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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

Dep	artment o	of the Treasury nue Service	/ I		y numbers on this f					Inspec	
A			endar year, or tax year b		0 and its instruction		nd ending		.31	, 20 15	, cront
<u></u> В			C Name of organization Tu			2014, a	inu enung			er identification r	number
		applicable:	Doing business as	ilsa County Farm	Bureau				2 Limpioy		idiiibo:
\exists	Address		73-0669786 ne number								
	Name c	_	L Tolophol								
	Initial re			918.369.9990							
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\exists	Amende		Tulsa, OK 74133 F Name and address of prii	and officer 185				11/ 3 1- #	G Gross re		581,997.84
Ч	Applicat	tion pending	•	,	ne Herriman					subordinates? Ye	
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'- -		mpt status:	501(c)(3)	<u>• 501(c) (5) • </u>	(insert no.) 4947(a	a)(1) or	<u> 527</u>	1	•	•	•
K	Website		[[] C	74		I Van		H(c) Group			1480
	art I		Corporation Trust	Association O	ther ►	L Yea	ar of formation	1942	M State	of legal domicile	OK_
		Summ			4 -11644	li dal a a c	A				
•	1	briefly de	escribe the organization	on's mission or m	iost significant act	ivities:	Agricultu	rai wembe	rsnip Org	anization	
Š										· • • • • • • • • • • • • • • • • • • •	
Governance		Chook th	is box ▶□ if the orga			di			050/ of	ita nat assats	
8	2		of voting members of							ils fiel assels.	
5	4		of independent voting	•	• •	•	line 4h)		3 4		6
Se	5		nber of individuals em						5		6
¥	1				-						-0-
Activities &	6		nber of volunteers (es		• •		• • • •		6		
_	7a b		elated business reven		• •		• • • •		7a 7b		278,058 48
		Net unite	lated business taxable	income ijom Fo	mii 990-1, iiile 34		- 	Prior Ye		Current Y	27,754.39 /ear
	8	Contribut		- Contract							
a a	1		tions and grants (Part service revenue (Part				· ·		0,355.00		54,818.00
Revenue	9						· ·				
æ	10		ent income (Part VIII, c	• •	·				1,499.83		4,571.64
	11		venue (Part VIII, colum	• •					9,510.90		<u> 296,134.48</u>
	12 13	_	enue—add lines 8 thro				ie 12)	38	1,365.73		355 <u>,524.12</u>
	14		nd similar amounts pa				\ \ \-				00.477.00
	15		paid to or for member other compensation, er			ينام	į[10, ⊢		3,487.95		32,177.20
Expenses	16a	Drofossio	oner compensation, el	Port IV column ((FafPiA; Column (A)				4,987.62		220,114.63
ĕ	l -	Total fun	onal fundraising fees (I draising expenses (Pa	art IX, column (AVIET S SOM	رن / و	0	e Several		A CONTRACTOR OF THE PARTY OF TH	-
罶	b 17					<u>0</u>	<u> </u>			· (Caraid Lear Smarth)	
	18		penses (Part IX, colum			155 25	. ·		1,447.02		123.449.40
	19		enses. Add lines 13- less expenses. Subtra			JIII 23	<u>"</u> 」· ├─		9,922.59		375,741.23
		Hevenue	iess expenses. Subtr	act line romonni	116 12	· ·	Bec	inning of Cu	8,556.86)	End of Y	20,217.11) ear
ts or	20	Total acc	ets (Part X, line 16)						0,058.38		
Asse	20 21		ilities (Part X, line 26)				· ·				779,269.74
Net Asset Fund Balar	22		ts or fund balances. S				· ·		05,124.55 04,933.83		94,553.02
	iri II		ture Block	ubtract iiiie 21 ii	Om in e 20		<u>·</u> · ·	- 60	14,933.63		784,716.72
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Us	e Onl	y Firm's na							n's EIN ▶	73-03820	
Mar	the IF		ddress ► 2501 N. Stiles this return with the p			tions)		Pho	ne no.	405.523.23 ✓ Ye	
For	D-no-		etion Act Notice and the		-Ai-ma	,	0.4 11.	110000			990 (2014)

