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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2018**

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.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning Jul 1, 2018, and ending Jun 30, 2019

<b>B</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	<b>C</b> Name of organization DIMMIT COUNTY FARM BUREAU		<b>D</b> Employer identification number 74-1165232
	Number and street (or P O box, if mail is not delivered to street address) Room/suite P O BOX 996		<b>E</b> Telephone number (830) 876-2419
	City or town, state or province, country, and ZIP or foreign postal code CARRIZO SPRINGS, TX 78834		<b>F</b> 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

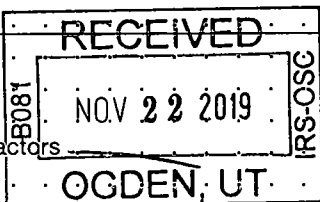
**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) ( 5 ) ◀ (insert no)  4947(a)(1) or  527

**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. ▶ \$ 94,405.

**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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	44,760.
	<b>4</b> Investment income	<b>4</b>	3,270.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) See Line 8 Stmt.	<b>8</b>	46,375.	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	94,405.	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	45,402.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	900.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	8,814.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	458.
	<b>16</b> Other expenses (describe in Schedule O) See Line 16. Stmt.	<b>16</b>	30,164.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	85,738.	
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	8,667.
	<b>19</b> 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)	<b>19</b>	79,129.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	87,796.



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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

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	65,788.	<b>22</b> 75,789.
<b>23</b> Land and buildings . . . . .	13,341.	<b>23</b> 12,743.
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25</b> <b>Total assets</b> . . . . .	79,129.	<b>25</b> 88,532.
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .		<b>26</b> 736.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	79,129.	<b>27</b> 87,796.

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

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

What is the organization's primary exempt purpose? PROMOTING AGRICULTURE

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

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.

<b>28</b> <u>SEE SCHEDULE O</u>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> <u>SEE SCHEDULE O</u>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> <u>SEE SCHEDULE O</u>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BILL MARTIN PRESIDENT	4.00	0.	0.	0.
YANCY STRAIT SEC TREAS	3.00	0.	0.	0.
PEGGY VANCLEVE DIRECTOR	3.00	0.	0.	0.
EDDIE VIVION DIRECTOR	2.00	0.	0.	0.
JANICE LEONARD DIRECTOR	2.00	0.	0.	0.
EMILY KING DIRECTOR	2.00	0.	0.	0.
BRUCE FRASIER DIRECTOR	3.00	0.	0.	0.
BRIAN KING DIRECTOR	2.00	0.	0.	0.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45a regarding organizational activities, financials, and compliance.

**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
<b>46</b>		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
<b>47</b>		

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

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

<b>49b</b>		
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**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

**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

**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: *Bill Martz* Date: *11/1/19*  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **Patrick Ehlers** Preparer's signature: *Patrick Ehlers* Date: *10-16-19* Check  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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

DIMMIT COUNTY FARM BUREAU

Employer identification number

74-1165232

Pt III, Line 28: 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 29: Ag in the Classroom—County Farm Bureau volunteers contributed their time and resources to an Agriculture in the Classroom Program. Using various specially developed materials (in conjunction with Texas Farm Bureau), teachers around the state guide Texas students in grades 1 thru 6 in exploring the various facets of food and fiber production in Texas. How agriculture contributes to the lifestyles of people throughout the world is also presented.

Pt III, Line 30: Youth Leadership Conference—Sponsored student(s) to attend the Farm Bureau Youth Leadership Conference. The purpose of the conference is to give selected high school students in Texas a better understanding of the various forms of government and educate them on their responsibilities as citizens. The conference runs three full days and includes lectures, discussions and films by outstanding authorities in government, history and economics.

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 basis. Members of the County Farm Bureau are also members of the American Farm

Name of the organization DIMMIT COUNTY FARM BUREAU	Employer identification number 74-1165232
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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: INSURANCE ACTIVITY INCOME \$44,287
- Description: TRUCK SCALES INCOME \$1,587
- Description: TFB AWARDS \$475
- Description: SIGN INCOME \$26

Pt I, Line 16:

- Description: STATE MEMBERSHIP DUES \$22,960
- Description: OTHER EXPENSES \$1,019
- Description: TRAVEL/CONFERENCES/MEETINGS \$1,648
- Description: OFFICE OPERATIONS EXPENSE \$3,793
- Description: TRUCK SCALES MAINTENANCE \$344
- Description: COMMITTEE/CONTRACT SERVICES \$400

Pt II, Line 26:

- Description: ACCOUNTS PAYABLE & ACCRUED EXPENSES Beginning of Year: \$0 End of Year: \$736