Form **990**

OMB No 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A	For the	2016 calen	dar year, or tax year beginning Nov 1 , 2016, ar	nd ending	Oct 3	3 7 0	1,1	2017				
	Check if ap		C Name of organization TOM GREEN COUNTY FARM BUREA					cation number				
		ess change	Doing business as	<u> </u>		75-0	9460	02				
	\vdash	change	Number and street (or P O box if mail is not delivered to street address)	Room/sur	te F	Telepho						
	H	-			· -	(325) 942-8200						
	\vdash	return	2575 W LOOP 306 City or town, state or province, country, and ZIP or foreign postal code			(325) 94	2-8200				
	H	eturn/terminated										
	H	ided return		6904		Gross re						
	Applic	cation pending	F Name and address of principal officer		(a) Is this a gr	•		L-1 100	X No			
			GREG SCHWERTNER SAME ADDRESS AS "BOX C" ABOVE	138	(b) Are all sub If 'No,' atta	oordinates i ach a list (s	ncluded? ee instruc	tions) Yes	∐]No			
<u> </u>	Tax-exe	empt status	501(c)(3) X 501(c) (5)	52/7								
J	Websi	ite: ► N /		Н	(c) Group exe	mption nur	nber -					
K		organization	<u> </u>	r of formation	1951	M s	ate of lega	al domicile TX				
Pa		Summar										
	_			<u>better</u>		<u>nditi</u>	ons	and				
ايو	<u>e</u>		cy of agricultural producers and promote			. -						
듦	<u>a</u> :		d desirable rural life through education, information,									
틞	<u>a</u> :		r such programs.									
20'Activities & Governance	2 C	heck this bo					_ 1					
~	3 No		ting members of the governing body (Part VI, line 1a)				3		24			
န္မ	4 NU		lependent voting members of the governing body (Part VI, line 1b) .				4		24			
₹	5 To		of individuals employed in calendar year 2016 (Part V, line 2a) of volunteers (estimate if necessary)				5		8			
ुंड	7a To		d business revenue from Part VIII, column (C), line 12				6 7a	112	60 613.			
ő	h Na		business taxable income from Form 990-T, line 34			· ·	7b		694.			
	5 140	- Included	business taxable mounte from 1 ann 600 1, me 64. 1. 1. 1. 1. 1.			or Year		Current Yea				
RéVenuel 9	8 C	ontributions	and grants (Part VIII, line 1h)			128,5	77	130,				
ue,			ce revenue (Part VIII, line 2g)			120,5	' 	130,	140.			
₹ <u></u>			come (Part VIII, column (A), lines 3, 4, and 7d)				-+		10.			
- P	11 01		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			140,5	20	149,				
\square	12 To		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			269,0		279,				
	13 Gr		milar amounts paid (Part IX, column (A), lines 1-3)		 -	4,8			677.			
	14 Be		to or for members (Part IX, column (A), line 4)			4,045.			<u> </u>			
3	15 Sa	•	r compensation, employee benefits (Part IX, column (A), lines 5-10)		104,245.			119,	616			
Expenses ANTED	16 a Dr		undraising fees (Part IX, column (A), line 11e)			104,2	 	119,	040.			
e l												
3	b 10		ing expenses (Part IX, column (D), line 25) ▶			Mariata.		The state of the s				
_	17 Ot		es (Part IX, column (A), lines 11a-11d, 11f-24e)			145,8		148,				
ł			s Add lines 13-17 (must equal Part IX, column (A), line 25)			254 , 9		<u>275,</u>				
	19 Re	evenue less	expenses Subtract line 18 from line 12		<u></u>	14,1		4,	<u>113.</u>			
9 9			LYCOLIVED		Beginning			End of Yea				
10 E	20 To	-	Part X, line 16)			524,1		528,	<u>322.</u>			
Net Assets or Fund Balances	21 To					1,6	30.	<u> </u>	774.			
			fund balances Subtract line 21 from line 20		<u> </u>	522 , 4	35.	526,	548.			
		Signatur										
Unde	r penalties	of perjury, I dec	lare that I have examined this return, including accompanying schedules and statements, all er (other than officer) is based on all information of which preparer has any knowledge	nd to the best	of my knowled	ige and bel	ef, it is tru	e, correct, and				
		1.	\$1.4				-18					
		Signatur	e of officer		Date	3-12	10					
Sig	ın		< > \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
He	re	Trop 00	orhwertner		PRESID	ENT						
			·	Date		<u> </u>	, Te-	TIN				
		1 "	$1 \mathcal{D}_{X} \mathcal{D}_{ho} \mathcal{D}_{ho}$	2-28	-/X	heck _	۱ "۱					
Pai			k Ehlers		se se	lf-employed	<u> P</u>	01278523				
	parer	Firm's name			_	,						
US	e Only	Firm's addre			Firm's EIN ► 74-1145986							
			Waco TX 76702		Pt	Phone no (254) 751-2337						
May	the IRS	discuss this	s return with the preparer shown above? (see instructions)	<u></u>			<u> </u>	X Yes	No_'			

