_ •	" QQ	n	Return of Organization Exempt From Inco	me Tax	C	OMB No 1545-0047							
Forr		U	Hindon position E01(a) 507, or 4047(a)(4) of the Internal Payanus Code (expent	mulicata face	dational	2019							
(Rev	/ January	2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except	_									
	artment of	the Treasury ie Service	 Do not enter social security numbers on this form as it may be m Go to www.irs.gov/Form990 for instructions and the latest info 	. //	<u> </u>	Open to Public Inspection							
A	For the	2019 calen	dar year, or tax year beginning 9-1 , 2019, and ending	8-3		, 20 20							
В	Check if a	check if applicable C Name of organization Custer County Farm Bureau D Employ											
	Address o	ddress change Doing business as											
	Name cha	one number											
$\overline{\mathbf{Z}}$	Initial retu	580.323.1270											
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amended	return	Clinton, OK 73601		G Gross r								
	Application	n pending	F Name and address of principal officer Lawrence Sawatzky			subordinates? Yes No							
			22945 E. 1050 Road, Clinton, OK 73601			s included? Yes No							
<u></u>	Tax-exem	 	501(c)(3)			(see instructions)							
<u></u>	Website:			H(c) Group ex									
K			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	1942	M State o	f legal domicile OK							
۲	art I	Summa	•			.							
	1 1	Briefly des	cribe the organization's mission or most significant activities. Improving	the lives of i	ural Okl	ahomans							
Governance	-												
īa i													
ve	1		box ► ☐ If the organization discontinued its operations or disposed of	more than 2	1 _ 1	ts net assets.							
	1		voting members of the governing body (Part VI, line 1a)		3	9							
Activities &	1		independent voting members of the governing body (Part VI, line 1b)	•	4	9							
itie	1		per of individuals employed in calendar year 2019 (Part V, line 2a)		5	0							
ξį	1		per of volunteers (estimate if necessary)		6								
Ř	1		ated business revenue from Part VIII, column (C), line 12	7a	51,175.44								
	l d	Vet unrelat	ted business taxable income from Form 990-T, line 39		7b	2,591.61							
	l		\sim	Prior Year		Current Year							
ē			ons and grants (Part VIII, line 1h) $Olo62$.	31,007.00		33,178 50							
ē		-	ervice revenue (Part VIII, line 2g)										
Revenue	1		t income (Part VIII, column (A), lines 3, 4, and 7d)										
_	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	94	634.62	256,369.82							
	1		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	125	641.62	289,548.32							
	1		d similar amounts paid (Part IX, column (A), lines 1-3)										
			aid to or for members (Part IX, column (A), line 4)	9	550.94	9,674.03							
es	15 8	•	her compensation, employee benefits (Part IX, column (A), lines 5-10)	37	457 30								
ens	16a F		al fundraising fees (Part IX, column (A), line 11e)										
Expenses	b i		raising expenses (Part IX, column (D), line 25) ▶	- Alban	***	2 4 1 274 2 31							
ш	ļ '' \		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		489.35	74,439.45							
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		497 59	84,113.48							
	19 F	revenue le	ess expenses Subtract line 18 from line 12		144.03	205,434 84							
Net Assets or Fund Balances		F-1-1	<u> </u>	inning of Curre		End of Year							
sset Bata	20		ts (Part X, line 16)		964.08	1,325,885.53							
a t	21		ties (Part X, line 26)		030.88	477,517.49							
			or fund balances. Subtract line 21 from line 20	642,	933.20	848,368 04							
_	art II		re Block										
			, I declare that I have examined this return, including accompanying schedules and statemer e Declaration of preparer (other than officer) is based on all information of which preparer ha			knowledge and belief, it is							
				1									
Sig	-n	Suggest	ure of officer	Date	2-3	1-2020							
		,		4. 20 L									
He	ere			makeur.									
		' 	r print name and title preparer's name Preparer's signature Date	· 		DTIN							
Pa	id	l		1.2/27	Check _ self-emple								
Pr	eparer	Chris Ho	/ - / - / - / - / - / - / - / - / - / -	110/20	<u>_</u>								
Us	e Only	Firm's nan		/ Firm's		73-0382001							
Ma	v the ID		dress ► 2501 N Stiles, OKC, OK 73105 this return with the preparer shown above? (see instructions)	Phone	по	405 523.2300							
IVIC	y 1110 1114		ano rotarii with the preparer arown above: (see instructions)			· F162 140							

