

Short Form Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form, as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning		7/1/2019	, and ending	6/30/2020
B Check if applicable		C Name of organization		
<input type="checkbox"/> Address change		Reno County Farm Bureau Assoc.		
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		
<input type="checkbox"/> Initial return		10 S Main Street, Suite A		
<input type="checkbox"/> Final return/terminated		City or town	State	ZIP code
<input type="checkbox"/> Amended return		South Hutchinson	KS	67505-1093
<input type="checkbox"/> Application pending		Foreign country name	Foreign province/state/county	Foreign postal code
				05
D Employer identification number		48-0564910		
E Telephone number		620-663-4251		
F Group Exemption Number				

G Accounting Method:	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ►	
I Website:	► N/A			
J Tax-exempt status (check only one)	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c)(5)	◀ (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other
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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 58,306

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I PRESENCE ABSENCE

	Revenue	5b	IRS-OIS	1	12,100
	Expenses	5b	IRS-OIS	2	39,119
	Net Assets	5b	IRS-OIS	3	6,992
		5c	IRS-OIS	4	0
		6a	IRS-OIS	5d	0
		6b	IRS-OIS	6d	0
		6c	IRS-OIS	7c	0
		7a	IRS-OIS	8	95
		7b	IRS-OIS	9	58,306
		10	IRS-OIS	10	5,400
		11	IRS-OIS	11	0
		12	IRS-OIS	12	20,164
		13	IRS-OIS	13	0
		14	IRS-OIS	14	2,283
		15	IRS-OIS	15	1,350
		16	IRS-OIS	16	20,622
		17	IRS-OIS	17	49,819
		18	IRS-OIS	18	8,487
		19	IRS-OIS	19	243,040
		20	IRS-OIS	20	0
		21	IRS-OIS	21	251,527
1	Contributions, gifts, grants, and similar amounts received			1	12,100
2	Program service revenue including government fees and contracts			2	39,119
3	Membership dues and assessments			3	6,992
4	Investment income			4	0
5a	Gross amount from sale of assets other than inventory			5c	0
b	Less: cost or other basis and sales expenses				
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)				
6	Gaming and fundraising events:				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b	
c	Less: direct expenses from gaming and fundraising events			6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	0
7a	Gross sales of inventory, less returns and allowances			7a	
b	Less: cost of goods sold			7b	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	0
8	Other revenue (describe in Schedule O)			8	95
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►			9	58,306
10	Grants and similar amounts paid (list in Schedule O)			10	5,400
11	Benefits paid to or for members			11	0
12	Salaries, other compensation, and employee benefits			12	20,164
13	Professional fees and other payments to independent contractors			13	0
14	Occupancy, rent, utilities, and maintenance			14	2,283
15	Printing, publications, postage, and shipping			15	1,350
16	Other expenses (describe in Schedule O)			16	20,622
17	Total expenses. Add lines 10 through 16 ►			17	49,819
18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	8,487
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	243,040
20	Other changes in net assets or fund balances (explain in Schedule O)			20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►			21	251,527

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2019)

G-4

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	242,637	22 250,420
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,411	24 2,125
25 Total assets	244,048	25 252,545
26 Total liabilities (describe in Schedule O)	1,008	26 1,018
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	243,040	27 251,527

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Educate/improve life quality

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 All activities offered to educate and/or improve quality of life for members.

Programs offered to all members include health, safety, citizenship and marketing.

(Grants \$)) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
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29

(Grants \$)) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
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30

(Grants \$)) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
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31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ►

31a

32 Total program service expenses. (add lines 28a through 31a)	► <input type="checkbox"/>	32
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Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Cameron Peirce President	Hr/WK .00			
Austin Schweizer Vice-President	Hr/WK .00			
Katie Johnson Treasurer	Hr/WK .00			
Cindy Colle Board Member	Hr/WK .00			
Chad Basinger Board Member	Hr/WK .00			
Ryan Nuest Board Member	Hr/WK .00			
Lance Ohnmacht Board Member	Hr/WK .00			
	Hr/WK			

ABO

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
a Initiation fees and capital contributions included on line 9.	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40c	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.	40e	X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41 List the states with which a copy of this return is filed. ► _____		
42 a The organization's books are in care of ► Office Secretary	Telephone no. ► 620-663-4251	
Located at ► 10 S Main Street, Suite A City South Hutchinson ST KS	ZIP + 4 ► 67505-1093	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions.	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

46	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		X		

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

47	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		48	<input type="checkbox"/>	
		49a	<input type="checkbox"/>	
		49b	<input type="checkbox"/>	

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			

f Total number of other employees paid over \$100,000 ►

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ► Yes X No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer	Date
	<i>Cameron S. Pearce</i>	10-20-20

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

Reno County Farm Bureau Assoc.

Employer identification number

48-0564910

Form 990-EZ, Part I, Line 8, Other Revenue: Membership awards: 95

Form 990-EZ, Part I, Line 16, Other Expenses: Advertising: 349

Form 990-EZ, Part I, Line 16, Other Expenses: 4-H Promotion: 1,000

Form 990-EZ, Part I, Line 16, Other Expenses: Board Expense: 1,973

Form 990-EZ, Part I, Line 16, Other Expenses: Collegiate: 121

Form 990-EZ, Part I, Line 16, Other Expenses: Dues: 175

Form 990-EZ, Part I, Line 16, Other Expenses: Gifts & Flowers: 205

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: Master Group Liability: 506

Form 990-EZ, Part I, Line 16, Other Expenses: Office Expense: 410

Form 990-EZ, Part I, Line 16, Other Expenses: Subscriptions: 20

Form 990-EZ, Part I, Line 16, Other Expenses: Contributions: 2,224

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

Form 990-EZ, Part I, Line 16, Other Expenses: Travel: 727

Form 990-EZ, Part I, Line 16, Other Expenses: Committees: 7,767

Form 990-EZ, Part I, Line 16, Other Expenses: Meetings: 4,226

Form 990-EZ, Part I, Line 16, Other Expenses: Seminars: Capital Experience: 752

Form 990-EZ, Part I, Line 16, Other Expenses: Ambassadors: 127

Form 990-EZ, Part II, Line 24, Other Assets: Accounts receivable: Beginning of year: 1,411,

End of year: 2,125

Form 990-EZ, Part II, Line 26, Liabilities: Accounts payable and accrued expenses: Beginning

of year: 1,008, End of year: 1,018