OMB No. 1545-0047

(Rev. January 2020)

SCANNED NOV 3 0 2021

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.

Open to Public

| Inter | | ue Service | ► Go to ww | | | | | | | | | Inspe | ectio | n |
|---------------|--------------|----------------|--|---|---------------------|-------------------|--------------------------|-------------|------------|-----------------|-----------------|---------------------------------------|---------|----------------|
| <u>A</u> | | | endar year, or tax year b | | | 1/2019 | | and e | nding | | /30/2020 | | | |
| В | | applicable | | Shawnee Cou | <u>ınty Farm Βι</u> | reau Assoc. | | | | D Employ | er identific | ation numbe | :F | |
| \sqcup | Address | change | Doing business as | | | | | | | | | | | |
| \Box | Name ch | anne | Number and street (or P.O | box if mail is not | delivered to st | reet address) | Room/: | suite | 1 | <u>48-07832</u> | | | | |
| = | | - | 3801 SW Wanamaker | | <u> </u> | | | | | E Telepho | one number | | | |
| Ш | Initial retu | um | City or town | | | State | ZIP co | | . 1 | 785-273-7 | 7077 | | | |
| \Box | Final return | n/terminated | Topeka | | | KS | | 0-3801 | | | | | | |
| Η | | | Foreign country name | Foreign | province/state | /county | Foreigi | n postal | code | | | | _ | 05 007 |
| Ш | Amended | d return | | | | | | | <u></u> 3 | G Gross r | eceipts \$ | | | 25,307 |
| | Application | on pending | F Name and address of princip | pal officer | | | | | H(a) is th | is a group retu | m for subordina | ates? |]Yes[| X No |
| | | | Christine Russell 15519 | 134th Rd, H | lovt, KS 66 | 440 | | | H(b) Are | all subordin | ates include | d? | Yes | No. |
| $\overline{}$ | Tay ava | mot status | 501(c)(3) X 501(c) | | (insert no.) | 4947(a)(1) | ar [| 527 | | No," attach a | | _ | | |
| ÷ | | mpt status | | (3) | (insert no.) | 4947(8)(1) | - L | 7 345 | | | • | | | |
| <u>J</u> | Website | :: ► N/A | | | | | _} | لبب | H(c) Gro | up exemptio | n number | <u> </u> | | |
| K | Form of | organızatıon | X Corporation Tru: | stAssocia | ation L | her 🟲 | - 1 | L Yea | r of forma | ition 195 | 1 M Sta | ite of legal do | micile | KS |
| F | art I | Sui | nmary | | | | 7 | • | | | | | | |
| | 1 | | escribe the organization's | s mission or | most signifi | cant activitie | s. | See | schedul | e O | | | | |
| æ | 1. | Dilony a | coorde the organization | 5 1111551511 61 | most signin | ount doavido | . | .000. | 30110001 | <u> </u> | | | | |
| ă | ı | | | | | | | | | | | | | |
| Governance | İ | | | | | | | | | | | | | |
| š | 2 | | nis box ▶ if the orga | | | | | | | | 6 of its ne | t assets. | | |
| | 3 | | of voting members of the | | | | | | | | 3 | | | 376 |
| 90 | 4 | Number | of independent voting m | embers of th | e governing | body (Part ' | VI, line | 1b). | · /: | | 4 | | | 376 |
| Activities & | 5 | Total nu | mber of individuals emplo | oyed in caler | ndar year 20 | 019 (Part V, I | ine 2a) |) | .). 🎵 | | 5 | | | 1 |
| ₹ | 6 | Total nu | mber of volunteers (estin | nate if neces | sary) | | | | 1(. | | 6 | | | 23 |
| ĕ | 7a | | related business revenue | | | | | | | | 7a | | | 0 |
| | Ь | | lated business taxable in | | | | | | | | 7b | | | 0 |
| | | | ······ | | | | | | | Prior Year | | Curre | nt Year | , |
| | 8 | Contribu | tions and grants (Part VI | II. line 1h). | | | | | | | 7,475 | | | 7,425 |
| Revenue | 9 | | service revenue (Part V | | | | | | ···· | | 87,883 | | | 91,686 |
| ₹ | 10 | _ | ent income (Part VIII, col | | | | | | | | 8,490 | · · · · · · · · · · · · · · · · · · · | | 8,531 |
| 8 | 11 | | venue (Part VIII, column | | | • | | | | - | 13,228 | | | 17,665 |
| | 12 | | enue—add lines 8 through | | | | - | | | | 17,076 | | | 25,307 |
| | 13 | | | | | | | | - | <u>_</u> | | | | |
| | 4 | | | | | | | | | | | | | 5,000 |
| | 14 | | | | | | | | | | | | | 0 |
| es Ses | 15 | | other compensation, empl | • | • | | | ٦ ٠ | 50,444 | | | | | 53,947 |
| ű | 16a | Professi | onal fundraising fees (Pa | irt IX, columr | 1 (A), line 1 | SEIVE | $\mathbf{D} \cdot \cdot$ | $ A_{i} $ | | | 0 | | | 0 |
| Expenses | b | l otal fur | onal fundraising fees (Pa idraising expenses (Part menses (Part IX, column | IX, column (| U), line 2/50 | يريسارها | | 않/의 | | | | | | |
| ш | 1 '' | 011101 07 | porioco (r artist, colorist | (, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - I - I | . د داری . | | S-0 | | | 62,459 | | | 68,312 |
| | 18 | Total ex | penses. Add lines 13-17 | (must equal | Pat X, co | արո (Քինյինի | (25). | 18/1 | | 1 | 17,403 | | | <u> 27,259</u> |
| | 19 | Revenue | e less expenses. Subtrac | t line 18 fron | n iineo 12. U | .0: | | 761 | | | -327 | | | -1,952 |
| Net Assets or | <u> </u> | | | | سااا | GDEN | IIT | 1 | Beginn | ing of Curre | | End o | of Year | |
| 3861 | 20 | | sets (Part X, line 16) | | 1 (|)GUEIN | | | | 5 | 65,824 | | 5 | 62,794 |
| ž ž | 21 | | oilities (Part X, line 26). | | سسنان | | | | | | 2,762 | | | <u>1,684</u> |
| ž | 22 | Net asse | ts or fund balances. Sub | otract line 21 | from line 20 | <u>)</u> | | | | 5 | 63,062 | | 5 | <u>61,110</u> |
| | art II | | nature Block | | | | | | | | | | | |
| | • | | , I declare that I have examined | | • | | | - | | - | • | | | |
| and | belief, it i | is true, corre | ct, and complete Declaration of | oreparer (other | than officer) is | based on all info | mation | of which | preparer | has any kno | | | | |
| Sig | an | | Charles Carlo | <u> </u> | | | | | | | 1/2816 | <u>υ</u> | | |
| He | | | Signature of officer | ٠ ١ | | | | | | Date | • | | | |
| ne | ii e | | Makine | <u>kussell</u> | | | | | | | | | | |
| _ | | | Type or print name and title | | | | | | | | | | | |
| | | Print | /Type preparer's name | | Preparer's sig | nature | | | Date | , | | PTIN | | |
| Pa | id | | | | | | | | | l | Check | j if | | |
| | eparei | r | | | L | | | | | | setf-employ | rea | | |
| | e Onl | | 's name 🕨 | | | | | | | Firm's EIN | <u> </u> | | | |
| | | - 1 | 's address | | | | | | | Phone no | | | | |
| Ma | v the IF | | s this return with the orei | parer shown | ahove? (se | e instructions | 3) | | | | | | es [| No |