Form 99		· · ·	Page 2
Part		Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	🗸
1	Briefl	describe the organization's mission:	
	Agric	Iltural Membership Organization	
2		e organization undertake any significant program services during the year which were not listed on the	
_	If "Ye	s," describe these new services on Schedule O.	res ☑ No
3	servi		∕es ☑ No
4	Desc expe	s," describe these changes on Schedule O. ibe the organization's program service accomplishments for each of its three largest program services, as r ises. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation tal expenses, and revenue, if any, for each program service reported.	measured by ns to others,
4a	(Cod	:) (Expenses \$including grants of \$) (Revenue \$)
			·
	(Code	e:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code	:) (Expenses \$including grants of \$) (Revenue \$)
4d		program services (Describe in Schedule O.) nses \$ including grants of \$) (Revenue \$)	
4e		program service expenses ▶	

Part	IV Checklist of Required Schedules			
			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
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		1
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	✓	
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		✓
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		→
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		✓
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
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	11b		✓
	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	11c		✓_
	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	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		<u>√</u> ✓
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		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├ }	✓_
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		✓
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		<u>·</u> ✓
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		<u> </u>
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		<u> </u>
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		<u>·</u> ✓
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		<u>·</u> ✓
20 a		20a		√
b_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓_
		For	n 990	(2014)

Part	Checklist of Required Schedules (continued)			
	Did the construction we are the decorate and the construction and the construction are		Yes	No
21	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		1
22	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		1
23	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 Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 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		1
26	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	26	-	√
27	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		<i>'</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		1
				<u> </u>

Part	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	<u></u>	<u> </u>	<u>. </u>
		Barra	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	一連結業隊		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	2.		Entertain Control
20	reportable gaming (gambling) winnings to prize winners?	1c	- AN-18	Sept.
24	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
ь	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		252.73
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	海煙はまで	safe :
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1	
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	1 delection	. detailed
7	Organizations that may receive deductible contributions under section 170(c).			
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?	70		7357
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	"		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	Sec	Torke	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	7.304 BNC	ii-See
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	300	激素:	889
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	3.0 0		** **********************************
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	meng-il aresis	×KUSARTO
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	-		7
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		A 7 6 7	11237
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		44	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	∞का स श्रह्मी	recate Film 3
_	Note. See the instructions for additional information the organization must report on Schedule O.		4.0	ar:
b	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			
	Enter the amount of reserves on hand		强	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

	90 (2014)				Page 6
Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	· · · ·		
Secti	on A. Governing Body and Management			Yes	No
40	Enter the number of veting members of the appearing hady at the and of the tay year	40	- F	162	No
та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	1a	6		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
ь	Enter the number of voting members included in line 1a, above, who are independent .	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business				
	any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or		:		
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		✓
5	Did the organization become aware during the year of a significant diversion of the organization		5		✓
6	Did the organization have members or stockholders?		6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?			✓	
b	Are any governance decisions of the organization reserved to (or subject to approval		7a	-	_
IJ	stockholders, or persons other than the governing body?	• •	7 _b	ĺ	✓
8	Did the organization contemporaneously document the meetings held or written actions un			750	
	the year by the following:				
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		: [
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9	لبيبا	✓
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reve	nue C		
			40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		<u> </u>
U	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		15.10	72.4	K.E.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	75.00	√
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the	oolicy? If "Yes,"	' [_		
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		✓
14	Did the organization have a written document retention and destruction policy?		14	· Histor Hery.	LAUNUS SAN
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation				
_			45-	AME.	1
a b	The organization's CEO, Executive Director, or top management official		15a 15b		<u>/</u>
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		\$2 4	Diam'r	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simi	lar arrangement			
	with a taxable entity during the year?		16a		1
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 t			100	
	organization's exempt status with respect to such arrangements?		16b	<u> </u>	
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► Oklahoma	-1 000 T (0 - 1)	504	-1/01-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection. Indicate how you made these available. Check all that apply.	na 9 90-1 (Secti	on 501(c)(3)s	only)
	•	hadula (1)			
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sci Describe in Schedule O whether (and if so, how) the organization made its governing docume		nterect	nolics	/. and
13	financial statements available to the public during the tax year.	, Johnnot Of I		Policy	, , a.u
20	State the name, address, and telephone number of the person who possesses the organization	on's books and	ecords	: >	
	Oklahoma Farm Bureau 2501 N. Stiles, OKC, OK 73105				

