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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2018

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization <u>REFUGIO COUNTY FARM BUREAU</u> | | D Employer identification number 74-6045401 |
| | Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>P O BOX 1054</u> | | E Telephone number (361) 526-4685 |
| | City or town, state or province, country, and ZIP or foreign postal code <u>REFUGIO, TX 78377</u> | | F Group Exemption Number ▶ |

G Accounting Method. Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 149,798.

ENVELOPE
POSTMARK DATE
APR 24 2019

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

| | | | | | |
|------------|--|--|---|----------|---------|
| Expenses | 1 | Contributions, gifts, grants, and similar amounts received | 1 | | |
| | 2 | Program service revenue including government fees and contracts | 2 | | |
| | 3 | Membership dues and assessments | 3 | 63,630. | |
| | 4 | Investment income | 4 | 1,085. | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | |
| | 5b | Less: cost or other basis and sales expenses | 5b | | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | |
| | 6 | Gaming and fundraising events: | | | |
| | 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | | |
| | 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| | 6c | Less: direct expenses from gaming and fundraising events | 6c | | |
| | 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| | 7b | Less: cost of goods sold | 7b | | |
| | 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| | 8 | Other revenue (describe in Schedule O) See Line 8 Stmt. | 8 | 85,083. | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 149,798. | |
| | Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 19,224. |
| | | 11 | Benefits paid to or for members | 11 | |
| | | 12 | Salaries, other compensation, and employee benefits | 12 | 60,310. |
| | | 13 | Professional fees and other payments to independent contractors | 13 | 960. |
| 14 | | Occupancy, rent, utilities, and maintenance | 14 | 11,167. | |
| 15 | | Printing, publications, postage, and shipping | 15 | 741. | |
| 16 | | Other expenses (describe in Schedule O) See Line 16 Stmt. | 16 | 49,156. | |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 141,558. | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 8,240. | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 123,778. | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 132,018. | |

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

| | | Yes | No |
|-----|--|-----|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | | X |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | X | |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | X | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a _____ | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b _____ | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed ▶ _____ | | |
| 42a | The organization's books are in care of ▶ TEXAS FARM BUREAU Telephone no. ▶ (254) 751-2337 Located at ▶ P O BOX 2689, , WACO, TX ZIP + 4 ▶ 76702-2689 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | X |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶ _____ | | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | | X |

| | | | |
|----|--|-----|----|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | Yes | No |
| | | 46 | X |

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

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

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

| | | | |
|-----|--|-----|----|
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | Yes | No |
| | | 47 | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b | If "Yes," was the related organization a section 527 organization? | 49b | |
| 50 | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
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| | | | | |

f Total number of other employees paid over \$100,000 0

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

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
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| | | |

d Total number of other independent contractors each receiving over \$100,000 0

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

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

| | | |
|------------------|---|--------------|
| Sign Here | Signature of officer | Date 4.22.19 |
| | PRESIDENT Type or print name and title | |

| | | | | | |
|-------------------------------|--|--------------------------|-----------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name Patrick Ehlers | Preparer's signature | Date 4-17-19 | Check <input type="checkbox"/> if self-employed | PTIN P01278523 |
| | Firm's name ▶ Texas Farm Bureau | | | Firm's EIN ▶ 74-1145986 | |
| | Firm's address ▶ P.O. Box 2689, Waco, TX 76702 | | | Phone no (254) 751-2337 | |

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

REFUGIO COUNTY FARM BUREAU

Employer identification number

74-6045401

Pt III, Line 28: Youth Livestock Show/Fair-Contributed to local youth livestock show/fair. Purposes of the show are to promote responsibility, leadership skills and interest in raising farm animals for area youth. The County Farm Bureau volunteers as well as the local 4-H Clubs and FFA Chapters participate in this important event.

Pt III, Line 29: Annual Meeting-Held an annual meeting in which all members are invited. Purpose was to discuss relative local, statewide and national agricultural issues, the importance of agriculture education, the business of the organization and current legislative issues as they relate to agriculture. Members of the county farm bureau, county farm bureau staff, county farm bureau voluntary leaders, Texas Farm Bureau staff and invited guests participated.

Pt III, Line 30: State Meetings-Volunteers Directors of the County Farm Bureau attended meetings sponsored by Texas Farm Bureau, including its annual state convention. At these meetings, various agricultural issues are discussed with similar local volunteers from other county farm bureaus across the state. At the Texas Farm Bureau annual convention, local county farm bureau leaders from all over Texas voted on agricultural issues that these volunteers would like Texas Farm Bureau and the volunteers to pursue on a statewide level in the upcoming year.

Pt III, Line 31: Members of the County Farm Bureau are also members of Texas Farm Bureau, a statewide agricultural organization (exempt under 501 (c) (5)) that works for the betterment of agriculture and coordinates programs on a statewide

| | |
|--|--|
| Name of the organization REFUGIO COUNTY FARM BUREAU | Employer identification number 74-6045401 |
|--|--|

basis. Members of the County Farm Bureau are also members of the American Farm Bureau, a national agricultural organization that also works for the betterment of agriculture. County Farm Bureau volunteers also help organize their members into separate agricultural commodity interests and participate in matters dealing with legislation that affects agriculture.

Pt I, Line 8:

- Description: INS ACTIVITY INCOME \$84,608
- Description: TFB AWARDS \$475

Pt I, Line 10:

- Description: Assist local students who have projects in the youth livestock show.
- Class of activity: Charitable Org.
- Grantee's name: Refugio Co. Youth Livestock Auction Assoc.
- Grantee's address: 107 East Roca Street Refugio TX 78377
- Amount given: \$7,400

Pt I, Line 16:

- Description: STATE MEMBERSHIP DUES \$37,269
- Description: TRAVEL/CONFERENCES/MEETINGS \$3,910
- Description: OTHER EXPENSES \$2,558
- Description: OFFICE OPERATIONS EXPENSES \$5,240
- Description: ADVERTISING/PUBLIC RELATIONS \$179

Pt II, Line 24:

- Description: Prepaid Income Tax Beginning of Year: \$1,920 End of Year: \$1,664
- Description: Accounts Rec - TFB Beginning of Year: \$194 End of Year: \$0

Pt II, Line 26:

- Description: Accounts Payable & Accrued Expenses Beginning of Year: \$1,200 End of Year: \$782