| | 990 (2019) | Shawnee County Farm Bureau Assoc. | 48-0783246 | Page 2 |
|-------------|------------|---|---------------------|-------------|
| Pa | rt III | Statement of Program Service Accomplishments | | |
| ٠ | | Check if Schedule O contains a response or note to any line in this Part III | · · · · · · · · | X |
| 1 | | lescribe the organization's mission: | | |
| | See sch | nedule O | | |
| | | | | |
| | | | | |
| | | | | |
| 2 | | organization undertake any significant program services during the year which were not listed on | | - |
| | - | r Form 990 or 990-EZ? | L | X No |
| | If "Yes," | describe these new services on Schedule O. | | |
| 3 | Did the | organization cease conducting, or make significant changes in how it conducts, any program | | |
| | | 9 | Yes | X No |
| | | describe these changes on Schedule O. | | |
| 4 | | e the organization's program service accomplishments for each of its three largest program services | | |
| | expense | es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alk | ocations to others, | , |
| | the total | expenses, and revenue, if any, for each program service reported. | | |
| | | | | |
| 4a | (Code: |) (Expenses \$ including grants of \$) (Revenue | e \$ |) |
| | All activ | ities offered to educate and/or improve quality of life for members. Programs offered to | | |
| | all mem | bers include health, safety, citizenship and marketing. | | |
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| 4b | (Code. |) (Expenses \$ including grants of \$) (Revenue | e\$ |) |
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| | (0.1 | | | |
| 4c | (Code: |) (Expenses \$ including grants of \$) (Revenue | e\$ |) |
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| | | | | |
| <i>A -1</i> | Other | rogram services (Describe on Schodule C.) | | |
| 4d | (Expens | rogram services (Describe on Schedule O.) | ٥, | |
| 40 | | ses \$ 0 including grants of \$ 0) (Revenue \$ | 0) | |

BCDO

| | | | 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 | | х |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 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 | | Х |
| 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 | Х | |
| 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 | | Х |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | Х |
| 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 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | ١ | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 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 | X | |
| D | 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 | 446 | | ~ |
| _ | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 11b | | X |
| U | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | Х |
| 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 | | х |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | 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 | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 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 | | X |
| 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 | | Х |
| 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 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| 40 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u> </u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | v |
| 20- | If "Yes," complete Schedule G, Part III | 19 | \vdash | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| D 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | \vdash | |
| 4 I | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| | | . 4 . | | /S. |

Page 4

| Pai | Checkist of Required Schedules (continued) | | | |
|---------|---|-----------|------------|------------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | | х |
| 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 | | X |
| 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 | | Х |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| 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% | | | |
| 27 | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | Х |
| 21 | 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 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| а | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| _ | If"Yes," complete Schedule L, Part IV. | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| C | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 00- | | |
| 29 | If"Yes," complete Schedule L, Part IV | 28c 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | <u> </u> |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 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 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | JE | | ^ |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, | | | ١ |
| | III, or IV, and Part V, line 1 | 34 35a | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | ^ - |
| - | 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 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | <u> </u> | | <u> </u> |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u> </u> |
| 10 | Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. 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 | 000 | <u></u> |
| | | Form | 990 | (2019) |

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | |
|--------|--|-------------|-----|-----------------|--|--|--|--|
| • | Established a supplied of annulus and and an Essay W.O. Tarana Well-(West and Tarana) | | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year and ing with as within the year approach by the return. | | | | | | | |
| b | Statements, filed for the calendar year ending with or within the year covered by this return | | | | | | | |
| D | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | 20 | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х | | | | |
| 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 | | ^ | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | 35 | | | | | | |
| 74 | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | × | | | | |
| ь | 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 | | X | | | | |
| þ | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | |
| С | 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 | | Х | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | | | | | |
| | 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 | | | | | | |
| þ | 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? | 7с | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | | | | | | |
| e | | | | | | | | |
| f | THE TAIL THE THE THE TENT OF T | | | | | | | |
| g h | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 7h | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | _ | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | Ť | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | |
| a | 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 | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | |
| þ | Gross income from other sources (Do not net amounts due or paid to other sources | | | | | | | |
| | against amounts due or received from them.) | | | ļi | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | — | | | | |
| ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 42- | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | | | |
| D | 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 | | X | | | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | \Box | | | | |
| . • | excess parachute payment(s) during the year | 15 | | x | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | `` | | | | |
| 16 | | 46 | | × | | | | |
| 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. | | | L | | | | |

Part VI

| Governance, Management, and I | Disclosure For each "Yes" | response to lines 2 thro | ough 7b below, and | for a "No" |
|--------------------------------------|-----------------------------|--------------------------|--------------------|----------------------|
| response to line 8a, 8b, or 10b belo | ow, describe the circumstar | nces, processes, or chai | nges on Schedule (| O. See instructions. |
| Check if Schedule O contains a | | • | | X |

| Sect | ion A. Governing Body and Management | | | | <u> </u> |
|------|---|---------------------------------------|---------|----------|------------------|
| | | l | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 376 | | | |
| | 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. | | 1 1 | | |
| b | | 1b 376 | 1 1 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | |
| | any other officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under | | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other p | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 w | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | 6 | Х | |
| 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 | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | 3 , | | | |
| | stockholders, or persons other than the governing body? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertake | n during | 1 | | |
| | the year by the following: | | | | |
| а | The governing body? | | 8a | Χ | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | Х | |
| 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 on Schedule O. | | 9 | | Х |
| Sect | ion B. Policies (This Section B requests information about policies not required by the | Internal Revenue (| ode. | | |
| | | | | Yes | No |
| 10a | · | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | ore filing the form?. | 11a | _ X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | \blacksquare |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | X | |
| Ь | Were officers, directors, or trustees, and key employees required to disclose annually interests that could | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | | | | |
| | describe in Schedule O how this was done | | 12c | X | - |
| 13 | Did the organization have a written whistleblower policy? | | 13 | X | - |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and appro | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | - | | |
| a | The organization's CEO, Executive Director, or top management official | | 15a | | - X - |
| Ь | Other officers or key employees of the organization | | 15b | | Х |
| | 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 arrang | | - | | لي |
| | with a taxable entity during the year? | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safe | _ | 405 | | |
| | the organization's exempt status with respect to such arrangements? | · · · · · · · · · · · · · · · · · · · | 16b | | |
| | ion C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | 000 T (0# | E04/~ | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990 | | 501(C) | , | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that ap | | | | |
| 4- | | kplain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents | conflict of interest po | ıcy, | | |
| • | and financial statements available to the public during the tax year. | naaka and | _ | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's l | | • | | |
| | Office Secretary 3801 SW Wanamaker Rd, Topeka, KS 66610-3801 | 785-273-7077 | | - | - |
| | 3001 SVV VVallatilakei Ku, Topeka, NS 000 10-3001 | | | 990 | (2019) |
| | | | | | |

| Form 990 (2019) | Shawnee County Farm Bureau Assoc. | |
|-----------------|-----------------------------------|--|
| | | |