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Da	~~	. 7

Form	aan	(201	41

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

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

- 1a 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 not	r any related	a org	anız	auc	n c	ompe	ะทรล	ated any curren	a onicer, director	r, or trustee.
					C)					
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
Name and Name	hours per					or/trust		compensation	compensation from	
	week (list any							from	related	other
	hours for related	_ ₹	ां	Officer	Key employee	필출	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	8 E	둏	약	릙	oye oye	욕	(W-2/1099-MISC)		organization
	below dotted	의 그 그	ᆲ		ğ	l [®] g	}			and related
	line)	Individual trustee or director	Institutional trustee		8	Pen	1			organizations
	1	ď	stee			Highest compensated employee				
<u></u>						ă.	_			
(1) Schedule Attached	ļ									
							<u> </u>			
(2)	ļ						1			
							ļ			
(3)										
										- <u>-</u>
(4)	<u> </u>						ł			
	!									
(5)							1			
(6)										
*										
(7)										
<u> </u>										
(8)			-							
(9)		_								
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(10)										
(4.4)				_	_		\vdash			
(11)								!		
(40)	 						-	 ·		
(12)								1		
		ļ .	\vdash				-	 		
(13)										1
							<u> </u>			
(14)				- 1			l		1	Ì

Pari	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee	s, a	nd I	lighe	st C	ompensated E	mployees	(contin	ued)
					•	C)						
	(A)	(B)	Position (do not check more than						(D)	(E)		(F)
	Name and title	Average hours per	box,	box, unless perso			on is both		Reportable compensation	Reportation Compensation		Estimated amount of
		week (list any				т—	or/trus	, 	from	related		other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	the	organizati (W-2/1099-		compensation
		related organizations	1 eg 2	를	ğ	量	loye	Ĕ	organization (W-2/1099-MISC)	(W-2/1099-1	VIISC)	from the organization
		below dotted	막다	ᆲ		힞	⁶ Si		ľ ,			and related
		line)	ste	LS.		8	pen				İ	organizations
			•	8			sate				ļ	
45				-	_		<u> </u>					
(15)		ļ										
(46)		 	<u> </u>			├—						
(16)					ĺ		ĺ	ĺ	ĺ		ĺ	
(47)						 —						
(17)												
(40)	·					├—	<u> </u>	<u> </u>	ļ <u> </u>	<u> </u>		
(18)												
(19)							_					
(19)]			
(20)	····			\vdash		-	-					
(20)												
(21)				-		-		-				
(21)												
(22)						-						
(22)]	
(23)						<u> </u>		_				
(20)												
(24)				\dashv		-		_				
12-71												
(25)								<u> </u>				
(20)												
1b	Sub-total			1		L		<u> </u>				
	Total from continuation sheets to Part					•		•	-			
	Total (add lines 1b and 1c)	•		•	-		-	•				
2	Total number of individuals (including but								ho received m	ore than \$1	00 00	O of
_	reportable compensation from the organi		10 111	ÇGC	1131		10000	,, •••	no received in	oro triciri wi	00,00	5 0.
												Yes No
3	Did the organization list any former of	ficer, direct	tor, o	r tri	uste	e, l	kev e	qme	loyee, or high	est compe	ensate	
	employee on line 1a? If "Yes," complete s											3 1
4	For any individual listed on line 1a, is the	sum of rec	ortab	ole d	com	per	satio	n aı	nd other comp	ensation fr	om th	e 134 234 II-
	organization and related organizations	greater that	an \$1	50,0	000	? If	"Yes	s."	complete Sch	edule J fo	or suci	n Liberties
	individual								·			4 /
5	Did any person listed on line 1a receive o	r accrue co	mper	nsat	ion	fron	n any	้นกะ	elated organiz	ation or inc	dividua	al Land And And And And And And And And And A
_	for services rendered to the organization?											5 🗸
Section	on B. Independent Contractors										-	`
1	Complete this table for your five highest of	compensate	ed ind	lepe	ende	ent o	contra	acto	rs that receive	d more tha	an \$10	0,000 of
	compensation from the organization. Rep											
	year.	•						·	_			-
	(A)								(B)			(C)
	Name and business add	ress							Description of s	ervices		Compensation
				_					 _	·		
		··-										
					_							
					_							
2	Total number of independent contracto	rs (includin	g but	t no	ot li	mite	ed to	the	ose listed abo	ve) who		
	received more than \$100,000 of compens											机连机键矩

