,450.		<del></del>	
18	Payments of travel or entertainment expenses	3,130.			<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	5,648.			<del></del>
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	8,164.			
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column		4 + 11		
	(A) amount, list line 24e expenses on Schedule O.)				
а	STATE MEMBERSHIP DUES	139,298.			
b	OTHER EXPENSES	8,785.			
С	COMMITTEE/CONTR SVCS	675.			
d			<del></del>		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	514,865.			
26	Joint costs. Complete this line only if the 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)	!		<u></u>	

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	t X		<u></u> 🗀
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			119,862.	1	150,065.
	2	Savings and temporary cash investments		[	56,491.	2	129,298.
	3	Pledges and grants receivable, net			<del></del>	3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	sons		5	
	6	Loans and other receivables from other disqua		` !	·		
		under section 4958(f)(1)), and persons described		· · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net				7	· <del></del>
sse	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			6,446.	9	1,164.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		416,906.			
	b	Less: accumulated depreciation			236,966.	10c	228,803.
	11	Investments—publicly traded securities		<del></del>	<del></del>	11	
	12	Investments—other securities. See Part IV, line	<b></b>		12		
	13	Investments-program-related. See Part IV, line	<del>-</del>		13		
	14	Intangible assets		· · · · · · · · · · · · · · · · · · ·	14		
	15	Other assets. See Part IV, line 11			410 765	15	500 220
	16	Total assets. Add lines 1 through 15 (must equa			419,765.	16	509,330.
	17	Accounts payable and accrued expenses		<del>-</del>	3,080.	17	3,037.
	18	Grants payable		19	<del></del> _		
	19	Deferred revenue		20			
	20	Tax-exempt bond liabilities		20			
.	21	• •				21	
ties	22	Loans and other payables to any current or trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Liabilities	23	Secured mortgages and notes payable to unrela	-	<u> </u>	36,779.	23	32,703.
_	24	Unsecured notes and loans payable to unrelated		· •	30,713.	24	327103.
	25	Other liabilities (including federal income tax,		·	<del></del>	-	
	23	parties, and other liabilities not included on lines				[ [	
				,		25	
	26	Total liabilities. Add lines 17 through 25			39,859.		35,740.
S		Organizations that follow FASB ASC 958, che					
Sce		and complete lines 27, 28, 32, and 33.				<u> </u>	
ılar	27	Net assets without donor restrictions		[		27	
Ba	28	Net assets with donor restrictions		[		28	
P.		Organizations that do not follow FASB ASC 9	58, ch	eck here ▶ 🏻 🗍			
Ţ		and complete lines 29 through 33.	-				
ō	29	Capital stock or trust principal, or current funds		[		29	
ets	30	Paid-in or capital surplus, or land, building, or ed		<del></del>		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			379,906.	31	473,590.
et/	32	Total net assets or fund balances			379,906.	32	473,590.
Ź	33	Total liabilities and net assets/fund balances .		<u> </u>	419,765.	33	509,330.

_	4	•
Page	-1	1

				<b>3</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	6	08,5	49.
2	Total expenses (must equal Part IX, column (A), line 25)	5	14,8	<u>65.</u>
3	Revenue less expenses. Subtract line 2 from line 1		93,6	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	3	79,9	06.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	4	73,5	90.
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>	$\blacksquare$
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	] !		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_×_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:		i l	1
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		_×_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:		ı	
	Separate basis Consolidated basis Both consolidated and separate basis	<u></u> '		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		ı İ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		i l	]
	Schedule O.			
За	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 undergo the		, 1	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b		
	REV 02/25/20 PRO	Forr	n <b>990</b>	(2019)

## 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 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Name o	the organization		Employer identification number
GRA	SON COUNTY FARM BUREAU		75-0906105
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar F	unds or Accounts.
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
	Tatal assuabase at and after assu	<u> </u>	(b) Turius and other accounts
1	Total number at end of year		<del></del>
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets	s held in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	<del>-</del>	
•	only for charitable purposes and not for the benef		
		· · · · · · · · · · · · · · · · · · ·	
0		<del></del>	· · · · · · · · · · · · · · · · · · ·
Par			_
	Complete if the organization answered '		<u>/.                                    </u>
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (for example, recre	eation or education) 🔲 Preservatio	on of a historically important land area
	Protection of natural habitat	☐ Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribu	ition in the form of a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
_	<b>_</b>		
а			<del></del>
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h	, ,	
d	Number of conservation easements included in		
	historic structure listed in the National Register .		· · · <b>2d</b>
3	Number of conservation easements modified, tran	sferred, released, extinguished, or	terminated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse	rvation easement is located ►	
5	Does the organization have a written policy re-	garding the periodic monitoring,	nspection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enfor	cing conservation easements during the year
-	<b>&gt;</b>	3	, ,
7	Amount of expenses incurred in monitoring, inspecting	and handling of violations, and enforce	ing conservation easements during the year
•	►\$	ig, nariding or violations, and emore	ing conservation casemonts during the year
_			
8	Does each conservation easement reported on line	* *	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		financial statements that describes the
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures,	or Other Similar Assets.
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line	8.
1a	If the organization elected, as permitted under FAS	SR ASC 958, not to report in its rev	enue statement and balance sheet works
14	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
	•		
b	If the organization elected, as permitted under FA		
	art, historical treasures, or other similar assets held		research in furtherance of public service,
	provide the following amounts relating to these iter		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	<ul><li>(i) Revenue included on Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>		<b>&gt;</b> \$
2	If the organization received or held works of art,		
-	following amounts required to be reported under F.		
2	Revenue included on Form 990, Part VIII, line 1 .		
a h	Assets included in Form 990. Part Y		• • •