Form	990 (2016) TOM GREEN COUNTY FARM BUREAU	75-0946002	Page 2
Pai	松川郷 Statement of Program Service Accomplishments		
	, Chèck if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	X
1	Briefly describe the organization's mission		
	To better the conditions and		
	efficiency of agricultural producers and promote a wholesome		
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on	_	
	Form 990 or 990-EZ?	· · · · · · · · Yes	X No
_	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? U Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported	es, as measured by expenses to others, the total expenses	9 S ,
4 8	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Annual meeting		
	Held an annual meeting in which all members are invited. Purp		
	discuss relative local, statewide, and national agricultural 1		
	the importance of agriculture education, the business of the o	rganization,	
	and current legislative issues as they relate to agriculture.	_Members	
	of the county farm bureau, county farm bureau staff, county fa	rm_bureau	
41	O (Code) (Expenses \$ including grants of \$) (Revenue S)
•	State meetings) (I (CVC) I C	
	Volunteer 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		
	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		
	See Form 990, Page 2, Part III, Line 4b (continued)		
4 0	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	National Affairs Meetings		
	County Farm Bureau Directors attended meetings with		-
	national legislators as well as state legislators		
	to explain how laws and regulations impact agriculture		
	and rural areas.		
4	Other program services (Describe in Schedule O)		
•	(Expenses \$ including grants of \$) (Revenue	\$)
46	Total program service expenses		



	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		, ,	
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		Х
	c 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	11 c		X
	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
	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		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(II)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
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		X

Part IVA Checklist of Required Schedules (continued) Yes No Х 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 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 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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 Х 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 Χ 23 Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?...... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I . . . 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II Χ 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 233. 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) Χ a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Χ 28b Χ 280 \overline{X} Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M . . . 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Χ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Χ 37 38 38 Form 990 (2016) BAA

orm	990 (2016) TOM GREEN COUNTY FARM BUREAU 75-094600	2	F	age 5
Par	t 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			. П
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable]	1]
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ī c	X	- ,
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 8	J		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	X	<u> </u>
4 a	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)?	4 a		X
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).]		i
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	of Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7	Organizations that may receive deductible contributions under section 170(c).	T-	ļ ——	1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
b	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			-
h	as required?	7 g		
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter	·		,
	Initiation fees and capital contributions included on Part VIII, line 12			1
_	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ļ		
	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders			·
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	لــــــــــــــــــــــــــــــــــــــ	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	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			ı L
	Enter the amount of reserves on hand			!
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
L	of 'Ves' has it filed a Form 720 to report these payments? If 'No' provide an explanation in Schedule O	14 h		

Form 990 (2016) TOM GREEN COUNTY FARM BUREAU 75-0946002 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 24 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ Did the organization make any significant changes to its governing documents X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Х 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.............. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х Did the organization have a written whistleblower policy?........ Х 14 Did the organization have a written document retention and destruction policy?............. Χ 14 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? a The organization's CEO, Executive Director, or top management official 15 a Х Х b Other officers or key employees of the organization..... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a X 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records TEXAS FARM BUREAU P O BOX 2689, WACO 76702-2689 (254) 751-2337

