

Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2018****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

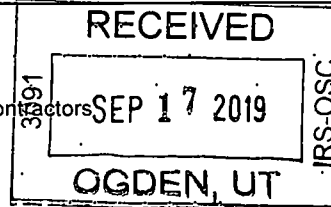
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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<b>A</b> For the 2018 calendar year, or tax year beginning 7/1/2018, and ending 6/30/2019	
<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization Douglas County Farm Bureau Assoc Number and street (or P O box, if mail is not delivered to street address) Room/suite 101 W 10th Street, Suite B City or town State ZIP code Eudora KS 66025 Foreign country name Foreign province/state/county Foreign postal code
<b>D</b> Employer identification number 48-0563321	
<b>E</b> Telephone number 785-856-3276	
<b>F</b> Group Exemption Number	
<b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)	
<b>I</b> Website: N/A	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)( 5 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> 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. \$ 113,200	

**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 ☒

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	7,450	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	88,929	
	4	Investment income	4	16,100	
	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	0	
	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	0	
	7a	Gross sales of inventory, less returns and allowances	7a	671	
	7b	Less cost of goods sold	7b	671	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
	<b>Expenses</b>	8	Other revenue (describe in Schedule O)	8	50
		9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	112,529
10		Grants and similar amounts paid (list in Schedule O)	10	91,001	
11		Benefits paid to or for members	11		
12		Salaries, other compensation, and employee benefits	12	36,957	
13		Professional fees and other payments to independent contractors	13		
14		Occupancy, rent, utilities, and maintenance	14	14,647	
<b>Net Assets</b>	15	Printing, publications, postage, and shipping	15	1,229	
	16	Other expenses (describe in Schedule O)	16	33,640	
	17	<b>Total expenses.</b> Add lines 10 through 16.	17	177,474	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-64,945	
	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	507,438	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20.	21	442,493	



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

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**Part II Balance Sheets.** (see the instructions for Part II)

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

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	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments	505,030	<b>22</b>	438,777
<b>23</b> Land and buildings		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O)	4,743	<b>24</b>	5,777
<b>25</b> <b>Total assets</b>	509,773	<b>25</b>	444,554
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)	2,335	<b>26</b>	2,061
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	507,438	<b>27</b>	442,493

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

☐**Expenses**

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

What is the organization's primary exempt purpose? Educate/improve life quality

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

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

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

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

☐**28a****29**

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

☐**29a****30**

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

☐**30a****31** Other program services (describe in Schedule O)

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

☐**31a****32** **Total program service expenses.** (add lines 28a through 31a)☐**32**

0

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

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(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mark Brown President	Hr/WK 00			
Michelle Gabriel Vice-President	Hr/WK 00			
Cheryl Hunsinger Treasurer	Hr/WK 00			
Steve Crane Board Member	Hr/WK 00			
Jessica Flory Board Member	Hr/WK 00			
Ashley Hornberger Board Member	Hr/WK 00			
George Hunsinger Board Member	Hr/WK 00			
Mark Jehle Board Member	Hr/WK 00			
Ryan Lister Board Member	Hr/WK 00			
Scotty Thellman Board Member	Hr/WK 00			
	Hr/WK			
	Hr/WK			

**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
<b>33</b> 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
<b>34</b> 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
<b>35 a</b> 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>35 b</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		
<b>35 c</b> 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
<b>36</b> 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
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>37 b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> 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>38 b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b>		
<b>b</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 <b>40b</b>		
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>41</b>		
<b>42 a</b> The organization's books are in care of <b>42a</b> Office Secretary Telephone no <b>42a</b> 785-856-3276		
Located at <b>42a</b> 101 W 10th Street, Suite B City Eudora ST KS ZIP + 4 <b>42a</b> 66025		
<b>b</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 <b>42b</b>		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>c</b> 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 <b>42c</b>		X
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b>		
and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44a</b>		X
<b>b</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 <b>44b</b>		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? <b>44c</b>		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O <b>44d</b>		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? <b>45a</b>		X
<b>45 b</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 <b>45b</b>		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		
49a		
49b		

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

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

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

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

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

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

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

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

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☒ 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 <i>Michelle Gabriel</i>	Date
	Type or print name and title <i>Michelle Gabriel</i>	<i>9-10-2019</i>

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

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Douglas County Farm Bureau Assoc

Employer identification number

48-0563321

Form 990-EZ, Part I, Line 8, Other Revenue Membership Awards 50

Form 990-EZ, Part I, Line 10, Grants Paid Activity Donation, Grantee Douglas County Kansas

1100 Massachusetts Street Lawrence KS 66044, Cash Grant 89,001, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Collegiate Farm Bureau 143

Form 990-EZ, Part I, Line 16, Other Expenses Advertising 200

Form 990-EZ, Part I, Line 16, Other Expenses Bank Service Charges 57

Form 990-EZ, Part I, Line 16, Other Expenses Board Expense 5,646

Form 990-EZ, Part I, Line 16, Other Expenses Committees 3,935

Form 990-EZ, Part I, Line 16, Other Expenses Slice of Ag 887

Form 990-EZ, Part I, Line 16, Other Expenses Fair Expense 150

Form 990-EZ, Part I, Line 16, Other Expenses 4-H Auction 3,700

Form 990-EZ, Part I, Line 16, Other Expenses Bale Toss Prizes 500

Form 990-EZ, Part I, Line 16, Other Expenses 4-H Showmanship Award 800

Form 990-EZ, Part I, Line 16, Other Expenses Pedal Pull Trophies 327

Form 990-EZ, Part I, Line 16, Other Expenses Family Fun Night 4,423

Form 990-EZ, Part I, Line 16, Other Expenses Insurance Master Group Liability 1,174

Form 990-EZ, Part I, Line 16, Other Expenses Insurance Personal Property 258

Form 990-EZ, Part I, Line 16, Other Expenses Meetings 3,999

Form 990-EZ, Part I, Line 16, Other Expenses Office Expense & Supplies 928

Form 990-EZ, Part I, Line 16, Other Expenses Contributions 3,123

Form 990-EZ, Part I, Line 16, Other Expenses Promotional Items 1,628

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

Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,111

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 611

Form 990-EZ, Part II, Line 24, Other Assets Equipment less accumulated depreciation

Beginning of year 1,289, End of year 678

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

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Name of the organization

Employer identification number

Douglas County Farm Bureau Assoc

48-0563321

Form 990-EZ, Part II, Line 24, Other Assets: Accounts receivable Beginning of year 3,454

End of year 3,299

Form 990-EZ, Part II, Line 24, Other Assets: Prepaid expenses Beginning of year 0, End of

year 1,800

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

of year 2,335, End of year 2,061