48-0783246

Page 7

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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. 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 | box, offic | unle | Pos neck ss pe | more | | (D) | (E) | (F) |
|------------------------|--|---|----------|---|--|--|------|-----|----------|
| | hours for related organizations below dotted line) | Position (do not check more shan of box, unless person is both officer and a director/truste (Month officer and a Officer institutional trustee or director | | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations | | | |
| (1) Steven Porubsky | 0.00 | | | | | | | | |
| Board Member | 0.00 | х | l | | | | | | |
| (2) Randol Walker | 0.00 | | | | | | | | |
| Board Member | 0.00 | x | | | | 1 | | | |
| (3) Bruce Thomas | 0.00 | | <u> </u> | | | | | | |
| Board Member | 0.00 | x | | | | 1 1 | | | |
| (4) Alan Eggenberger | 0.00 | | | | | | | | <u> </u> |
| Board Member | 0.00 | x | | | | | | | |
| (5) Dustin Mengarelli | 0.00 | l | | | | | | | |
| Board Member | 0.00 | Ιx | | | | | | | |
| (6) Wayne Lukert | 0.00 | | | | | | | | |
| Board Member | 0.00 | X | l. | | | | | | |
| (7) Robert Haselwood | 0.00 | | | | | | | | |
| Board Member | 0.00 | X | l | | | | | | |
| (8) Toby Weber | 0.00 | | Γ | | | | | - | |
| Board Member | 0.00 | Х | | | | | | | |
| (9) Gerald Biggs | 0.00 | | | | | | | | |
| Board Member | 0.00 | Х | | | | | | | |
| (10) Christine Russell | 0.00 | | | | | | | | |
| President | 0.00 | | <u>L</u> | X | | | | | |
| (11) RJ Dake | 0.00 | | | | | | | | |
| Vice-President | 0.00 | | | Х | | | | | |
| (12) Leroy Russell | 0.00 | | | | | | | | |
| Treasurer | 0.00 | | | X | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | , , | ···· |

| P | art VII Section A. Officers, Directors, Tru | stees, Key Em | ploye | es, | and | iH t | ghes | t Co | ompensated En | ployees (conti | nued) |
|--------------|---|---|--------------------------------|-------|-------------|--------------|-------------------------------|--------------|---|--|---|
| • | | | | | | C) ation | | | | | |
| | (A) Name and title | (B) Average hours | box, | unles | ss pe | rson | than o is both or/trust | an ee) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | | per week (list any hours for related organizations below dotted line) | Individual trustee or director | | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (15) | | | | | | | | | | | |
| (16) | | | | | | | | | | *************************************** | |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) | | | | | | | | | | | |
| (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| 1b c d | Subtotal | ection A | | | | | | A A A | 0 | 0 | 0 |
| 2 | Total number of individuals (including but not lir reportable compensation from the organization | nited to those lis | | | | | | ved | | | 0 |
| 3 | Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched | ctor, trustee, ke | | | | | _ | | • | | Yes No |
| 4 | For any individual listed on line 1a, is the sum of the organization and related organizations great undividual | ter than \$150,00 | 00? // | ſ"Υϵ | s, " | con | plete | Sc | • | ר | 4 X |
| 5 | Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye | • | | | • | | | - | | | 5 X |
| Sec | tion B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest compe compensation from the organization. Report co | | | | | | | | | | tax year. |
| | (A) Name and business addi | ress | | | | | | | (B) Description of ser | rices | (C) Compensation |
| | | | | | • | | | _ | | | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| _ | | | | | | | | | | | 0 |
| 2 | Total number of independent contractors (inclumore than \$100,000 of compensation from the | _ | | tho | se I | ıste | d abo | ve) 0 | who received | | |

Form **990** (2019)

| L el | ı VIII | Check if Schedule O co | | a respons | se or | note to any line in | this Part VIII | | | \square |
|---|----------------|--|-------------|--------------|----------|--|----------------------|--|---------------------------------------|--|
| | | | | · | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| 2 v | 1a | Federated campaigns | | | 1a | 0 | | | | |
| Contributions, Gifts, Grants ar 1 Other Similar Amounts | b | Membership dues | | | 1b | 0 | | | | İ |
| D, E | c | Fundraising events | | | 1c | 0 | | | | |
| ir A | d | Related organizations | | | 1d | 0 | | | | |
| s, G | e | Government grants (contrib | | | 1e | 0 | | | | } |
| Sir | f | All other contributions, gifts | - | | | | | | | |
| buti | | similar amounts not include | | | 1f | 7,425 | | | | |
| و ت | g | Noncash contributions inclu | | | | | | | ÷ | |
| Ccr | Ι. | lines 1a-1f | | | 1g | | | | | ļ |
| | h | Total. Add lines 1a-1f | <u> </u> | • • • | • • | Business Code | 7,425 | | | |
| Ð | 20 | County Duos | | | | 110000 | 91,686 | 91,686 | | |
| Program Service Revenue | 2a b | County Dues | | | | 110000 | 91,000 | 91,000 | | <u> </u> |
| yram Sen Revenue | | | | | | | 0 | | | |
| Z A | ٦ | | | | | - | 0 | · · · · · · · · · · · · · · · · · · · | | |
| gra Re | ٦ | | | | | | 0 | | | |
| Š | f | All other program service re | | | | | 0 | | | |
| <u>. </u> | q | Total. Add lines 2a-2f | | | | | 91,686 | | | |
| | 3 | Investment income (includi | | | | | | · | | <u> </u> |
| | | other similar amounts) | | | | | 8,531 | | | 8,531 |
| | 4 | Income from investment of | | | | 0 | | | | |
| | 5 | Royalties | · · · · · | | | 0 | | | | |
| | | | | (ı) Rea | | (ii) Personal | 1 | | | |
| | 6a | Gross rents | <u>6a</u> | 16 | ,710 | | | | | |
| | ь | Less: rental expenses . | 6b | ļ | | | | | | i |
| | С | Rental income or (loss) | 6c | 16 | ,710 | . 0 | | | | <u> </u> |
| | d | Net rental income or (loss) | | | | . | 16,710 | | | 16,710 |
| | 7a | Gross amount from | 1 | (i) Secun | ties | (II) Other | | | | |
| | | sales of assets | | | ^ | ا | | | | |
| a | L | other than inventory Less: cost or other basis | 7a | | 0 | <u> </u> | | | | |
| 5 | b | | 76 | | ^ | ار | | | • | |
| e e | _ | and sales expenses Gain or (loss) | 7b 7c | | <u>0</u> | | | | ! | |
| er Revenue | d | Net gain or (loss) | | L | | | 0 | | | |
| _ | | Gross income from fundrais | | | <u> </u> | | | | | |
| ö | | events (not including \$ | 3 | 0 | | | | | | |
| | | of contributions reported or | line ' | 1c). | | | | ٠, | | |
| | | See Part IV, line 18 | | | 8a | o | | | | } |
| | b | Less: direct expenses | | | 8b | 0 | | | | |
| | С | Net income or (loss) from fi | undrai | sing even | ts. | | 0 | | | |
| | 9a | Gross income from gaming | | | | | | | | |
| | | See Part IV, line 19 | | | 9a | 0 | | | | |
| | þ | Less: direct expenses | | | 9b | 0 | | · · · · · · · · · · · · · · · · · · · | | |
| | С | Net income or (loss) from g | _ | g activities | <u> </u> | | 0 | | · · · · · · · · · · · · · · · · · · · | |
| | 10a | Gross sales of inventory, le | | | | | | • | | |
| | | returns and allowances | | | 10a | | | | | |
| | b | Less: cost of goods sold. | | , | 10b | 0 | <u> </u> | | | |
| | С | Net income or (loss) from s | ales o | t inventor | <u> </u> | | 835 | | | |
| S | 44- | Adambaashia A | | | | Business Code | 400 | <u>-</u> - | | |
| ee ju | 11a | | | | | 110000 | 120 | | | |
| scellaneo Revenue | b | | | | | | 0 | | | |
| Re | 0 | All other revenue | | | | | 0 | | | |
| Miscellaneous Revenue | a - | Total. Add lines 11a-11d. | | | • | <u></u> | 120 | | | |
| | <u>в</u> 12 | Total revenue. See instruc | | | | | 125,307 | 91,686 | 0 | 25,241 |
| | | . Juli 10 tollue, Occ Illotiut | | <u> </u> | | · · · · · · · | 12,007 | 01,000 | | <u> 40,441</u> |