Cat No 11282Y

Form **990** (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	0 (2019)			Page 2
Part	Statement of Program Service Ac Check if Schedule O contains a res		art III	🗸
1	Briefly describe the organization's mission			
•	Improving the lives of rural Oklahomans	•		
	improving the tives of radial oxidionialis		•••••••••••••	
2	Did the organization undertake any signification Form 990 or 990-EZ?		ar which were not listed on the	Yes ☑ No
3	If "Yes," describe these new services on S Did the organization cease conducting, services?	or make significant changes in h		Yes ☑No
	services?	dule O.		ies 🖭 No
4	Describe the organization's program servexpenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to report		
4a	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
				•••••
				•
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)

		*****************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
			•••••	
	Other program services (Describe on Sche	edule O)	 ,	
	(Expenses \$ including gra)	
4e	Total program service expenses ▶			



art	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14 <u>a</u>		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		\
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		✓

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		→
b	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		1
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		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38_		✓
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		, 	
		Market A	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	200		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

art	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			極配					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		: 					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		覧						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a	✓						
b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		AND THE						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓					
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		✓					
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).	The state of		NEW I					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		MATERIAL STATES						
a	and services provided to the payor?	7a	Jenspiss z.	995 pr 19325 y 3					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
_	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year	是多数		透透					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			能差别					
	sponsoring organization have excess business holdings at any time during the year?	8	to berfore vie						
9	Sponsoring organizations maintaining donor advised funds.								
а	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	¥~ 25/× 2	Un the st					
10	Section 501(c)(7) organizations. Enter.								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		高級	7					
11	Section 501(c)(12) organizations. Enter			378					
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
40-	against amounts due or received from them.)	12a	12.00	PLIM					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12d	12 282 8 8 1	208.524					
b	3 ,								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	" I will b	Shipping.					
а	Note: See the instructions for additional information the organization must report on Schedule O.	138							
b	Enter the amount of reserves the organization is required to maintain by the states in which								
	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand		翻翻						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>					
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								
	excess parachute payment(s) during the year?	15	200	90 de 17 fact					
	If "Yes," see instructions and file Form 4720, Schedule N	N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		V (C 2-4					
	If "Yes," complete Form 4720, Schedule O	激频	多四级	機劃					

Form 9	90 (2019)			Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule Company of the circumstances.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>		. 🗆
Sect	ion A. Governing Body and Management			
	Q	28-2 kg 1.	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 1a 7		A TO	
	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		100	
	committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			2
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		EMT.	
_	any other officer, director, trustee, or key employee?	2	135302-8	1
3	Did the organization delegate control over management duties customarily performed by or under the direc	t 🗀		
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	ļ	✓
6	Did the organization have members or stockholders?	6_	✓	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoin one or more members of the governing body?	t 7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			
_	stockholders, or persons other than the governing body?	7b	92 2.83°	₩
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:) 影響	3	B
а	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b	1	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	. —	<u> </u>	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.))
		C-2	Yes	1
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		1	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.00 M	N. A.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		├ _
13	Did the organization have a written whistleblower policy?	13	-	
14	Did the organization have a written document retention and destruction policy?	14	20 E	4553
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	للقتمستشت ا	- √
b	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		TAKE	機能
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	ā i	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-ı (Sec	tion 5	5U1(C
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest n	olicy
. •	and financial statements available to the public during the tax year.	J. 11161	30t p	, oney
20	State the name, address, and telephone number of the person who possesses the organization's books and	ecords	•	
	AgRecords Dept of OFB, 2501 N Stiles, OKC, OK 73105 405 523 2300			

Earm	OOO	(2010)	

Page 7

Part VII	Compensation of Officers,	Directors, Trustee	s, Key Employees	Highest Compensat	ed Employees, a	nd
	Independent Contractors	•		,	• •	