Form 990 (2016)	TOM	GREEN	COUNTY	FARM	BUREAU

75-0946002

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

🖄 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title				(C))	-				
		thar	one s	box, ι	untes: fficer truste			(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREG SCHWERTNER	_3.00	Х		х				0		
PRESIDENT (2) TIM JAMES VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) BRADY WEISHUHN SEC TREAS	3.00	Х		Х				0.	0.	0.
_(4)_GENE_GULLYDIRECTOR	_3.00	х						0.	0.	0.
(5) JIMMIE BRENEK DIRECTOR	3.00	Х						0.	0.	0.
(6) COLLIN KLATTENHOFF DIRECTOR	3.00	Х						0.	0.	0.
	3.00	Х	!					0.	0.	0.
(8) PETER CASE DIRECTOR	3.00	Х						0.	0.	0.
(9) STEVEN HOELSCHER DIRECTOR	3.00	х						0.	0.	0.
(10) JOHN SCHWARTZ DIRECTOR	_2.00	х						0.	0.	0.
(11) CHARLES HALFMANN DIRECTOR	3.00	х						. 0.	0.	0.
(12) RONALD POPE DIRECTOR	3.00	х						0.	0.	0.
(13) GREG MATSCHEK DIRECTOR	_3.00	Х						0.	0.	0.
(14) LYNN HALFMANN DIRECTOR	_3.00	х						0.	0.	0.

rait vii Section A. Officers, Directors, Tri	(B)	l	<u> </u>	(C	_	c 3, (ant	i riigilest con	iperisated Lilip	loyees (continu		
(A)	Average	(40	not of	Pos	ition	th		(D)	(E)		(F)	
(A) Name and title	hours	box	, unle:	ss pe	rson	than o s both or/trust	an	Reportable compensation from	Reportable compensation from	Es	timated	
	week (list any		T					the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com	nt of other pensation om the	
	hours for	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	((2) 3 3 3 1 1 1 2 5 7	(** 2 *****	orga and	inization I related	
	related organiza - tions	g 2	즲		g Q	ee con				orga	anizations	
	below dotted	uste	핥		8	l en	l					
	line)	°	8			ated						
(15) ROBERT HOGG	3.00				_	-	-			ļ		
DIRECTOR	12.00 -	X				İ		0.	0.		0.	
(16) SLAYTON HOELSCHER								<u></u>				
DIRECTOR	1	X			ļ	ļ	ļ	0.	0.		0.	
7) TRAVIS DUSEK 3.00												
DIRECTOR		X				<u> </u>	<u>L</u>	0.	0.		0.	
(18) KYLE LANGE	3.00 _	l					l					
DIRECTOR	ļ	X	\vdash		<u> </u>	<u> </u>	 	0.	0.		0.	
(19) BRENT HALFMANN 3.00											•	
DIRECTOR (20) CLAY CHILDRESS	1.00	X				├—	├	0.	0.	- -	0.	
DIRECTOR	1	X					ì	0.	0.		0.	
(21) LANE PUCKITT	3.00	†			-	 	\vdash	· · · · · · · · · · · · · · · · · · ·				
DIRECTOR		X						0.	0.		0.	
(22) REID NEIHUES	3.00											
DIRECTOR		X			<u> </u>		_	0.	0.		0.	
(23) KENNETH DIERSCHKE	3.00_	١			}	1	}	1	_			
DIRECTOR	2 00	X			├	<u> </u>	-	0.	0.		0.	
(24) JAMIE TANKERSLEY	3.00_	X			}	Ì	1		0		0	
DIRECTOR (25)	-	Ĥ	-		╁		<u> </u>	0.	0.		0.	
	1											
1 b Sub-total			• •		• •		>	0.	0.		0.	
c Total from continuation sheets to Part VII, Secti												
d Total (add lines 1b and 1c)							<u> </u>	0.	0.		0.	
Total number of individuals (including but not limite	d to those	listed	abo	ove)	who	o rece	eive	d more than \$100,	000 of reportable cor	npensal	ion	
from the organization • 0											Yes No	
2 Did the agreement on that any farmous officer dispets		- k-		رمامر		ar b	-b	at companyated am	nlovoo		162 140	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	r, or trustet ndividual	e, ke	, em	· ·	,ee, 		grie:	si compensated en		. 3	X	
4 For any individual listed on line 1a is the sum of re	portable c	ompe	nsat	tion	and	othe	r co	mpensation from				
the organization and related organizations greater such individual	lhan \$150.	0007	' If 'Y	'es.'	con	nplete	e Sc	chedule J for		. 4	$ \frac{1}{x}$	
										· -	 -^ -	
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	complete S	Schec	iule .	any J foi	r suc	th pe	rsor	janization of individ		. 5	X	
Section B. Independent Contractors												
Complete this table for your five highest compensation from the organization. Report compensation.	ted indepe ensation fo	nder r the	it coi cale	ntra enda	ctors	s that ar en	rec	eived more than \$ a with or within the	100,000 of organization's tax ve	ar		
(A)					,-			(B)				
(A) Name and business address (B) Description of services (C) Compensation												
								ļ				
								 				