Form 990 (2019) Shawnee County Farm Bureau Assoc. Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations domestic governments. See Part IV, line 22. Grants and other assistance to domestic organizations domestic governments. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign preparations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. Benefits pad to or for members. Compensation of current offician, directors, trustees, and key employees. Compensation or included above to desqualified persons (as defined under section 4958(c)(10)) and persons described in section 4958(c)(10) and persons described in the free present descri | | Check if Schedule O contains a response or note t | | ····· | | |
|--|----|--|-----------------------|---------------------------------------|-------------|---------------------------------------|
| demestic governments. See Part IV, line 21 | | | (A) Total expenses | - | | • |
| domestic governments. See Part IV, line 21. Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 end 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees. Compensation of included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and 402(f) and 402 | 1 | Grants and other assistance to domestic organizations | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, lines 15 and 16. 3 Grants and other assistance to foreign organizations, foreign overments, and foreign individuals. See Part IV, lines 15 and 16. 4 Barnetis pad 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(n)(1)) and persons described in section 4958(n)(1) and persons 4958(n) and 10 and 1 | | | ol | | | |
| individuals. See Part IV, Inte 22 5,000 Grants and other assistance to foreign organizations, foreign growerments, and foreign individuals. See Part IV, line 15 and 16 0 Banefits paul to or for members 0 Compensation of current officers, directors, trustees, and key employees 0 Compensation for included above to disqualified persons (see defined under section 4958(f(1)) and persons described in section 4958(f(1)) and persons described in section 4958(f(1)) and persons described in section 4958(f(1)) and persons described in section 4958(f(1)) and persons described in section 4958(f(1)) and qualified section 4958(f(| 2 | | | | | |
| 3 Grants and other assistance to foreign organizations, foreign operments, and foreign individuals. See Part IV, lins 15 and 16. 4 Benefits paut to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation of current officers, directors, trustees, and key employees. 7 Other salaries and wages. 8 Pension plan accruats and contributions (include section 4958()(11)) and persons described in section 4958()(3)(8). 9 Other salaries and wages. 4 6952 9 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions). 9 Other salaries and wages. 4 6952 9 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions). 10 Payroll taxes. 3 ,164 10 Payroll taxes. 3 ,3831 1 Fees for services (nonemployees); a Management. 0 Legal. 1 C Accounting. 0 Lobbying. 1 Accounting. 0 Lobbying. 0 Differ expenses of the file 15 tollum (A) amount, list line 11 geopenses on Schedule O.). 1 Advartising and promotion. 2 Advartising and promotion. 2 Advartising and promotion. 2 Advartising and promotion. 2 Advartising and promotion. 1 Royalties. 10 Other expenses. 10 Other expenses. 10 Other expenses. 10 Other expenses. 11 Information technology. 10 Other expenses. 11 Information technology. 12 Octobrances, conventions, and meetings. 13 Office expenses. 14 Payments to favel or entertainment expenses for any federal, state, or local public officials. 10 Octobrances, conventions, and meetings. 11 Information, depletion, and amortization. 3 Affize and the expenses on Schedule O.) 3 Payments to fartiletes. 10 Octobrances, conventions, and meetings. 11 Information, depletion, depletion, and amortization. 3 Affize and the expenses. 11 Information of the expenses on Schedule O.) 12 Payments to efficiency expenses on tovered above (ust miscellaneous expenses on Itile 24s. If in 24s expenses. 15 Contributions/HELPEnding Hunger Campaign. 1 Payments to affiliates. 1 Payments to affili | | | 5,000 | | | |
| organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 . 0 . 0 | 3 | · • • • • • • • • • • • • • • • • • • • | | | | |
| individuals. See Part IV. lines 15 and 16. Benefits part to or for members. Compensation of current officers, directors, trusteses, and key employees. Compensation not included above to disqualified persons (as defined under section 4958(I)(I)) and persons described in section 4958(I)(I)) and persons described in section 4958(I)(I)) and persons described in section 4958(I)(I)) and persons described in section 4958(I)(I)) and persons described in section 4958(I)(I)(I) and persons described in section 403(I) employer contributions (include section 401(I)) and 403(I) employer contributions (include section 401(I)) and 403(I) employer contributions (include section 401(I)) and III fees for services (nonemployees): a Management. b Legal. c Accounting. d Lobbying. d Lobbying. e Professional fundraising services. See Part IV, Iline 17. o Investment management lees. o O D D D D D D D D D D D D D D D D D D | | | | | | |
| ### Senefits paid to or for members. | | | ol | | | |
| trustees, and key employees . | 4 | | 0 | | <u>-</u> | |
| trustees, and key employees . | 5 | Compensation of current officers, directors, | | · · · · · · · · · · · · · · · · · · · | | - |
| persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 401(k) and 403(b)) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 3,184 11 Fees for services (nonemployees): a Management. 0 Under section 405(k) and 403(b) employer contributions). 10 Egal. 11 Fees for services (nonemployees): a Management. 0 Under seed of taxes | | | o | | 0 | |
| persons described in section 4958(c)(3)(B). 0 46,952 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 0 0 0 0 0 0 0 0 0 0 | 6 | Compensation not included above to disqualified | | | | |
| 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | persons (as defined under section 4958(f)(1)) and | | | | |
| 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | persons described in section 4958(c)(3)(B) | 0 | | | |
| section 401(k) and 403(b) employer contributions). 0 Other employee benefits | 7 | | 46,952 | | | |
| 9 Other employee benefits | 8 | Pension plan accruals and contributions (include | | | | |
| 10 Payroll taxes. 3,831 1 Fees for services (nonemployees): a Management. 0 b Legal 0 c Accounting. 0 d Lobbying. 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees. 0 g Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 0 12 Advertising and promotion. 259 13 Office expenses. 765 14 Information technology. 0 15 Royalties. 0 16 Occupancy. 32,245 17 Travel. 3,887 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 19 Conferences, conventions, and meetings. 11,387 Interest. 0 10 Jepreciation, depletion, and amortization. 3,172 20 Interest. 0 21 Payments of travel covered above (List miscellaneous expenses on Ihre 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses on Ihre 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not schedule O.) a Fair Expense. 4,558 b Contributions/HELP/Ending Hunger Campaign 3,934 c Newsletter 1,766 d Board Expenses. Add lines 1 through 24e 127,259 5 Total functional expenses. Add lines 1 through 24e 127,259 5 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 | | section 401(k) and 403(b) employer contributions) [| 0 | | | |
| 11 Fees for services (nonemployees): a Management. b Legal. c Accounting. d Lobbying. e Professional fundraising services. See Part IV, line 17. f Investment management fees. g Ofter. (iffile 119 amount exceeds 10% of line 25, column (A) amount, list line 119 expenses on Schedule O.). d Ofter expenses. 765 Information technology. d Ocupancy. 32,245 Travel. 3,887 Travel. 3,887 Travel. 3,887 Travel. 4 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 Conferences, conventions, and meetings. 11,387 Unterest. 0 Depreciation, depletion, and amortization. 3,172 0 Depreciation, depletion, and amortization. 3,172 0 OD 1 Depreciation, depletion, and amortization. 3,172 0 OD 1 Insurance. 0 OD 1 Fees for expenses on Schedule O.) a Fair Expense b Contributions/HELP/Ending Hunger Campaign 3,934 b Consequence. 1,766 d Board Expense 1,532 d All other expenses. 4,807 Total functional expenses. Add lines 1 through 24e. 127,259 0 O O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 9 | Other employee benefits [| 3,164 | | | |
| a Management . | 10 | Payroll taxes | 3,831 | | | |
| b Legal | 11 | Fees for services (nonemployees): | | | | |
| c Accounting d Lobbying | а | Management | 0 | | | |
| d Lobbying . | b | <u> </u> | | | | |
| e Professional fundraising services. See Part IV, line 17. 0 | C | | | | | |
| f Investment management fees 0 0 0 0 0 0 0 0 0 | d | | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.) 0 2 Advertising and promotion . 259 13 Office expenses . 765 14 Information technology . 0 15 Royalties . 0 16 Occupancy . 32,245 17 Travel . 3,887 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 0 19 Conferences, conventions, and meetings . 11,387 10 Interest . 0 21 Payments to affiliates . 0 22 Depreciation, depletion, and amortization . 3,172 0 0 0 0 23 Insurance . 0 24 Other expenses . Itemize expenses on to covered above (List miscellaneous expenses on Illre 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Fair Expense . 4,558 b Contributions/HELP/Ending Hunger Campaign . 3,334 c Newsletter . 1,766 d Board Expense . 1,532 e All other expenses . 4,807 Total functional expenses . Add lines 1 through 24e . 127,259 0 0 0 0 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 | e | | | | · | |
| (A) amount, list line 11g expenses on Schedule O.). 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | f | | 0 | | | |
| 259 | g | | | | | |
| 13 Office expenses | | | | ··· | 0 | |
| 14 | | | | | ····· | |
| 15 Royalties | | | ····· | | | |
| 16 Occupancy | | | | | | |
| 17 Travel | | | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | The state of the s | | | | |
| for any federal, state, or local public officials | | | 3,887 | | | |
| 19 Conferences, conventions, and meetings | 10 | | | | | |
| 20 Interest | 40 | | | | | |
| 21 Payments to affiliates | | | | | | · · · · · · · · · · · · · · · · · · · |
| 22 Depreciation, depletion, and amortization | | Payments to affiliates | | | | · · · · · · · · · · · · · · · · · · · |
| 23 Insurance | | · · · · · · · · · · · · · · · · · · · | | - | | |
| Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Ilrie 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Fair Expense 4,558 b Contributions/HELP/Ending Hunger Campaign 3,934 c Newsletter 1,766 d Board Expense 1,532 e All other expenses 4,807 25 Total functional expenses. Add lines 1 through 24e 127,259 0 0 0 0 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 in the control of the cont | | · · · · · · · · · · · · · · · · · · · | | | | <u> </u> |
| above (List miscellaneous expenses on Ilrie 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Fair Expense | | | | | | 1 |
| line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Fair Expense | | · | , | | | |
| (A) amount, list line 24e expenses on Schedule O.) a Fair Expense | | | | ŀ | | |
| a Fair Expense 4,558 b Contributions/HELP/Ending Hunger Campaign 3,934 c Newsletter 1,766 d Board Expense 1,532 e All other expenses 4,807 25 Total functional expenses. Add lines 1 through 24e 127,259 0 0 0 0 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 | | The state of the s | | | | i |
| b Contributions/HELP/Ending Hunger Campaign 3,934 c Newsletter 1,766 d Board Expense 1,532 e All other expenses 4,807 25 Total functional expenses. Add lines 1 through 24e . 127,259 0 0 0 0 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 | а | · · · · · · · · · · · · · · · · · · · | 4.558 | | | |
| c Newsletter 1,766 d Board Expense 1,532 e All other expenses 4,807 25 Total functional expenses. Add lines 1 through 24e . 127,259 0 0 0 0 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 | b | | | | | ··· |
| d Board Expense 1,532 e All other expenses 4,807 25 Total functional expenses. Add lines 1 through 24e . 127,259 0 0 0 0 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 | C | Nowolottor | | | | |
| e All other expenses 4,807 25 Total functional expenses. Add lines 1 through 24e | d | | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | е | | | | | |
| 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 | 25 | | | . 0 | 0 | 0 |
| organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | | | |
| from a combined educational campaign and fundraising solicitation. Check here if | | • | 1 | ŀ | ł | |
| fundraising solicitation. Check here if | | • ' ' ' ' | | 1 | | |
| following SOP 98-2 (ASC 958-720) | | · · · · · · · · · · · · · · · · · · · | | į | | |
| | | | | <u></u> | | |