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

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

Check this box if neither the organization nor	any relate	d org	anız	atıo	n c	ompe	nsa	ited any current	officer, director,	or trustee.
				•	C)					
(A)	(B)	,,,			ition			(D)	(E) Reportable compensation from related organizations	(F)
Name and title	Average					than one of the second		Reportable		Estimated amount
	hours per week					or/trust		compensation from the		of other
	(list any	우ᅙ	Ins	Officer	Ke.	em Hig	Forme	organization		compensation from the
	hours for	dreg	重	icer	Key employee	hes) He	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	or a	iona		탕	66.0	ľ			related organizations
	below	Individual trustee or director	ŧ		yee	npe		ļ		
	dotted line)	6	Institutional trustee			Highest compensated employee				
						8				
(1) Lawrence Sawatzky	11									
President		✓		✓				0	0	0
(2) Bill Sawatzky	11									
Vice President		✓		✓				0	0	0
(3) Rusty Roush	11	,								
Secretary		✓		✓				0	0	0
(4) Tommy Snider	1									
Treasurer		✓		✓	_			0	0	
(5) Kent Switzer	11	١,								
Director		/			<u> </u>			0	0	0
(6) Howard Bartel	11	,			İ					
Director		✓			<u> </u>	ļ		0	0	0
(7) Ken Hamar	1	,								
Director	•	✓			<u> </u>		_	0	0	0
(8) Robert Travis	1				ļ					
Director		✓			<u> </u>		_	0	0	0
(9) Jeff Dozier	11	,								
Director		✓					_	0	0	0
(10)										
(11)			_							
							_			
(12)										
(13)										_
(14)							-			<u> </u>

Part	VII Section A. Officers, Directors, 1	rustees,	Key I	Emi	plo	yee	s, an	d H	lighest Compe	nsated	Emplo	yees (continued)
-						C)						
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E))	(F)
	Name and title	Average hours	box,	unles	ss pe	rson	ıs both	n an	Reportable compensation	Report compen		Estimated amount of other
		per week	⊢				or/trust or ⊤		from the	from re	lated	compensation
		(list any hours for	Individual trustee or director	nstit	Officer	Key employee	mple mple	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and
		related	dual	ᅙ	4	<u>ä</u>	est c	ᅄ	(** 27 1000 111100)		,	related organizations
		organizations below	֓֞֟֞֟֓֓֟֟֓֟ <u>֟</u>	<u>a</u>	ŀ	oyee	omp					
		dotted line)	tee	Institutional trustee		"	Highest compensated employee					
			<u> </u>	e			ted					
(15)		ļ]						·			
				ļ	L	ļ	<u> </u>					<u>-</u>
(16)		ļ	-							•		
(17)				-	 	 	ļ					
<u> </u>	······································		1									
(18)					†	†·····						
J						-						
(19)												
				<u> </u>				<u> </u>				
(20)		ļ	-									
(04)		<u> </u>		-	-	├	<u> </u>	-	<u> </u>			
(21)		 	-									•
(22)				\vdash	┢	<u> </u>	-					
37.72			-					l				
(23)						ĺ						
				<u> </u>	<u>.</u>							
(24)								l				
10-1	 	<u></u>		—	<u> </u>	-		<u> </u>				•
(25)			-									
1b	Subtotal			.L	<u> </u>	<u> </u>		<u> </u>				
C	Total from continuation sheets to Part			•				•			-	
d	Total (add lines 1b and 1c)	-						>				
2	Total number of individuals (including but						above	e) w	ho received mor	e than \$1	00,000	of
	reportable compensation from the organ	zation >										· , , , , , , , , , , , , , , , , , , ,
												Yes No
3	Did the organization list any former							mpl	loyee, or highes	st compe	ensated	
	employee on line 1a? If "Yes," complete							•		 		3 /
4	For any individual listed on line 1a, is the organization and related organizations											
	individual		. ·									4 /
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organiza	tion or in	dıvıdua	
	for services rendered to the organization	? If "Yes," (comp	lete	Scl	hedi	ıle J i	for s	such person .			5 ✓
	on B. Independent Contractors								 			
1	Complete this table for your five high											
	compensation from the organization. Rep	ort comper	isatio	n to	r the	e ca	ienda	r ye T		within th	ie orgar I	
	(A) Name and business add	Iress							(B) Description of sen	/ices		(C) Compensation
		-						 	<u> </u>			`
									 			
		•										
											EALD AS 1	Karagaggay galario dir abrotansinami
2	Total number of independent contractor received more than \$100,000 of compens	•	-					th th	lose listed abov	e) who	# X	