Part	Ш	Organizations Maintaining	Collections of	Art, His	storical 1	<u> reasures,</u>	or Oth	<u>ier Similar Ass</u>	ets (continued)
3		g the organization's acquisition, ction items (check all that apply):		her reco	ords, chec	k any of the	follow	ng that make sig	gnificant use of its
а	☐ Pt	ublic exhibition		d	☐ Loan	or exchange	progra	m	
b	☐ So	cholarly research		е	☐ Other				
С	☐ Pi	reservation for future generations	•						
4	Provi XIII.	de a description of the organization	tion's collections a	and exp	ain how t	hey further t	he orga	anization's exemp	ot purpose in Part
5		ig the year, did the organization is to be sold to raise funds rather	than to be mainta						
Part	IV	Escrow and Custodial Arra Complete if the organization	•	" on Fo	rm 990, I	Part IV, line	9, or r	eported an amo	ount on Form
	lo the	990, Part X, line 21.							····
1a 	ınclu	e organization an agent, trustee, ded on Form 990, Part X?							☐ Yes ☐ No
b	II TE	es," explain the arrangement in Pa	art XIII and comple	ete the i	ollowing to	able:		Am	ount
С	Begır	nning balance					1c		
d	Addıt	tions during the year					1d		
е	Dıstri	butions during the year					1e		
f	Endır	ng balance					1f		
2a	Did t	he organizatıon ınclude an amouı	nt on Form 990, Pa	art X, lin	e 21, for e	scrow or cu	stodial	account liability?	☐ Yes ☐ No
b	If "Ye	es," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been p	rovided	on Part XIII .	
Par	t V	Endowment Funds.			-				
		Complete if the organization	answered "Yes"	" on Fo	rm 990, I	Part IV, line	10.		
			(a) Current year	(b) P	or year	(c) Two years	back (	d) Three years back	(e) Four years back
1a	Begir	nning of year balance							
b	-	ributions							
С		nvestment earnings, gains, and							
d		ts or scholarships				-			<del>.</del>
e		r expenditures for facilities and							
	progr	rams							
f 		inistrative expenses							
g		of year balance		-1 11	()				
2		de the estimated percentage of t			ce (line 1g	j, column (a))	neid a	S:	
a		d designated or quasi-endowmer		%					
b		anent endowment							
С		endowment ►%							
		percentages on lines 2a, 2b, and	•						
3a		here endowment funds not in the	e possession of th	e organ	ization the	at are held a	nd adm	ninistered for the	
	_	nization by:							Yes No
	• •	•							3a(i)
		•							3a(ii)
Ь		es" on line 3a(ii), are the related o	=	-					3b
_4		ribe in Part XIII the intended uses	<del></del>	n's end	owment for	unds.			
Part	: VI	Land, Buildings, and Equip							
		Complete if the organization	answered "Yes"	<u>' on Fo</u>	rm 990, f	Part IV, line	<u>11a. S</u>	<u>ee Form 990, F</u>	Part X, line 10.
		Description of property	(a) Cost or ot (investm		1 ' '	or other basis other)		ecumulated preciation	(d) Book value
1a	Land					31,895.			31,895.
b		ings	.			08,837.		114,742.	194,095.
c		ehold improvements			1	<del></del> +		<del></del>	<u></u>
d		oment			<del> </del>	69,388.		66,953.	2,435.
u e	Othe		<u> </u>		<del>                                     </del>	6,786.		6,408.	378.
		nos 1a through 1e (Column (d) n		O Dort	Y column			-0,100.	228 803