| Pa | art X | Check if Schedule O contains a response o | r note to any line in this Pa | art X.......... | | |
|-----------------------------|-------|---|--|--------------------------|-----|---|
| | | | ······································ | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | . 59,211 | 1 | 49,771 |
| | 2 | Savings and temporary cash investments | | . 396,374 | 2 | 404,906 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | | 4 | 4,221 |
| | 5 | Loans and other receivables from any current of | or former officer, director, | | | |
| | | trustee, key employee, creator or founder, sub- | stantial contributor, or 35% | 6 <u></u> | | |
| | | controlled entity or family member of any of the | se persons | 0 | 5 | |
| | 6 | Loans and other receivables from other disquali | fied persons (as defined | | | |
| | | under section 4958(f)(1)), and persons describe | d in section 4958(c)(3)(B) | 0 | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | 0 |
| SS | 8 | Inventories for sale or use | | 0 | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | 0 | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | | |
| | | other basis. Complete Part VI of Schedule D | 10a 502, | .230 | | |
| | b | Less: accumulated depreciation | 10b 398, | ,334 107,068 | 10c | 103,896 |
| | 11 | Investments—publicly traded securities | | 0 | 11 | 0 |
| | 12 | Investments-other securities. See Part IV, line | e 11 | . 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, lin | e 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | . 0 | 14 | 0 | |
| | 15 | Other assets. See Part IV, line 11 | | 0 | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equ | ual line 33) | . 565,824 | 16 | 562,794 |
| | 17 | Accounts payable and accrued expenses | | 2,762 | 17 | 1,684 |
| | 18 | Grants payable | | . 0 | 18 | |
| | 19 | Deferred revenue | 0 | 19 | | |
| | 20 | Tax-exempt bond liabilities | | . 0 | 20 | |
| | 21 | Escrow or custodial account liability. Complete | 0 | 21 | | |
| es | 22 | Loans and other payables to any current or for | mer officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subs | stantial contributor, or 35% | 6 <u> </u> | | |
| abj | | controlled entity or family member of any of the | se persons | . 0 | 22 | |
| | 23 | Secured mortgages and notes payable to unre | lated third parties | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelate | ed third parties | . 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, p | ayables to related third | | | |
| | ļ | parties, and other liabilities not included on line | s 17–24). Complete | | | |
| | | Part X of Schedule D | | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | <u> </u> | . 2,762 | 26 | 1,684 |
| Š | | Organizations that follow FASB ASC 958, ch | eck here > | | | |
| ĕ | | and complete lines 27, 28, 32, and 33. | | | | |
| ala a | 27 | Net assets without donor restrictions | | . 0 | 27 | |
| ä | 28 | Net assets with donor restrictions | | . 0 | • | |
| Ē | | Organizations that do not follow FASB ASC | | | | *************************************** |
| Ĕ | | and complete lines 29 through 33. | · · · · · · | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | . 0 | 29 | |
| 25 | 30 | Paid-in or capital surplus, or land, building, or e | | - | | · · · · · · · · · · · · · · · · · · · |
| 155 | 31 | Retained earnings, endowment, accumulated | | | | 561,110 |
| ¥ A | 32 | Total net assets or fund balances | | | + | 561,110 |
| ž | 33 | Total liabilities and net assets/fund balances . | | | | 562,794 |
| | | | | | | Form 990 (2019) |