2 Total number of independent contractors (including	but not lir	nited	to th	3056	let.	ed at	nove) who received mo	re than			
\$100,000 of compensation from the organization	• ∩					Ju uk		.,	,			
BAA	<u> </u>	TEEA	0108	11/1	6/16			 	<u></u>	Form	990 (2016)	

					75-09	46002	Page 9
990 (2	016) TOM GREEN COUNTY FARM I	BUREAU					П
VIII	Statement of Revenue Check if Schedule O contains a response or r	note to any line u	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	busi	elated R mess exclud	(D) evenue led from tax er sections 512-514
b c d e f g h	Total. Add lines 1a-1f Fundraising events	4,466.	130,146.				
2 I	All other program service revenue	rest and	10		0.	0.	10.
4 5 6	Income from investment of tax-exempt bond Royalties	proceeds			0.	0,	5,349
1	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses						
Other Revenue	d Net gain or (loss). 8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18	nts	. •				
	b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory	a b	. ▶	389.	0.	126,389. 17,068.	
	11a INS SERVICE FEES b INS AGENT INCOME c BANKING PROGRAM d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions	524298 522100	17,0	068. 156. 130.	0.	17,068. 156. 0.	5, 4 Form 990 (7

Part IX | Statement of Functional Expenses

000	Check if Schedule O contains a res				
Do i	not include amounts reported on lines 7b, 8b, 9b, 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 · · · · · · · · · · · · · · · · · ·	4,677.			
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,000.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				······································
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	107,807.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10.,007.			
9	Other employee benefits	2,704.			
10	Payroll taxes	9,135.		 	
11	Fees for services (non-employees)	9,133.		 	
	Management				
	b Legal				
	Accounting	1 220		 	
	Lobbying	1,320.		· · · · · · · · · · · · · · · · · · ·	
	· · ·				
	Professional fundraising services See Part IV, line 17			 	
	Investment management fees			 	
y	(A) amount, list line 11g expenses on Schedule O) L				
12	Advertising and promotion	825.			
13	Office expenses	17,980.		<u></u>	
14	Information technology				
15	Royalties				
16	Occupancy	33,689.			
17	Travel	4,166.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,447.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,550.			·
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	STATE MEMBERSHIP DUES	64.411.			
	COMMITTEE/CONTRACT SERVICES	78.			
	OTHER EXPENSE	6,346.			
c	_				
•	All other expenses				
	Total functional expenses Add lines 1 through 24e	275,135.			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [In this transfer of the organization of the companies of the organization	2.0,1001			

75-0946002 Page 11 Form 990 (2016) TOM GREEN COUNTY FARM BUREAU Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 158,814 93,775. Savings and temporary cash investments 915 2 35,952 2 3 3 4 Loans and other receivables from current and former officers, directors 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 8 2,380 9 Prepaid expenses and deferred charges 2,440. 10 a b Less accumulated depreciation 10 b 10 c 146,825. 362,006 396,155. 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Other assets See Part IV, line 11 15 15 Total assets, Add lines 1 through 15 (must equal line 34) 16 528,322 16 524. 115 17 17 680 1.774 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 23 24 24 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 26 774 Total liabilities. Add lines 17 through 25............ 680 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets...... 28 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here

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30

31

32

33

34

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds.

Paid-in or capital surplus, or land, building, or equipment fund

Form 990 (2016)

526,548.