Par	t VIII	Statement of Revenue										
Mary and all a		Check if Schedule C	ocontains	a res	ponse or note t			<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Grants	1a	Federated campaign	s	1a			Birdan		atie in the			
ts, Grants Amounts	b	Membership dues .		1b	54,818.00							
ξ, Ā	С	Fundraising events .		1c								
Giffs, ilar An	d	Related organizations		1d								
ns,	е	Government grants (cor		<u>1e</u>								
er S	f	All other contributions, g										
tributions, Giff Other Similar		and similar amounts not inc		1f	L							
Contributions, and Other Sim	g	Noncash contributions include				482.485.25F.						
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	· ·	Business Code	54,818.00						
Program Service Revenue	2a				Duomess Couc	<u> </u>	Charan Kakara	COMMENT DE AMERICA	Ling O Separanten Faleria			
Rev	b							 -				
8	c											
e Z	d											
Ē	е											
ogra	f	All other program ser	vice revenu	е.								
<u> </u>	g	Total. Add lines 2a-2					repart du s	yan yata				
	3	Investment income										
		and other similar amo			▶	4,571.64			4,571.64			
	4	Income from investmen		-	•							
	5	Royalties	(i) Real	•		Such reads FOR Selection for dealer	e dansa emilitrocko) si	Wal Eye. Deletat de en i	Supplemental Company of the Company			
	C-	0	<u> </u>)	(ii) Personal							
	6a	Gross rents	326,8									
	b	Less: rental expenses Rental income or (loss)	226,4 100,4									
	d	Net rental income or (22.24	. .	100,422.24	18,076	82,346.24				
	7a	Gross amount from sales of	(i) Securiti	es .	(iı) Other	100,422.24 112.43 te 2012.84	10,070 Table 10,070	167.540.24				
		assets other than inventory			·							
	b	Less: cost or other basis		-								
		and sales expenses .										
	C	Gain or (loss)							77 - 57 M 28 - 1			
	d	Net gain or (loss) .		٠.	<u> ▶</u>							
9												
eune	8a	Gross income from fu	indraising									
		events (not including \$, -]								
Other Rev		of contributions reported See Part IV, line 18 .	on line ic	' I								
the	b	Less: direct expenses		b								
0	C	Net income or (loss) fi			events . ►							
		Gross income from ga			• •				NO BENEFIT OF THE PARTY OF THE			
j												
	b	Less: direct expenses		ь								
	С	Net income or (loss) fi			/ities ▶							
	10a	Gross sales of in		ess								
1		returns and allowance		а								
		Less: cost of goods s		. • b∣	·							
	<u>c</u>	Net income or (loss) fr		rınve		Managerita Applications species against to	ato t class seem magnit rise o	PO CONTROL ENTREMENT	TE DOMESTIC TO SERVE AND			
}	Miscellaneous F		evenue	-	Business Code			A				
	11a	Office Commissions		}	524113	11,709.89		11,709.89				
		Office Commissions Salary Reimbursement		·	524126 524126	160,008.01 23,994.34		160,008.01				
	c d	All other revenue .			524126	23,334.34		23,994.34				
- 1		Total. Add lines 11a-	 11d	. 1		195 712 24	le Carania		reflachteri			
- 1	12	Total revenue. See in			🕨	355,524.12	72,894.00		4,571.64			
							, -, -, -, -, -, -, -, -, -, -, -, -, -,	2,0,000,40	Form 990 (2014)			

Part IX	Statement of	Functional Exp	penses
---------	--------------	----------------	--------

	IX Statement of Functional Expenses				·
Section	on 501(c)(3) and 501(c)(4) organizations must col			ns must complete co	olumn (A).
	Check if Schedule O contains a respor			<u> </u>	
	ot include amounts reported on lines 6b, 7b, b, 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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	32,177.20			
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 8	Other salaries and wages	204,427.09			
9	Other employee benefits				
10	Payroll taxes	15,687.54			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	480.00			
d	Lobbying		will confidence of the Control Standards a William	and the state of t	
e	Professional fundraising services. See Part IV, line 17		- 11 (10, 21, 20)		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,269.86			
13	Office expenses	12,398.81			
14	Information technology		<u> </u>		
15 16	Royalties				
17	Occupancy	33,198.22			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	- ,	<u> </u>		
20	Interest	14,039.65			
21	Payments to affiliates	14,000.00			
22	Depreciation, depletion, and amortization .	19,915.74			
23	Insurance	14,175.70			
24	Other expenses. Itemize expenses not covered			沙西建筑生物	
	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.)				
а	Ferderal Income Tax	8,988.20			
b	State Income Tax	3,357.00			
C	Postage	712.22			
d	Rent	14,784.00			
е	All other expenses Misc.	130.00			
25_	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	375,741.23			
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 87,255.05 39,485.67 2 Savings and temporary cash investments 2 365,738.84 361,172.35 3 3 Pledges and grants receivable, net 2,659.18 1,169.48 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 13,200.00 9,211.80 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,492,499.42 Less: accumulated depreciation 10b 10c 1,128,835.47 2,445,771.80 2,363,663.95 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11 . . . 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,910,058.38 2,779,269.74 17 Accounts payable and accrued expenses 17 12,732.34 9,874.40 18 19 19 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 2,092,392.21 1,984,678.62 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 26 2,105,124.55 1.994.553.02 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 804,933.83 784,716.72 33 33 804,933.83 784,716.72 34 Total liabilities and net assets/fund balances 2,910,058.38 2,779,269.74 Form 990 (2014)