| roin 9 | 90 (2019) Shawnee County Farm Bureau Assoc. | 40 | 0-0703240 | Pag | je 14 |
|--------|--|-------------|-----------|-----|-----------|
| Part | 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 | | 125 | ,307 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 127 | ,259 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -1 | ,952 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 563 | 3,062 |
| 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 on Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | | 561 | 1,110 |
| Part | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | • | Ш_ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | 1 |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | 1 |
| | reviewed on a separate basis, consolidated basis, or both: | | | | 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. | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 1 | | 1 |
| _ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| С | 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 | | 126 | | |
| | Schedule O. | | | | 1 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | <u> </u> | | - |
| Ja | the Single Audit Act and OMB Circular A-133? | | . 3a | | × |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | • • | · Ja | | ┢ᢚ |
| U | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | | . Зь | | |
| | required addit of addits, explain why on obligable o and describe any steps taken to undergo such addits. | | | 990 | (2019) |
| | | | 1 01111 | 200 | (5013) |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047
2019

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

| • S | section 501(c)(4), (5), or (6) o | rganizations: Complete Part III. | | | |
|--------------|---------------------------------------|--|---------------------|--|--|
| | e of organization | | | Employ | er identification number |
| Shav | wnee County Farm Bureau | ı Assoc. | | | 48-0783246 |
| Pai | rt I-A Complete if t | the organization is exempt und | ler section 501 | c) or is a section 527 | organization. |
| 1 | • | he organization's direct and indirect p | olitical campaign a | activities in Part IV. (see in | structions for |
| | definition of "political carr | | | | |
| 2 | | y expenditures (see instructions) | | | |
| 3 | Volunteer hours for politic | cal campaign activities (see instruction | ns) | <u> </u> | |
| Pai | t I-B Complete if t | he organization is exempt und | er section 501 | (c)(3). | |
| 1 | Enter the amount of any | excise tax incurred by the organizatio | n under section 49 | 955 🕨 🖇 | |
| 2 | Enter the amount of any | excise tax incurred by organization m | anagers under sed | ction 4955 🕨 \$ | |
| 3 | If the organization incurre | ed a section 4955 tax, did it file Form | 4720 for this year? | ?. <i>.</i> | Yes No |
| 4a | Was a correction made? | | | | . Yes No |
| b | If "Yes," describe in Part | IV. | | | |
| Pai | t I-C Complete if t | the organization is exempt und | er section 501 | c), except section 50° | I(c)(3). |
| 1 | Enter the amount directly | expended by the filing organization f | or section 527 exe | empt function | |
| | activities | | | · > \$ | i |
| 2 | | iling organization's funds contributed | | | |
| | 527 exempt function activ | vities | | | |
| 3 | Total exempt function exp | penditures. Add lines 1 and 2. Enter h | ere and on Form | 1120-POL, | |
| | line 17b | · | | | Ι |
| 4 | | file Form 1120-POL for this year? . | | | |
| 5 | | ses and employer identification numb | | | |
| | organization made payme | ents. For each organization listed, ent | ter the amount pai | d from the filing organizati | on's funds. Also enter |
| | | ntributions received that were prompt | | | |
| | as a separate segregated | fund or a political action committee (| (PAC). If additiona | I space is needed, provide | 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 |
| | | | | iunas ii none, enter -o- | delivered to a separate |
| | | | | | political organization If none, enter -0- |
| | | | | | none, enter e |
| (4) | | | | | |
| (1) | | | | | |
| (2) | | | | | |
| ·*/ | | | | | |
| (3) | | | | | |
| , | · · · · · · · · · · · · · · · · · · · | | | | |
| (4) | | | | | |
| | | | · · · · | <u> </u> | |
| (5) | | | | | |
| | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | <u> </u> | |
| (6) | | | | | |

| | 55415 5 (1 51111 555 GI 555 CL) 2516 | | | | | Page Z |
|--------|---|-------------------|------------------------|----------------------|--|----------------|
| Ρ | art II-A Complete if the organization | on is exempt | under section 50 | 01(c)(3) and filed | Form 5768 (ele | ction |
| _ | under section 501(h)). Check ▶ if the filing organization b | elongs to an a | affiliated group (a) | nd list in Part IV e | ach affiliated aro | un members |
| ^ | name, address, EIN, exp | - | • | | _ | up member s |
| В | | | | | • | |
| _ | | bying Expendit | | ror providencial | (a) Filing | (b) Affiliated |
| | (The term "expenditures" n | | | | organization's totals | group totals |
| 1a | Total lobbying expenditures to influence pu | blic opinion (gra | ssroots lobbying). | | | 0 |
| b | Total lobbying expenditures to influence a l | egislative body (| (direct lobbying). | | | 0 |
| С | Total lobbying expenditures (add lines 1a a | ınd 1b) | | | 0 | 0 |
| d | Other exempt purpose expenditures | | | | | 0 |
| е | Total exempt purpose expenditures (add lir | nes 1c and 1d) . | | | 0 | 0 |
| f | Lobbying nontaxable amount. Enter the am | ount from the fo | llowing table in boti | า | | |
| | columns. | | | | 0 | 0 |
| | If the amount on line 1e, column (a) or (b) is: | | g nontaxable amou | nt is: | | |
| ļ | Not over \$500,000 | | mount on line 1e. | | | |
| 1 | Over \$500,000 but not over \$1,000,000 | | is 15% of the excess | | | |
| | Over \$1,000,000 but not over \$1,500,000 | | is 10% of the excess | | | |
| | Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 | \$1,000,000. | is 5% of the excess of | ver \$1,500,000. | | |
| | Grassroots nontaxable amount (enter 25% | | | | 0 | ! 0 |
| g h | Subtract line 1g from line 1a. If zero or less | • | | | 0 | 0 |
| 11 | Subtract line 1f from line 1c. If zero or less. | | | | 0 | 0 |
| i | If there is an amount other than zero on eith | | | | | |
| , | section 4911 tax for this year? | | | | | Yes No |
| | | | Period Under Sec | | | |
| | (Some organizations that made a s | | • | | f the five columns | helow |
| | | | tructions for lines | | i die iive columnis | Delow. |
| | 066 (I | ie separate ins | adelions for intes | za anough zh., | | |
| | Lobbyi | ng Expenditure | es During 4-Year A | veraging Period | | |
| | Calendar year (or fiscal year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| | beginning in) | | | | | |
| _ | | | | | | |
| 2a | Lobbying nontaxable amount | اه | 0 | o | o | 0 |
| b | Lobbying ceiling amount | | | | | |
| | (150% of line 2a, column(e)) | | | | | 0 |
| C | Total lobbying expenditures | 0 | 0 | 0 | 0 | 0 |
| | Grassroots nontaxable amount | | | | | |
| | | 0 | 0 | 0 | 0 | 0 |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 0 |
| | | | | | ······································ | |
| f | Grassroots lobbying expenditures | o | 0 | 0 | 0 | 0 |

