

2017

Open to Public Inspection

Short Form

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.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning, 2017, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: REFUGIO COUNTY FARM BUREAU. D Employer identification number: 74-6045401. E Telephone number: (361) 526-4685. F Group Exemption Number.

G Accounting Method: [X] Cash [ ] Accrual [ ] Other (specify). H Check [X] 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) [X] 501(c) ( 5 ) (insert no.) [ ] 4947(a)(1) or [ ] 527

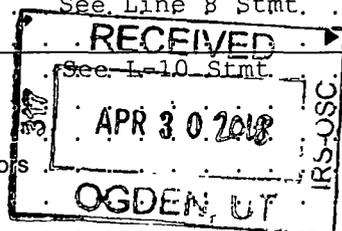
K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 145,050.

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 [X]

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (650); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (61,145); 4 Investment income (1,054); 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue (describe in Schedule O) (82,201); 9 Total revenue (145,050); 10 Grants and similar amounts paid (list in Schedule O) (10,705); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits (67,538); 13 Professional fees and other payments to independent contractors (1,440); 14 Occupancy, rent, utilities, and maintenance (9,894); 15 Printing, publications, postage, and shipping (948); 16 Other expenses (describe in Schedule O) (45,818); 17 Total expenses (136,343); 18 Excess or (deficit) for the year (8,707); 19 Net assets or fund balances at beginning of year (115,071); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (123,778).



EXPANDED JUL 30 2018

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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

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

	Yes	No
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 . . . . .		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

	Yes	No
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 . . . . .		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
49a 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

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."

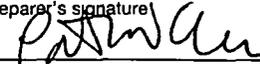
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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.

<b>Sign Here</b>	Signature of officer PRESIDENT 	Date 4/25/18
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Patrick Ehlers	Preparer's signature 	Date 4-18-18	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