Page 12	
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_					3
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		355,5	24.12
2	Total expenses (must equal Part IX, column (A), line 25)	2		375,7	41.23
3	Revenue less expenses. Subtract line 2 from line 1	3		(20,2	<u>17.11)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		804,9	33.83
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		784,7	16.72
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	·		_니_
			6 1 Samo 15	Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		- 30		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain ii	n Kiri		
	Schedule O.				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		√ Reduktion id
	If "Yes," check a box below to indicate whether the financial statements for the year were companied and a second to be a second to the second	oiled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		14.4	3.6	<u> </u>
ь	Were the organization's financial statements audited by an independent accountant?		2b	4856744	<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	a on a	a (2)		, 3 41
	separate basis, consolidated basis, or both:			1.12	
	Separate basis Consolidated basis Both consolidated and separate basis		30.00		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent account				
	•			5m 27	78% Fide
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain ii			
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		1=1===	31.53
3a	the Single Audit Act and OMB Circular A-133?		. . 3a		1
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rao th		$\vdash \vdash \vdash$	<u> </u>
þ	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		5 3b		
	Toquired dudit of addits, explain why in ochedule o and describe any steps taken to undergo such at	20110.		n 990	(2014)
			Forr	11 フラひ	(2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, ,	see separate instructions), i				
		anizations: Complete Part III.		Employer Mar	ntification number
	of organization			Employer idea	
	County Farm Bureau			-\ -\ -\ -\ -\ -\ -\ -\ -\ -\ -\ -\ -\ -	73-0669786
		e organization is exempt und			organization.
1		the organization's direct and indire			•
2	•)
3	volunteer nours				
Part	Complete if th	e organization is exempt und	er section 501(c)(3)	
1		excise tax incurred by the organiza	ation under section	on 4955 • \$	<u> </u>
2	Enter the amount of any	excise tax incurred by organization	managers under	r section 4955)
3		ed a section 4955 tax, did it file Fo			Yes No
4a					
b	If "Yes," describe in Part				
Part	-C Complete if th	e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organize	ation for section	527 exempt function	<u> </u>
					;
2	Enter the amount of the	filing organization's funds contrib	outed to other org	ganizations for section	
		ivities			
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	?	<i></i>	Yes 🗌 No
5	Enter the names, address	ses and employer identification nui	mber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made paym	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
		ontributions received that were pro			
	as a separate segregated	fund or a political action committee	e (PAC). If addition	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	,,		, ,	filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
				<u> </u>	none, enter -o-
(1)					
	- <u>-</u>				
(2)					
(3)					
					
(4)					
				 	
(5)					
					
(6)					

Sc	had	مان	c.	(Form	aan	۸r	മ്മറ-	FΛ	201	4
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Page 2

Pa	rt II-A Complete if the organizat section 501(h)).	tion is exempt	under section 5	01(c)(3) and file	d Form 5768 (el	ection under
A	Check ► ☐ if the filing organization name, address, EIN, exp					oup member's
В	Check ► ☐ if the filing organization of	checked box A	and "limited con	trol" provisions a	apply.	
		bbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred	.)	organization's totals	group totals
1	a Total lobbying expenditures to influen	ce public opinion	(grass roots lobby	/ing)		
	b Total lobbying expenditures to influen					
	c Total lobbying expenditures (add lines	1a and 1b) .				
	d Other exempt purpose expenditures	•				
	e Total exempt purpose expenditures (a					
	 f Lobbying nontaxable amount. Ente columns. 					
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		TENGTH WITE
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5 5% of the excess o			
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter				That I do A take wood to be worked	and a re-unsuperval to hear or some one
	h Subtract line 1g from line 1a. If zero or					
	Subtract line 1f from line 1c. If zero or					
	If there is an amount other than zer		1h or line 1i. did	the organization	file Form 4720	· · · · · · · · · · · · · · · · · · ·
	reporting section 4911 tax for this year			_		Yes No
	(Some organizations that made a s See the	section 501(h) ele ne separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.
	Lobbyi	ng Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
(Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