526,548

30

31

32

33

34

522,435

522,435

524,115

Form	990 (2016)	TOM GRE	EEN CO	UNTY E	FARM B	UREAU						75-0	946	002		Pag	ge 12
Par	t XI	Reco	nciliation	of Net	Assets													_
			ıf Schedule											<u></u>		• • •		$\perp \perp$
1			(must equa											1		27	9,2	48.
2			es (must equ											2		27	5,1	<u>35.</u>
3			expenses S											3			4,1	13.
4			fund balanc											4		52	2,4	<u>35.</u>
5			d gains (loss											5				
6			ices and use											6				
7			cpenses											7				
8		-	djustments										• • •	8				
9	-	_	s in net asse										• •	9				
10	Net a	assets or	fund balanc	es at end	of year	Combine I	lines 3 thro	ugh 9 (m	ust equal F	Part X, Iır	ne 33,			40				4.0
								· · · · ·	• • • • •		· · · · ·		• • • •	10		52	6,5	48.
Par	t XII		ncial State															
		Check	ıf Schedule	O contain	is a respo	onse or no	te to any lii	ne in this	Part XII .		· · · ·			• • •				<u> X</u>
										_					,		Yes	No
1	Acco	unting m	ethod used	to prepare	e the For	m 990	X Cash		Accrual	Oth	ner _							1
	If the	e organiza	ation change	∍d its metl	hod of ac	counting f	rom a prior	year or o	checked 'O	ther,' exp	plaın							:
2 a			- anızatıon's fi	nancial st	atements	s compiled	or reviewe	d by an	ndepender	nt accoui	ntant?.				[2 a		X
		_	k a box belov															
	s <u>ep</u> a	rate basi	is, consolida	te <u>d b</u> asis.	, or both	101 1110 1111	_								- 1			المست
		•	te basis		solidated				ted and se	•								
t	Were	e the orga	anızatıon's fi	inancial st	tatements	s audited b	oy an indep	endent a	ccountant	7					[2 b		X
	If 'Ye	es,' check	k a box belov	w to indica	ate wheth	ner the fina	ancial state	ments fo	r the year v	were aud	lited on	a separat	te				İ	
	basis	-,	idated basis	_			□ _□ -45											
	Ш	•	ite basis		solidated		ш		ated and se	•								
•	If 'Ye	es' to line w, or cor	2a or 2b, dompilation of	oes the or its financi	rganızatıcı al statem	on have a ents and	committee selection of	that assu an inder	mes respo endent ac	onsibility i countant	for ove	rsight of th	ne audi	it, • • • •		2 c		 -
	in Sc	chedule (ation change															
	Audi	it Act and	f a federal av I OMB Circu	lar A-133'	?											3 a		Х
ı	o If 'Ye	es,' did th	ne organizati	on under	go the red	quired auc	lit or audits	? If the o	rganızatıon	did not	underg	o the requ	ııred aı	udit				
	or a	udits, exp	olain why in	Schedule	O and de	escribe an	y steps tak	en to unc	lergo such	audits .	<u></u>					3 b		
BAA	١															Form	990 (2	2016)

SCHEDULE D (Form 990)

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

	TOM GREEN COUNTY FARM BUREAU		75-0946002
Par	tiles Organizations Maintaining Donor Advised Funds of	r Other Similar F	unds or Accounts.
	Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 6	
	(a) Donor ad	vised 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		
5 6	Did the organization inform all donors and donor advisors in writing that the are the organization's property, subject to the organization's exclusive legal	al control?	· · · · · · · · · · · L Yes No
	Did the organization inform all grantees, donors, and donor advisors in wrifer charitable purposes and not for the benefit of the donor or donor advisor impermissible private benefit?	or or for any other pur	nose conferring
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 9	90, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all	that apply)	
	Preservation of land for public use (e g , recreation or education)	Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space	L	
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the	form of a conservation easement on the
	last day of the tax year		- PAGE (PA)
			Held at the End of the Tax Year
	a Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structure include	• •	2c
•	Number of conservation easements included in (c) acquired after 8/17/06, structure listed in the National Register	• • • • • • • • • •	\
3	Number of conservation easements modified, transferred, released, exting tax year ►	guished, or terminated	by the organization during the
4	Number of states where property subject to conservation easement is local	ated ►	
5	Does the organization have a written policy regarding the periodic monitor		
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vi	olations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violation ► \$	ons, and enforcing con	servation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the and section $170(h)(4)(B)(ii)$?		
	In Part XIII, describe how the organization reports conservation easement include, if applicable, the text of the footnote to the organization's financial conservation easements	I statements that desc	ribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Histo Complete if the organization answered 'Yes' on Form 9	rical Treasures, o 90, Part IV, line 8	or Other Similar Assets.
1 a	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to art, historical treasures, or other similar assets held for public exhibition, e in Part XIII, the text of the footnote to its financial statements that describe	ducation, or research i	statement and balance sheet works of n furtherance of public service, provide,
ł	 If the organization elected, as permitted under SFAS 116 (ASC 958), to re historical treasures, or other similar assets held for public exhibition, educ- following amounts relating to these items 	eport in its revenue stat ation, or research in fu	ement and balance sheet works of art, rtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical treasures, or oth amounts required to be reported under SFAS 116 (ASC 958) relating to the	ner sımılar assets for fi iese items	nancial gain, provide the following
á	a Revenue included on Form 990, Part VIII, line 1		····•\$
1	Assets included in Form 990, Part X	<u>.</u> <u></u>	

