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Return of Organization Exempt From Income Tax

2015

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

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning

SEPTEMBER 1

, 2015, and ending

AUGUST 31

, 20 16

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

GARFIELD COUNTY FAR BUREAU

Number and street (or P.O. box, if mail is not delivered to street address)

D Employer identification number

73-0581461

408 W. WILLOW

Room/suite

580-237-1181

City or town, state or province, country, and ZIP or foreign postal code

ENID, OK 73105

E Telephone number

580-237-1181

F Group Exemption

Number ► 1480

G Accounting Method: Cash Accrual Other (specify) ►H Check ► if the organization is not

I Website: ►

required to attach Schedule B

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

(Form 990, 990-EZ, or 990-PF).

K Form of organization: Corporation Trust Association Other

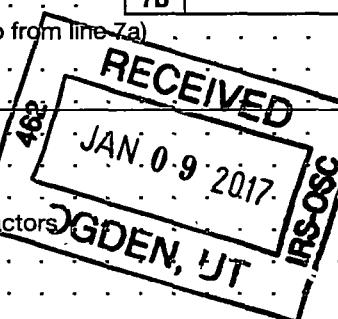
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 104825.60

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

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3 21782.00
4	Investment income	4 3525.38
5a	Gross amount from sale of assets other than inventory	5a
b	Less: cost or other basis and sales expenses	5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6	Gaming and fundraising events	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
c	Less: direct expenses from gaming and fundraising events	6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a	Gross sales of inventory, less returns and allowances	7a
b	Less: cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe in Schedule O)	8 79518.22
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 104825.60
10	Grants and similar amounts paid (list in Schedule O)	10
11	Benefits paid to or for members	11 21110.36
12	Salaries, other compensation, and employee benefits	12 61473.71
13	Professional fees and other payments to independent contractors	13 240.00
14	Occupancy, rent, utilities, and maintenance	14 20393.33
15	Printing, publications, postage, and shipping	15 13.32
16	Other expenses (describe in Schedule O)	16 23749.70
17	Total expenses. Add lines 10 through 16	17 126980.42
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -22154.82
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 362849.80
20	Other changes in net assets or fund balances (explain in Schedule O)	20
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 340694.98



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13

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

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	314149.63	296405.93
23	Land and buildings	37302.92	36866.56
24	Other assets (describe in Schedule O)	11582.25	7829.11
25	Total assets	363034.80	341101.98
26	Total liabilities (describe in Schedule O)	185.00	407.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	362849.80	340694.98

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

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

What is the organization's primary exempt purpose? AGRICULTURAL MEMBERSHIP ORGANIZATION

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

Expenses

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

28

28a

29

If this amount includes foreign grants, check here . . . ►

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

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

32

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SCHEDULE ATTACHED				

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		✓

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	✓
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35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

35a	✓
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b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

35b	✓
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c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

35c	✓
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36	✓
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

37a	
-----	--

b Did the organization file Form 1120-POL for this year?

37b	✓
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38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

38a	✓
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b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

38b	
-----	--

39 Section 501(c)(7) organizations. Enter:

39a

39a	
-----	--

a Initiation fees and capital contributions included on line 9

39b

39b	
-----	--

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►

40a	
-----	--

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b	
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c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

40c	
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d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ►

40d	
-----	--

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

40e	✓
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41 List the states with which a copy of this return is filed ► OKLAHOMA

42a The organization's books are in care of ► AG RECORDS DEPT OF OFB Telephone no. ► 405-523-2300
Located at ► 2501 N. STILES, OKC, OK ZIP + 4 ► 73105

42b	✓
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b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42c	✓
-----	---

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►

42d	✓
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

43	
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44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44a	✓
-----	---

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b	✓
-----	---

c Did the organization receive any payments for indoor tanning services during the year?

44c	✓
-----	---

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d	✓
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45a	✓
-----	---

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

45b	✓
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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

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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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."		

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Gary Johnson Signature of officer	Date 1-4-2017
	 GARY JOHNSON Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEBORAH CRANE	<i>Deborah Crane</i>	9/26/10		
	Firm's name ► OKLAHOMA FARM BUREAU	Firm's EIN ► 73-082001			
Firm's address ► 2501 N. STILES, OKC, OK 73105	Phone no			405-523-2300	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

GARFIELD COUNTY FARM BUREAU

Employer identification number

73-0581461

FORM 990EZ-PAGE 1-OTHER REVENUE

OFFICE REIMBURSEMENT	76244.62
RENT INCOME	0.00
MISCELLANEOUS	3273.60
TOTAL	79518.22

PART 1-OTHER EXPENSES

OFFICE SUPPLIES & EXPENSES	5761.74
PROPERTY TAXES & INS	5010.00
CHARITABLE CONTRIBUTIONS	10773.50
FEDERAL INCOME TAX	216.40
STATE INCOME TAX	87.00
MISCELLANEOUS	1901.06
TOTAL	23749.70

FORM 990EZ-PAGE 2

PART 2-OTHER ASSETS	BEGINNING OF YEAR	END OF YEAR
FURNITURE & FIXTURES	9787.81	6251.45
ACCT. RECEIVABLE	0.00	0.00
FEDERAL TAX DEPOSIT	1794.44	1578.04
STATE TAX DEPOSIT	0.00	0.00
TOTAL	11582.25	7829.49

Name of the organization

GARFIELD COUNTY FARM BUREAU

Employer identification number

73-0581461

LIABILITIES **BEGINNING OF YEAR** **END OF YEAR**

OFB PAYABLE **185.00** **407.00**

TOTAL **185.00** **407.00**

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.

Department of the Treasury
Internal Revenue Service

- Attach to Form 990 or 990-EZ.
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Name of the organization

Employer identification number

GARFIELD COUNTY FARM BUREAU

73-0581461

The organization does not have stockholders but it does have members. There are two types of members. One is an Associate member and the other is a voting member. An Associate member includes someone who runs or operates 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 products. A voting member can be a family that gets the majority of its average gross income from the sale of agricultural products. A voting member can also be held by a retired agricultural person living on an income or social security accrued and not employed full time in another occupation. A Voting member can also be held by a partnership or corporation receiving the majority of income from the sale of agricultural products.