	(election under section 501(h)).	1 (a)	Т.	(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	A	moun	ıt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	M. Marian				
а	Volunteers?					
Ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
ď	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?			<u> </u>		
f	Grants to other organizations for lobbying purposes?			<u> </u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			 		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	1	_			
i	Other activities?	4	William.			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	241214	<u> </u>	\$100 to	**************************************	i jija ca
b	If "Yes," enter the amount of any tax incurred under section 4912			.17.	ii dele	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		.5.03	MALES		a en
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5), c	r se	ction		
	501(c)(6).					
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	 -
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	-	
	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				L	1 .
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
		—-т	1	Γ		
1	Dues, assessments and similar amounts from members	of				
а	Current year	. [2a			
b	Carryover from last year	. [2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	-	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobband political expanditure part year?					
5	and political expenditure next year?	: }	5			
Part						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list); Par	t II-A, li	nes 1	and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.		,-	-		
			- -			
			 -			
						

Schedule C (For	m 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" to 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 2014

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name	of the organization		Employer identification number
Tulsa	County Farm Bureau		73-0669786
Pai	t I Organizations Maintaining Donor Ad	vised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised 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	Did the organization inform all donors and donor	r advisors in writing that the assets h	eld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,	_	
J	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Dar	Conservation Easements.		· · · · · · · · · · · · · · · · · · ·
ı aı		"Voe" to Form 990 Part IV line 7	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	·	
	Protection of natural habitat	☐ Preservation of	a certified historic structure
•	Preservation of open space		on in the form of a concentration
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a quaimed conservation contribution	Held at the End of the Tax Year
			27-6734
a		. 	2a
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in		I I
_			· · [2d]
3	Number of conservation easements modified, trans	sterrea, releasea, extinguisnea, or tern	ninated by the organization during the
	tax year >	P	
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		-
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	ispecting, and enforcing conservation	easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation ease	ments during the year
_	> \$		
8	Does each conservation easement reported on line		
		· · · · · · · · · · · · · · · · · · ·	Yes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easeme		011 01 11 4
Part			Otner Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
þ	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ucation, or research in furtherance of
	public service, provide the following amounts relati	•	
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S	, , , , , , , , , , , , , , , , , , , ,	
а	Revenue included in Form 990, Part VIII, line 1 .		> \$
b	Assets included in Form 990, Part X		_ · _ · · > \$