Schedule D (Form 990) 2016 TOM GRE	EN COUNTY E	FARM BUREAU	J	75-094	6002 P r	age :
Part Organizations Maintaini						
3 Using the organization's acquisition, and items (check all that apply).	ccession, and othe	r records, check	any of the following that a	re a significant use of its	collection	
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generation	s					
Provide a description of the organization Part XIII	on's collections and	d explain how the	y further the organization'	s exempt purpose in		
5 During the year, did the organization s to be sold to raise funds rather than to	be maintained as	part of the organ	zation's collection?			No
Parkive Escrow and Custodial A line 9, or reported an amo	rrangements. unt on Form 99	Complete if the 30, Part X, line	ne organization answ e 21.	ered 'Yes' on Form	990, Part IV,	
1 a Is the organization an agent, trustee, on Form 990, Part X?	custodian or other	intermediary for c	ontributions or other asse	ts not included	Yes I	No.
b if 'Yes,' explain the arrangement in Pa						10
bit 100; explain the altangement in a	it xiii ana complet	o the renewing to	0.0	<u></u>	Amount	
c Beginning balance					Tinoditi	
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an amour					Yes	do
b If 'Yes,' explain the arrangement in Pa				· .		
		•	•			
Part V Endowment Funds. Com	plete if the org	anization ans	wered 'Yes' on Form	990, Part IV, line 1	0.	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bad	ck
1 a Beginning of year balance						
b Contributions	·					
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	ne current year end	d balance (line 1g	, column (a)) held as			
a Board designated or quasi-endowmen	t ►					
b Permanent endowment	ફ					
c Temporarily restricted endowment		_ ⁹⁶				
The percentages on lines 2a, 2b, and	2c should equal 10	00%				
3 a Are there endowment funds not in the organization by	possession of the	organization that	are held and administered	d for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' on line 3a(ii), are the related or	ganizations listed	as required on So	chedule R?		3b	
4 Describe in Part XIII the intended uses	of the organization	n's endowment f	unds			
Part VI Land, Buildings, and Eq Complete if the organizati		es' on Form (990 Part IV line 11a	See Form 990 Pa	ort X line 10	
						
Description of property		t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land				A CONTRACTOR OF THE PROPERTY O	88,79	
b Buildings			364,000.	108,953.	255,04	
c Leasehold improvements			6 420	213	6 20	

d Equipment 33,522 32,152 1,370. 5,507. 44,734. Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c) . . . 396, 155. Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 TOM GREEN COUNTY FARM BUREAU	75-0946002	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	_	
c Recoveries of prior year grants	_	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, 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		
a Donated services and use of facilities		
b Prior year adjustments	i	
c Other losses		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	. 2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	\	
b Other (Describe in Part XIII)		
c Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional part XII, lines 2d and 4b.	tional information	
into 4, 1 att X, into 2, 1 att XI, into 2 24 and 40, and 1 att XII, into 2 24 and 40 Miso complete this part to provide any addition	aonai inioimation.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2016

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Other

Other

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

TOM GREEN COUNTY FARM BUREAU

75-0946002

Employer identification number

Pt VI, Line la	An executive committee, when appointed, has the
	authority to conduct affairs of the organization between
	regular board meetings, but the committee is under the .
	direct supervision of the board of directors at all
	times, and all actions of the committee must be ratified
	at the following board of directors meeting.

Pt VI, Line 6 Members

Pt VI, Line 7a All members are the same class and are invited to the annual membership meeting where directors are elected.

Pt VI, Line 11b The form 990 is reviewed by the president prior to filing and all directors review at the board meeting subsequent to its filing.

The organization makes its Form 990 and any other Pt VI, Line 19 required information available to the public upon specific request only.

> Pt VI, Line 15-No officers or directors receive any compensation; therefore no compensation review is needed.

Pt XII, Line 2a&b-While the financial statements are not compiled by an "independent" accountant, they are compiled by a separate entity who compiles its financial statements and prepares and files all of its state and federal tax returns/reports. This entity also reconciles the organization's bank statements. The organization pays a