Pari	VIII	Statement of Revenue Check if Schedule O co		spon	se or note to a	ny line in this Pa	ert VIII		
		·		орог	Se di fiete te di	(A) . Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
रहें हैं	1a	Federated campaigns .		1a					
s, Grants Amounts	b	Membership dues	1	<u>lb</u>	33,178 50	ing an gradinandon during Probable sang sang sang during			of with depote the following fines
ο, Ĕ	С	Fundraising events		10					
G [:] ts, ilar An	d	Related organizations .		1d		ing pagagaga pagagagan pagaga	dara siyamada ipigaye	egis endillis (Miller, Appeni) (s)	
ons, G Simil	е	Government grants (con		1e					
Sign	f	All other contributions, gr		ء د	ı				
tributic Other		and similar amounts not incl		1f					
وَ ڐٍ	g	Noncash contributions in lines 1a–1f		1g	lœ.				
Contributions, and Other Sim	h	Total. Add lines 1a–1f			Ιφ	33,178 50			
		Total. Add lines 1a-11	· <u>·</u>		Business Code	33,178 30			
e C	2a					WA SOCKARUZI SPANACO	1 ASSESSMENT STORY PORTY	A. A. S. SARATA C. CARCALLIA, S.	ARTHUR AND
ه څخ	b			••					
gram Ser Revenue	С								
am eve	d								
Program Service Revenue	е								
Ŗ.	f	All other program service	e revenue		L				
	g	Total. Add lines 2a-2f.						\$75,000 \$150 fo	
	3	investment income (inc	~						
	١.	other similar amounts) .					}		
	4	Income from investment			ona proceeas				'
	5	Royalties	(i) Real		(II) Personal		TOMORNIAN AREAS		
	 6a	Gróšš reňtš 6à		74.00	ļ`		Company of the Company	rangant panggangan	er might be the library
	b	Less: rental expenses 6b	 	03.33			100		
	C	Rental income or (loss) 6c	1	70.67					
	d	Net rental income or (los	····		<u></u> ▶	12,070.67	12,051.59	19.08	Sentember Residence and Demi
	73	Gross amount from	(i) Securit	ies	(ii) Other				
		sales of assets							
		other than inventory 7a				proprinted for an automostic residenti menuga dan	na Tilli Marinina kalendiy		
Ę	b	Less cost or other basis	,						
Revenue		and sales expenses . 7b	<u>'</u>						
Ŗ	C	Gain or (loss) . 7c	<u> </u>		<u> </u>				
ā	d	Net gain or (loss)	•		▶	0.4.59.50.57.50.00.00.00.00	KANDALISH KANDONIK	STANTESANDOCEN	AND CRESSES PROBLEMS.
ğ	Ba	Gross income from fu	indraising	ļ	ļ		rija ramin raminimere		
Ū		events (not including \$ of contributions reporte	d on line	Ì	1				
		1c). See Part IV, line 18		8a					
	ь	Less. direct expenses .		8b			The state of the s	TAN NEW YEAR AND BUILDING	
	С	Net income or (loss) fron	n fundraisin		nts >	113191174 200 DOI: 113: 11119E-0123		The state of the s	THE COURT OF STATE OF
	9a	Gross income from		,			377 (479) 774		
		activities. See Part, IV, lin		9a	-				
	b	Less. direct expenses .		9b		God Fridaing State drugth th			
	С	Net income or (loss) from	n gaming ac	tivitie	es 🕨				
	10a	Gross sales of invent	-						
		returns and allowances		10a					
	b	Less cost of goods sold Net income or (loss) from		10b	l Province P		56266835785\$		
	С	TVEL ITTOOTHE OF (IOSS) ITOTI	i saits UI III	VEINC	Business Code	######################################		Daribond River (1993	(ATT ATT AND ATT ATT ATT AND ADDRESS OF THE ATT ATT ATT ATT ATT ATT ATT ATT ATT AT
Miscellaneous Revenue	11a	Office Commissions			524113	2 277 50	A Shirt of the Art of	3,277 50	AND THE TRANSPORT THE TRANSPORT
scellaneo Revenue	b	Office Commissions			524113	3,277.50 47,878.86		47,878.86	
ella	c	Sale of Building	•••••		327120	193,118 39			•
Sci	d	All other revenue .		•		24 40			
Σ	е	Total. Add lines 11a-11d	j		•	244,299 15	OF FUEL & BUTTLE WATER AND	STANSFORM OF THE	
	12	Total revenue. See instr	uctions .		•	289,548 32		51,175.44	