Schedule C (Form 990 or 990-EZ) 2019

| Par | Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | filed | For | n 5768 |
|--------|--|-------------|-----------|----------------|
| Ford | | (a |) | (b) |
| | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed nption of the lobbying activity. | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| а | Volunteers? | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| C | Media advertisements? | | | |
| đ | Mailings to members, legislators, or the public? | | | |
| e f | Grants to other organizations for lobbying purposes? | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i | Other activities? | | | |
| j | Total. Add lines 1c through 1i | | | 0 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | -)(5) | | 4: |
| Pan | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | c)(5), | or s | ∌ction |
| | | | | Yes No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | |
| 2 3 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 X X |
| Part | III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." | c)(5), | or s | ection |
| 1 | Dues, assessments and similar amounts from members | .] | 1 | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | |
| а | Current year | 1 | 2a | · |
| b | Carryover from last year | , | 2b | |
| C | Total | | 2c | 0 |
| 3 4 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | . } | 3 | |
| 4 | excess does the organization agree to carryover to the reasonable estimate of nondeductible | | - [| |
| | lobbying and political expenditure next year? | . | 4 | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | . 1 | 5 | 0 |
| Part | | | | |
| | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. | list); P | art II- | A, lines 1 and |
| | | · - | | |
| | | | · | |

| . | Shaw | nee County Farm Bureau Assoc. m 990 or 990-EZ) 2019 | | | | 48-0783246 | |
|----------|-----------|--|-------------|-------|---------------------------------------|-----------------|--------|
| Part | | Supplemental Information | (continued) | * * | | | Page 4 |
| 1 are | V | ouppiemental imorniation | (continueu) | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047
2019
Open to Public Inspection

| Huillo | or are organization | Linbio | oi iddiii | incauon number |
|--------|--|----------------|----------------------|---------------------------------|
| Shaw | wnee County Farm Bureau Assoc. | | | 48-0783246 |
| Par | t I Organizations Maintaining Donor Advised Funds or Other Similar Fu | ınds oı | Acco | ounts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6 | | | |
| | (a) Donor advised funds | | (b) F | unds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | 1 | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held | ın donor | advise | ed |
| | funds are the organization's property, subject to the organization's exclusive legal contro | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant | | | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for a | any othe | r purpo | ose |
| | conferring impermissible private benefit? | | | Yes No |
| Par | t II Conservation Easements. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7 | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | • | | |
| | Preservation of land for public use (for example, recreation or education) Preservation | on of a h | ietorio | ally important land area |
| | | | | • • |
| | Protection of natural habitat | on of a c | ertified | I historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution | on in the | form o | f a conservation |
| | easement on the last day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easements | | 2b | |
| C | Number of conservation easements on a certified historic structure included in (a) | | 2c | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | | | |
| | historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terr | minated | by the | organization during |
| | the tax year | | | |
| 4 | Number of states where property subject to conservation easement is located | | | |
| 5 | Does the organization have a written policy regarding the penodic monitoring, inspection | | _ | |
| _ | violations, and enforcement of the conservation easements it holds? | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing | conserva | ation ea | sements during the year |
| - | Amount of an arrangement of a second or a | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons | servation | easem | ents during the year |
| | Decree and account account account and an line 2/d) above activity the account. | - 6 4:- | - 470/ | h)(A)(D)(i) |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of | | | |
| 0 | and section 170(h)(4)(B)(ii)? | | | |
| 9 | balance sheet, and include, if applicable, the text of the footnote to the organization's final | | • | |
| | • | anciai Si | ateme | its that describes the |
| Dar | organization's accounting for conservation easements. III Organizations Maintaining Collections of Art, Historical Treasures, o | - Otho | r Cimi | ilar Accata |
| ı aı | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | Jim | nar Assets. |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue | | nent a | nd halance sheet |
| 14 | works of art, historical treasures, or other similar assets held for public exhibition, educat | | | |
| | public service, provide in Part XIII the text of the footnote to its financial statements that | | | |
| b | tian to the contract of the co | | | |
| D | works of art, historical treasures, or other similar assets held for public exhibition, educat | | | |
| | • | uon, or R | es c di C | ii iii lululeidilee Ul |
| | public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ € |
| | (ii) Assets included in Form 990, Part X | | | b c |
| 2 | If the organization received or held works of art, historical treasures, or other similar asset | | | gain provide the |
| 2 | | | iaiiCld | gain, provide the |
| • | following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 | | | ▶ ¢ |
| | Assets included in Form 990. Part X | | | • • |
| U | | | | - 0 |

| | | form 990) 2019 Shawnee County Farr | | | | | | 48-078 | | | Page 2 |
|--------|-------------------|---|---------------------------------------|--------------|---------------------------------------|-----------------|----------------|--|------------------------|-------------|------------------------|
| Part | | Organizations Maintaining Co | | | | | | | | | 1 |
| З. | | g the organization's acquisition, acce | ession, and other | records, | check any | of the follow | ing that | make significant | use of r | ts | |
| | | ection items (check all that apply): | | , | | | | | | | |
| а | | Public exhibition | | d [_ | Loan or | exchange pr | ogram | | | | |
| b | | Scholarly research | | θ [| Other | | | | | | |
| С | $\overline{\Box}$ | Preservation for future generations | | | - | | | | | | |
| 4 | | ride a description of the organization's | s collections and | l explain h | ow they fi | irther the om: | anizatıo | n's exempt pum | nse in Pa | art | |
| • | XIII. | The discontinuous and organizations | | · onpiani i | o.,o, | og. | | o oxopt pu.p. | | | |
| 5 | Durir | ng the year, did the organization solic | cit or receive don | nations of | art histori | cal treasures | or othe | r similar | | | |
| _ | | ets to be sold to raise funds rather that | | | | | | | □ Y | es 🗀 | No |
| Part | | Escrow and Custodial Arrange | | <u> </u> | | <u> </u> | | | <u> </u> | | |
| | | Complete if the organization ans | | n Form 9 | 990 Part | IV line 9 d | or renoi | ted an amoun | t on Fo | rm | |
| | | 990, Part X, line 21. | 3110,00 | | Joo, r are | | or ropo. | tod arr arriodri | . 0 0 | •••• | |
| 1a | | e organization an agent, trustee, cust | todian or other in | termedia | y for conti | ributions or of | ther ass | ets not | | | |
| IQ | | ided on Form 990, Part X? | | | - | | | | $\square_{\mathbf{v}}$ | es 🗔 | No |
| b | | es," explain the arrangement in Part | | | | | | | ш. | -3 | , 140 |
| | | so, explain the untiligement in Fair, | Am and complet | | mig labic | • | F | 1 | Amount | | |
| С | Beau | nning balance | | | | | 1c | | | | 0 |
| d | _ | tions during the year | | | | | 1d | - | | | |
| е | | ibutions during the year | | | | | 1e | | | | |
| f | | ing balance | | | | | 1f | | | | |
| 2a | | the organization include an amount o | | | | | | | | es 🗍 | No |
| _ | | | | | | | | • | | = |) 140 1 |
| b | | es," explain the arrangement in Part | AIII. Check nere | if the expi | anation na | as been provi | aea on | Part XIII | | | |
| Part | | Endowment Funds. | | | | | | | | | |
| | | Complete if the organization ans | | | | | | | 1 | | |
| | | | (a) Current year | | or year | (c) Two years | | (d) Three years back | | our years | back |
| 1a | _ | nning of year balance | 0 | | 0 | | 0 | | 0 | | |
| b | | tributions | | ļ | - | | | ······································ | | | |
| С | | investment earnings, gains, | | | | | | | | | |
| | | losses | <u>.</u> | | | | | | | | |
| đ | | nts or scholarships | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | | | | |
| е | | er expenditures for facilities | | 1 | | | İ | | | | |
| | | programs | | | | | | | | | |
| f | | inistrative expenses | 0 | | 0 | | - | | , | | |
| g 2 | | of year balance | | | | | | | 0] | | 0 |
| z a | | rd designated or quasi-endowment | - | % | line rg, co | numn (a)) nei | u as: | | | | |
| b | | nanent endowment | % | /0 | | | | | | | |
| C | | n endowment > % | | | | | | | | | |
| · | | percentages on lines 2a, 2b, and 2c | | n% | | | | | | | |
| 3a | | there endowment funds not in the pos | • | | n that are | held and adı | ministar | ad for the | | | |
| - | | nization by: | | nganizatio | m macaro | noid and dai | , iii ii stort | | | Yes | No |
| | _ | Unrelated organizations | | | | | | | 3a(i) | -:00 | |
| | | Related organizations | | | | | | | 3a(ii) | | |
| b | | es" on line 3a(ii), are the related orga | | | | | | | 3b | | |
| 4 | | cribe in Part XIII the intended uses of | | - | | | | | | | |
| Part | | Land, Buildings, and Equipme | | 2 224.11 | 2.10.100 | | | - · · · · · · · · · · · · · · · · · | | | |
| | | Complete if the organization ans | | n Form 9 | 990. Part | IV. line 11a | . See I | Form 990, Part | t X. line | 10 | |
| | - | Description of property | (a) Cost or of | | | or other basis | | Accumulated | | ook valu | е |
| | | ====::p==:: or property | (investm | | | other) | | preciation | (4) 0 | vaidi | - |
| 1a | Land | 1 | | 0 | · · · · · · · · · · · · · · · · · · · | 49,162 | | | | | 9,162 |
| b | | ings | — | 0 | | 442,528 | | 388,905 | | | 3,623 |
| c | | sehold improvements | | 0 | | 0 | | 0 | | <u>`</u> | ,0,020 0 |
| d | | pment | | 0 | | 10,540 | | 9,429 | | | 1,111 |
| e | | er | | 0 | | 0,040 | ·· | 0,425 | | | <u>.,,.,</u> |
| _ | | lines 1a through 1e (Column (d) mus | | | column (| | | • • | | 10 | 13 896 |