hedule D (Form 990) 2014		u	A	*	O41 C: 1	Page
Part III Organizations M 3 Using the organization's a						
collection items (check all		Joseph, and Or	mer records, one	on any or the for	owing that did to	gilliouit ado oi i
a Public exhibition				n or exchange pr		
b Scholarly research			e 🗌 Othe	er <u></u> -		
c Preservation for future			and auminio bour	that fruthar the	reconization's over	ent nurnana in Da
Provide a description of the XIII.	ne organization's	s collections a	and explain now	they further the d	organization's exem	ipt purpose in Pa
5 During the year, did the o	organization solic	cit or receive	donations of art.	historical treasu	res, or other simila	r
assets to be sold to raise f						
art IV Escrow and Cust						
Complete if the or 990, Part X, line 2	1.					
a Is the organization an age						
included on Form 990, Par						☐ Yes ☐ No
b If "Yes," explain the arrang	gement in Part XI	III and comple	ete the following i	table:	Ar	nount
c Beginning balance					1c	
Additions during the year					1d	
Distributions during the year				<u> </u>	1e	
f Ending balance					1f	
2a Did the organization includ	le an amount on	Form 990 Pr	137 11 04 5-	. –		
		1 01111 930, 1 8	art X, line 21, for (escrow or custod	ial account liability?	/ 🗀 Yes 🗀 No
b If "Yes," explain the arrang	gement in Part XI					
b If "Yes," explain the arrang art V Endowment Fund	gement in Part XI ds.	III. Check here	e if the explanation	n has been prov		
b If "Yes," explain the arrang	gement in Part XI ds. ganization ans	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	, <u>, , </u>
o If "Yes," explain the arrang IT V Endowment Fund Complete if the or	gement in Part XI ds. ganization ans (a)	III. Check here	e if the explanation	n has been prov	ided in Part XIII .	, <u>, , </u>
If "Yes," explain the arrang Int V Endowment Fund Complete if the or Beginning of year balance	gement in Part XI ds. ganization ans (a)	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	· · · · □
If "Yes," explain the arrang Int V Endowment Fund Complete if the ora Beginning of year balance Contributions	gement in Part XI ds. ganization ans (a)	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	· · · · □
rt V Endowment Fund Complete if the ord Beginning of year balance Contributions Net investment earnings, g	gement in Part XI ds. ganization ans (a)	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	, <u>, , </u>
If "Yes," explain the arrang Int V Endowment Fund Complete if the ora Beginning of year balance Contributions Net investment earnings, g losses	gement in Part XI ds. ganization ans (a) gains, and	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	· · · · □
If "Yes," explain the arrang If "Yes," explain the arrang Complete if the or Beginning of year balance Contributions Net investment earnings, g losses Grants or scholarships	gement in Part XI ds. ganization ans (a) gains, and	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	· · · · □
Complete if the order balance Contributions	gement in Part XI ds. ganization ans (a) gains, and ilities and	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	· · · · □
Endowment Fundament Fundament V Endowment Fundament Fund	gement in Part XI ds. ganization ans (a) gains, and ilities and	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	· · · · □
Endowment Fundament Fundam	gement in Part XI ds. ganization ans (a) gains, and ilities and	III. Check here wered "Yes"	e if the explanation of the Form 990, I	n has been prov Part IV, line 10.	ided in Part XIII .	<u>, , ,</u>
Beginning of year balance Complete if the ord Beginning of year balance Contributions Net investment earnings, glosses Grants or scholarships Other expenditures for facing programs Administrative expenses End of year balance	gement in Part XI ds. ganization ans (a) gains, and ilities and	III. Check here Wered "Yes' Current year	e if the explanation to Form 990, F (b) Prior year	Part IV, line 10.	(d) Three years back	<u>, , , </u>
Beginning of year balance Complete if the ord Beginning of year balance Contributions Net investment earnings, glosses Grants or scholarships Other expenditures for facing programs Administrative expenses Find of year balance Provide the estimated percent	gement in Part XI ds. ganization ans (a) gains, and illities and centage of the cu	III. Check here Wered "Yes' Current year	e if the explanation to Form 990, f (b) Prior year	Part IV, line 10.	(d) Three years back	<u>, , , </u>
b If "Yes," explain the arranger V Endowment Fund Complete if the organ Beginning of year balance be Contributions	gement in Part XI ds. ganization ans (a) gains, and illities and centage of the cu- endowment	Wered "Yes" Current year	e if the explanation to Form 990, F (b) Prior year	Part IV, line 10.	(d) Three years back	<u>, , , </u>
b If "Yes," explain the arranger V Endowment Fund Complete if the organ Beginning of year balance be Contributions	gement in Part XI ds. ganization ans gains, and illities and centage of the cuendowment	Wered "Yes" Current year	e if the explanation to Form 990, f (b) Prior year	Part IV, line 10.	(d) Three years back	<u>, , , </u>
b If "Yes," explain the arrang art V Endowment Fund Complete if the order to Complete if the order to Contributions	gement in Part XI ds. ganization ans ganization ans gains, and illities and centage of the cuendowment %	Wered "Yes" Current year urrent year en	to Form 990, I (b) Prior year d balance (line 10)	Part IV, line 10.	(d) Three years back	<u>, , , </u>
b If "Yes," explain the arranger V Endowment Fund Complete if the order to Complete if the order to Contributions	gement in Part XI ds. ganization ans ganization ans gains, and illities and centage of the cu- endowment % owment a, 2b, and 2c sho	wered "Yes" Current year urrent year en % ould equal 10	to Form 990, I (b) Prior year d balance (line 10)	Part IV, line 10. (c) Two years back	ded in Part XIII .	(e) Four years back
Beginning of year balance Complete if the ord Beginning of year balance Contributions Net investment earnings, glosses Grants or scholarships Other expenditures for faciliprograms Administrative expenses End of year balance Provide the estimated percapacidate or quasi- Permanent endowment Temporarily restricted endo The percentages in lines 2a	gement in Part XI ds. ganization ans ganization ans gains, and illities and centage of the cu- endowment % owment a, 2b, and 2c sho	wered "Yes" Current year urrent year en % ould equal 10	to Form 990, I (b) Prior year d balance (line 10)	Part IV, line 10. (c) Two years back	ded in Part XIII .	(e) Four years back
b If "Yes," explain the arranger V Endowment Fund Complete if the organization of year balance be Contributions	gement in Part XI ds. ganization ans (a) gains, and illities and centage of the cu- endowment % owment can 2c sho	wered "Yes' Current year current year en wered "Yes' Current year en cu	d balance (line 19%). d balance (line 19%).	Part IV, line 10. (c) Two years back g, column (a)) held	ded in Part XIII .	(e) Four years back
b If "Yes," explain the arrang art V Endowment Fund Complete if the one Complete if th	gement in Part XI ds. ganization ans (a) gains, and illities and centage of the cu-endowment % owment a, 2b, and 2c sho	wered "Yes" Current year urrent year en wered "Yes" Current year en cur	to Form 990, f (b) Prior year d balance (line 10	Part IV, line 10. (c) Two years back g, column (a)) hele	ded in Part XIII .	(e) Four years back Yes No
b If "Yes," explain the arrang art V Endowment Fund Complete if the order of the complete if the complete if the order of t	gement in Part XI ds. ganization ans ganization ans (a) gains, and illities and centage of the cu- endowment % owment a, 2b, and 2c sho ls not in the pos	wered "Yes" Current year current year en wered "Yes" Current year of the could equal 10 is session of the could be could expend the could be could expend the could be could expend the could be could	d balance (line 10%)	Part IV, line 10. (c) Two years back g, column (a)) hele at are held and a	ded in Part XIII .	(e) Four years back