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All	other organizations	must complete colu	ımn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	9,674.03			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b	Management		<u>-</u>		·
c d e	Accounting	360 00			
f 9	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)		Section 1 State II (I. 2 The W. Gloce)	100 M P THE STREET IN THE E ALL PROPERTY.	
12 13 14	Advertising and promotion	1,395.52 3,485.75			
15 16 17	Royalties	20,972 68			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21	Conferences, conventions, and meetings Interest	2,216 71	_		
22 23	Depreciation, depletion, and amortization . Insurance	19,776.38 11,318.48			24%472 8 6799857247565
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a b	Rent Federal Income Tax	8,643.82 3,669.34		Con Street and Annual Control of Annual Control	1.00 - 20 - 40 - 40 - 40 - 40 - 40 - 40 -
c d e	State Income Tax All other expenses Charitable Contributions	756.40 1,744.37 100.00			
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	84,113.48			
	from a combined educational campaign and fundraising solicitation. Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

_ P	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	urt Y		П
		Check it Schedule O Contains a response of note to any line in this ra	(A) Beginning of year	· · ·	(B) End of year
	1	Cash—non-interest-bearing	46,945.45	1	46,602.62
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	TARTE PARTY I		
		trustee, key omployee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	interest of the state of the st	5	A submitted the state of the form of the state of the sta
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	15,100.00	9	5,500.00
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,657,653.93	en er sammin engine mikratis desimble		
	b	Less. accumulated depreciation 10b 383,871 02	659,918 63	10c	1,273,782.91
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	721,964 08	16	1,325,885.53
	17	Accounts payable and accrued expenses	4,830 49	17	3,101.00
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u>"</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	74,200.39	24	474,416.49
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	70,020,00		477 517 40
	20		79,030.88	為於經	477,517.49
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
3ali	27	Net assets without donor restrictions		27	
Ö	28	Net assets with donor restrictions	CAPTER CO. S. C. LARGE CONTROL OF	28	Pullantena propertion
Ë		Organizations that do not follow FASB ASC 958, check here ▶ ✓			
ř		and complete lines 29 through 33.			
Ş	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	642,933.20		848,368.04
ē	32	Total net assets or fund balances	642,933.20		848,368.04
	33	Total liabilities and net assets/fund balances	721,964.08	33	1,325,885.53

01111 33	0 (2010)				,
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		289,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		84,1	13.48
3	Revenue less expenses. Subtract line 2 from line 1	3		205,4	<u>34.84</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		642,9	33.20
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		848,3	68.04
Part	XII Financial Statements and Reporting				_
_	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · ·		
			Gr ~ mei	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın ır	I THE		
	Schedule O,		1000	36.50	THE PA
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1375-2000	√
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled o	r Die		
	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	LECTOR CE	√
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	a Karing		
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		in a	405	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o			
	the audit, review, or compilation of its financial statements and selection of an independent accounts		2c	2018.24.	42×34141
	If the organization changed either its oversight process or selection process during the tax year, e	xplain or	i jeriji		
	Schedule O.		5.126	THE STATE	In a v
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			,
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		e 3b	1	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	iudits .	ستنشب است		
			For	ո 990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Custer	County Farm Bureau		73-0581050
Part			
	Complete if the organization answered "		
	Takal a salas de la Cons	(a) Donor advised funds	(b) Funds 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)		
4	Aggregate value at end of year	L	-1:
5	Did the organization inform all donors and donor a		
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, ar	-	
O	only for charitable purposes and not for the benefit		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Part		<u>-i-i-i-i</u>	
	Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the c		· · · · · · · · · · · · · · · · · · ·
-	Preservation of land for public use (for example, recre	-	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	4	Held at the End of the Tax Yea
а	T . (.)		. 2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified hi		
þ	Number of conservation easements included in (c) acquired after 7/25/06, and not	on a
			1 _ 1
3	Number of conservation easements modified, trans	ferred, released, extinguished, or ter	minated by the organization during th
	tax year ►	-	-
4	Number of states where property subject to conserve	vation easement is located ▶	
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	ng conservation easements during the yea
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	i conservation easements during the yea
	▶ \$		
8	Does each conservation easement reported on line 2		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easemer		ianciai statements that describes the
Part	<u> </u>		Other Similar Assets
ган	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote t		
h	If the organization elected, as permitted under FAS		
Ь	art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item	•	Coarse in farmorance of public service
			▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of art,		
	following amounts required to be reported under FA		
a	Revenue included on Form 990, Part VIII, line 1 .	_	> \$
	Assets included in Form 990, Part X		• \$