Part VII	Investments - Other Securities.			_
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	ne 11b. See Form 990, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely h	neld equity interests			_
(3) Other	· ·			_
(A)				_
(B)				_
(C)	•••••••••••••••••••••••••••••••••••••••			_
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . 🕨			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	ne 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				_
(2)		_		_
(3)				_
(4)				
(5)				_
(6)			<del></del>	
(7)				
(8)			1	_
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15	
	(a) Description		(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)		<del></del>		
Part X	mn (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities.		•	
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, III	erre or Th. See Form 990, Part X,	
1.	(a) Description of liability	·	(b) Book value	
(1) Federal ır	ncome taxes			
_(2)				
_(3)				
_(4)				
_(5)		<del></del>		
_(6)				_
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the footn	ote to the organization	n's financial statements that reports the	$\Box$
organization'	s liability for uncertain tax positions under FASB ASC 740. Check	k nere if the text of the	e loothote has been provided in Part XIII I	

Par	Reconciliation of Revenue per Audited Financial Statemers Complete if the organization answered "Yes" on Form.990,	-	Return.
			Т2 Т
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	-{
G	Recoveries of prior year grants		-{ <b>       </b>
d	·	<del></del>	20
е 3	Add lines 2a through 2d		2e 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·	3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			
	Complete if the organization answered "Yes" on Form 990,		Ci rictarii.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	<b> </b>
С	Other losses	2c	<b>1</b>
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	XIII Supplemental Information.		<del></del>
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	nformation.
		••••	
		• • • • • • • • • • • • • • • • • • • •	
••••			
77.77.7.			

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

	٠
0	ŀ
<b>T</b>	ľ
$\bigcirc$	ľ
(CA)	ļ
	ľ

OMB No 1545-0047

Open to Public

Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, °N □ (h) Purpose of grant or assistance **Employer identification number** X Yes 75-0906105 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non-(book, FMV, appraisal, cash assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section the selection criteria used to award the grants or assistance? (if applicable) General Information on Grants and Assistance (p) EIN GRAYSON COUNTY FARM BUREAU 1 (a) Name and address of organization or government Name of the organization Part II Partl € 8 (12) N 2 <u></u> 5 Ξ ල <u>(S</u> 9 Ξ E

REV 02/25/20 PRO For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Pt I Line 2: Funds awarded to individuals for livestock projects are intended to defray expenses incurred students who participate in the youth livestock show mentioned above. They are not monitored. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 5,220. (c) Amount of cash grant 87 (b) Number of recipients 1 Assist local students who have projects in the youth livestock show. (a) Type of grant or assistance by the Part IV Part III N က 4 Ŋ ဖ

#### 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.

20**19** 

Open to Public Inspection

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

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

Employer identification number GRAYSON COUNTY FARM BUREAU 75-0906105 Pt VI, Line la: An executive committee, when appointed, has the authority to conduct affairs of the organization between regular board meetings, but the committee is under the direct supervision of the board of directors at all times, and all actions of the committee must be ratified at the following board of directors meeting. Pt VI, Line 6: Members Pt VI, Line 7a: All members are the same class and are invited to the annual membership meeting where directors are elected. Pt VI, Line 11b: The form 990 is reviewed by the president prior to filing and all directors review at the board meeting subsequent to its filing. Pt VI, Line 15: No officers or directors receive any compensation; therefore, no compensation review is needed. Pt VI, Line 19: The organization makes its Form 990 and any other required information available to the public upon specific request only. Pt XII, Line 2a&b: While the financial statements are not compiled by an "independent" accountant, they are compiled by a separate entity who compiles its financial statements and prepares and files all of its state and federal tax returns/reports. This entity also reconciles the organization's bank statements. The organization pays a fee for these services.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
·	tification number
GRAYSON COUNTY FARM BUREAU 75-09061	05
Pt III, Line 4d-Other Program Services: NATIONAL AFFAIRS MEETINGS- County Fa	arm
Bureau Directors attended meetings with national legislators as well as stat	:e
legislators to explain how laws and regulations impact agriculturel and rura	al
areas. YOUTH LEADERSHIP CONFERENCE- Sponsored student(s) to attend the Farm	Bureau
Youth Leadership Conference. The purpose of the conference is to give select	ed
high school students in Texas a better understanding of the various forms of	=
government and educate them on their responsibilities as citizens. The confe	erence
runs three full days and includes lectures, discussions and films by outstar	nding
authorities in government, history and economics. ADDITIONAL- Members of the	<u> </u>
County Farm Bureau are also members of Texas Farm Bureau, a statewide agricu	ıltural
organization (exempt under 501 (c)(5)) thata works for the betterment of agr	riculture
and coordinates programs on a statewide basis. Members of the County Farm Bu	ıreau
are also members of the American Farm Bureau, a national agricultural organi	zation
that also works for the betterment of agriculture. County Farm Bureau volunt	eers
help organize their members into separate agricultural commodity interests a	and
participate in matters dealing with legislation that affects agriculture.	
	······