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value (investment) (other) 670,222.66 Land 670,222.66 Buildings 2,642,554.75 952,895.13 1,689,659.62 c Leasehold improvements d Equipment 179,722.01 175,940.34 3,781.67

Part VII	Investments—Other Securitie				
	Complete if the organization and				
	(a) Description of security or catego (including name of security)	ry 	(b) Book value		ethod of valuation: d-of-year market value
(1) Financial				ļ	
	eld equity interests			 	
(3) Other				 	
(A) (B)			· 	<u> </u>	
(C)				 	
(D)			 	 	
(E)				 	
(F)			 	 	
(G)					
(H)					
	o) must equal Form 990, Part X, col. (B) line 12.) ▶	·		建筑等的原	
Part VIII	Investments—Program Relate				
	Complete if the organization and	swered "Yes" to For			
	(a) Description of investment		(b) Book value		ethod of valuation: d-of-year market value
(1)					
(2)					
(3)				 	
(5)			 	 	
(6)					
(7)		 			
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 13.)			THE PROPERTY OF THE PARTY.	and the second
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" to Form a) Description	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15. (b) Book value
(1)		<u> </u>			
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)	nn (b) must equal Form 990, Part X, c	ol (B) line 15)			
Part X	Other Liabilities.	OI. (D) IIIIO 10.)	 		L
, are x	Complete if the organization ans line 25.	wered "Yes" to For	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value	Control of the Control	Car Massacras	
(1) Federal in		· · · · · · · · · · · · · · · · · · ·			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	must equal Form 990, Part X, col. (B) line 25.) ▶	<u> </u>		West to the second	
	uncertain tax positions. In Part XIII, prov				
organization's	liability for uncertain tax positions under	FIN 40 (ASC 740). Che	ck here it the text of t	ne toothote has bee	n provided in Part XIII

Part		-	Return.
	Complete if the organization answered "Yes" to Form 990,		
1	Total revenue, gains, and other support per audited financial statements		ts printfel
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
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 Staten	nents With Expenses pe	er Return.
	Complete if the organization answered "Yes" to Form 990, I		
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:		
_ а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
			2e
	Add lines 2a through 2d		3
3		; · ,· · · · · · ·	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		
ь	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5_
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	 	
2; Part 	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	formation.
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Schedule D (Form 990) 2014

Page 4

Schedule D (Form 990) 2014 Page 5				
Part XIII	Supplemental Information (continued)			
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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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

2014 Open to Public Inspection

Name of the organization	Employer identification number				
Tulsa County Farm Bureau	73-0669786				
The Organization does not have stockholders but it does have members. There are two types of man	shore. One is an Associate				
The Organization does not have stockholders but it does have members. There are two types of men	ibers. One is all Associate				
member and the other is a Voting member. An Associate member includes someone who runs or op-	erates a farm but whose average				
gross agricultural income is less than half their total income. An Associate member also includes someone working in Agribusiness.					
Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate member can hold their membership					
through a church, FFA chapter, an association, or by a corporation not producing agricultural produc	ts. A Voting member can be a family				
that gets the majority of its average gross income from the sale of agricultural products. A Voting me	mber can also be held by a retired				
national transport living on an income or accid accounts account and not ampleted full time in another	or accumation. A Voting mamber				
agricultural person living on an income or social security accrued and not employed full time in another	er occupation. A voting member				
can also be held by a partnership or corporation receiving the majority of income from the sale of agr	cultural products.				
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