_		
Pao	е	4

Schedule D	(Form	990)	2019

Part III	Scriedui	e D (Form 990) 2019							r age 🚣
collection tems (check all that apply): a Putilic exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5. During the year, did the organization solicit or receive donations of art, instonce I treasures, or other similar assets to be sold to rate funds rather than to be maintained as part of the organization's collection? Yes No	Part	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (continued)
b	3			her recor	ds, checl	k any of th	e follov	ving that make	significant use of its
c Preservation for future generations 4 Prowide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1 to Amount c Beginning balance 1 to Indicate d Additions during the year 1 to e Distributions	а	☐ Public exhibition		d [Loan d	or exchang	e progr	am	
c Preservation for future generations 4 Prowide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1 to Amount c Beginning balance 1 to Indicate d Additions during the year 1 to e Distributions	b	☐ Scholarly research		е [☐ Other	•••			
Sumptified the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	☐ Preservation for future generations	;						
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		tion's collections	and expla	in how th	hey further	the org	ganization's exe	empt purpose in Part
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? III Included on Form 990, Part X. III Included on Part XIII Included On Part	5								
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part								
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No If Yes, "explain the arrangement in Part XIII and complete the following table:		Complete if the organization		" on For	n 990, F	Part IV, line	e 9, or	reported an a	mount on Form
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Amount Ic Amount	1a	Is the organization an agent, trustee							
C Beginning balance	b								
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									Amount
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1 Ending balance .	d	- -							
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е								
Bold F"Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII.									
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A			art XIII Check her	e ir the ex	cpianatioi	n nas been	provid	ed on Part Alli	· · · <u>L.</u>
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22 Closely held equity interests		(a) Description of security or category		(c) Met	hod of valuation
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Line 25.					
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		4) 15 000 5 (0) (05)			<u>-</u>
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.					note that reports the
	organization	or uncertain tax positions. In Part Alli, provide the text of the footh 's liability for uncertain tax positions under FASB ASC 740. Chec	k here if the text of th	ne footnote has been	provided in Part XIII .

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, I				
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				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d	-		2e	
3	Subtract line 2e from line 1	_		3	
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.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	r Ret	turn.
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		-
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			No. of London	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			MF.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	
с 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin		· · · · · · ·		
5 Part	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18)		4c 5	
5 Part Provid	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	e 18) d 4; P	art IV, lines 1b and 2b	4c 5 ; Part	
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Schedule D (For	chedule D (Form 990) 2019 Page 5				
Part XIII	Supplemental 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.

2019

OMB No 1545-0047

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

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

Open to Public Inspection

Name of the organization

Custer County Farm Bureau

Employer identification number 73-0581050

The Organization does not have stockholders but it does have members. There are two types of members. One is an associate member and the the other is a voting member. An associate member includes someone who runs or operates a farm but whose average gross agricultural income is less than half their total income. An associate member also includes someone working in Agribusiness. Someone who is not directly related to agriculture is an associate member. Lastly, an associate member can hold their membership through a church, FFA chapter, an association, or by a corporation not producing agricultural products. A voting member can be a family that gets the majority of its average gross income from the sale of agricultrual products. A voting member can also be held by a retired agricultural person living on an income or social security accrued and not employed full time in another occupation. A voting member can also be held by a partnership or corporation receiving the majority of income from the sale of agricultural products. Annual County Activity Report Activity Participants Time 9/12/19 Annual Meeting 89 Custer County members 178 hrs. 9/12/19 Monthly Board Meeting All Board Members 4.5 hrs. 10/17/19 Monthly Board Meeting L. Sawatzky, K. Switzer, K. Hamar, J. Dozier, T. Snider, B. Sawatzky 24 5 hrs 11/21/19 Monthly Board Meeting All Board Members 28 hrs. 1/16/20 Monthly Board Meeting K. Hamar, R. Roush, K. Switzer, J. Dozier, T. Snider, L. Sawatzky 24.5 hrs. K. Switzer, J. Dozier, T. Snider, L. Sawatzky, H. Bartel, R. Travis 21 hrs. 2/20/20 Monthly Board Meeting All Board Members 28 hrs 3/19/20 Monthly Board Meeting Monthly Board Meeting All Board Members 31 5 hrs 5/21/20 11/8/19-11/10/19 State Convention T. Snider, S. Waltrip, R. Eagan, B. Sawatzky 78 hrs. Resolutions Meeting 10 Members 15 hrs.