| Part VII | Investments—Other Securities. | | | |
|---------------|---|---------------------------------------|---|--|
| | Complete if the organization answered ' | 'Yes" on Form 990, | Part IV, line 11b. See Form | 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v. Cost or end-of-year | |
| (1) Financia | al derivatives | 0 | | |
| (2) Closely | held equity interests | 0 | | |
| (2) Other | | | | |
| / 4 3 | | | | |
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| (C) | | | | |
| (D) | | | | |
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| / C \ | | | | |
| (0) | | | | |
| (H) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) lino 12.). | 0 | at most a till to | the second second |
| Part VIII | Investments—Program Related. | | | |
| | Complete if the organization answered ! | 'Yes" on Form 990, | Part IV, line 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of ve Cost or end-of-year | aluation. |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
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| (6) | | | | |
| (7) | | | | |
| (8) | | | | ······································ |
| (9) | | · · · · · · · · · · · · · · · · · · · | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ | 0 | | |
| Part IX | Other Assets. | <u> </u> | <u> </u> | |
| | Complete if the organization answered " | 'Yes" on Form 990. | Part IV. line 11d. See Form | 990. Part X. line 15. |
| | (a) Descri | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
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| (7) | <u> </u> | | | |
| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) li | ne 15.) | | 0 |
| Part X | Other Liabilities. | | | F 000 B-4V |
| | Complete if the organization answered "line 25. | tes on Form 990, | Part IV, line The or Th. See | Form 990, Part A, |
| 1. | | ion of liability | | (b) Book value |
| | I income taxes | | | 0 |
| (2) | | | · · · · · · · · · · · · · · · · · · · | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
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| (7) | | | | |
| (8) | | | | |
| (9) | | · · · · · · · · · · · · · · · · · · · | | |
| | umn (b) must equal Form 990, Part X, col. (B) li | ne 25.) | | 0 |
| | or uncertain tax positions. In Part XIII, provide the te | | | |
| | 's liability for uncertain tax positions under FASB AS | | | |

| | TXI Reconciliation of Revenue per Audited Financial Statements With Revenue per R | eturn. | |
|----------|---|---------------------------------------|-------------|
| <u> </u> | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | · · · · · · · · · · · · · · · · · · · | |
| 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: | 1 | |
| а | Net unrealized gains (losses) on investments | 4 | |
| b | Donated services and use of facilities | . | |
| C | Recoveries of prior year grants | <u> </u> | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 0 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | 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 | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 0 |
| Par | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 11 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | 1 1 | |
| c | Other losses | 1 | |
| d | Other (Describe in Part XIII.) | 1 | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 0 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 | |
| | | | |
| a | | -l l | |
| b | Other (Describe in Part XIII.) | 1 | • |
| C | Add lines 4a and 4b | 4c 5 | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 1 3 1 | 0 |
| Pari | XIII Supplemental Information. | | |
| Provi | Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | art V, line 4 | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, line 4 | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, line 4 | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, line 4 | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, line 4 | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, line 4 | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, line 4 | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, line 4 | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, line 4 | |

| Schedule D (Fo | rm 990) 2019 | Shawnee County Farm Bureau Assoc. | 48-0783246 | Page 5 |
|----------------|--------------|---|------------|--------|
| Part XIII | Suppleme | Shawnee County Farm Bureau Assoc. ental Information (continued) | | |
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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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Name of the organization

OMB No 1545-0047
2019

Open to Public Inspection
Employer Identification number

48-0783246 Shawnee County Farm Bureau Assoc. Form 990, Part I, Line 1: To promote the development of the most profitable and permanent system of agriculture; the most wholesome and satisfactory living conditions; the highest ideals in home and community life and a general interest in the business of farming and in rural life; and to encourage active citizenship responsibility in local, state, national and international affairs. Form 990, Part III, Line 1: To promote the development of the most profitable and permanent system of agnoulture; the most wholesome and satisfactory living conditions; the highest ideals in home and community life and a general interest in the business of farming and in rural life; and to encourage active citizenship responsibility in local, state, national and international affairs. Form 990, Part IV, Line 6: Classes of Members or Stockholders. The organization has members. Form 990, Part VI, Line 7a: Election of Members and Their Rights: The organization has voting members who may elect one or more members of the governing body. Form 990, Part VI, Line 11b: Organization's Process to Review Form 990: A copy of the Form 990 is provided to each officer and director. Form 990, Part VI, Line 12c: Enforcement of Conflicts Policy: Persons covered by the policy may be required to annually disclose or provide an update of their interests to the Shawnee County Farm Bureau President on a formal disclosure form. Disclosure may include: listing family members, substantial business or investment holdings, and other transactions or affiliations with businesses and other organizations which could present a conflict of interest. For each interest disclosed to the Shawnee County Farm Bureau President, he/she will determine whether to (a) take no action; (b) assure full disclosure to the Board of Directors and other individuals covered by the policy; (c) ask the person to excuse themselves from participation in related discussions or decisions; or (d) ask the person to resign from his or her position with the Shawnee County Farm Bureau.

Form 990, Part VI, Line 19: Governing Documents Disclosure Explanation: Shawnee County Farm

| Schedule O (Form 990 or 990-EZ) (2019) | |) |
|---|--------------------------------|---|
| Name of the organization | Employer identification number | |
| Shawnee County Farm Bureau Assoc. | 48-0783246 | |
| | | |
| Bureau does not currently make its governing documents, conflict of interest policy, or | | _ |
| Empresial statements are debte to the annual mobile | | |
| financial statements available to the general public. | | - |
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