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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

inte	rnal Reven	ue Service	► Information about Form 990 and its instructions is at www.irs	.gov/form99	<u>o</u>	Inspection	
<u>A</u> _	For the	2015 cale	ndar year, or tax year beginning 9-1 , 2015, and endin	g 8	-31	, 20 16	
В	Check if	applicable	C Name of organization Rogers County Farm Bureau		D Employer identification number		
	Address	change	Doing business as			73-0660293	
	Name ch	ange	Number and street (or P O, box if mail is not delivered to street address) Room/su	ite	E Telepho	ne number	
V	initial reti	urn	1126 W. Will Rogers			918 341 5112	
	Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended		Claremore, OK 74017		G Gross re	eceipts \$ 135,284 89	
			F Name and address of principal officer: Ray Heldermon .	H(a) Is this a c		subordinates ⁷ Yes No	
	••		12321 E. E 380 Rd., Claremore, OK 74017			s included? Yes No	
ī	Tax-exen	npt status	□ 501(c)(3)			a list. (see instructions)	
J	Website:		2 33-10/10 2 33-10/10 31 2 32-1	H(c) Group	exemption	number ▶ 1480	
ĸ	Form of o	rganization [Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation			of legal domicile: OK	
Р	art l	Summa		<u> </u>			
			scribe the organization's mission or most significant activities: Agricu	iltural Memb	ership Or	ganization	
ø	•	<i>D.</i> 1011, 00	141150 the diganization of most significant activities.			<u></u>	
Governance	}						
Ę	2	Check thi	s box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets	
ò	1		of voting members of the governing body (Part VI, line 1a)		3	7	
	I.		of independent voting members of the governing body (Part VI, line 1b)		4	7	
es			the rof individuals employed in calendar year 2015 (Part V, line 2a)		5	-0-	
<u> </u>	1		aber of volunteers (estimate if necessary)		6		
Activities &	1		elated business revenue from Part VIII, column (C), line 12		7a	126,132 57	
_			ated business taxable income from Form 990-T, line 34		7b	23,875.96	
	 	INGL UITICIA		Prior Y		Current Year	
	8	Contribut	ons and grants (Part VIII, line 1b)		12,996 50		
Œ			service revenue (Part VIII, line 2g)		12,770 50	12,728.00	
Revenue			nt income (Part VIII, column (A), lines is, 4, and 75)		3,404 86	5,886.12	
æ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	05,850 48		
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		22,251 84	120,132.37	
	4		d similar amounts paid (Rart IX, column (A), lines 1-3)		15 224 02	24 204 48	
			raid to or for members (Part IX, column (A), line 4)		15,224 83	24,206 48	
Expenses	1		ther compensation, employee benefits (Part IX, column (A), lines 5–10)	32,550 <u>94</u>	36,677.71		
ē			nal fundraising fees (Part IX, column (A), line 11e)				
Ä			raising expenses (Part IX, column (D), line 25) ►		A Section Street	services and the same of the latter seems below	
			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		49,390 44	79,527.51	
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		97,166 21	140,411.70	
- 10		Revenue i	ess expenses. Subtract line 18 from line 12	Beginning of Ci	25,085 63	(14,279 13) End of Year	
ts or		T-4-1	<u> </u>				
Net Assets Fund Balanc			ets (Part X, line 16)		91,150 48		
E E			ities (Part X, line 26)		(86 50)	681.50	
	rt II		s or fund balances. Subtract line 21 from line 20	<u>'</u>	91,236 98	776,957 85	
			ure Block				
true	per penalt e. correct.	ies of perjury and comple	/, I declare that I have examined this return, including accompanying schedules and state te. Declaration of preparer (other than officer) is based on all information of which prepare	ments, and to t r has any know	the best of r ledge	my knowledge and belief, it is	
		<u> </u>	15 au 10 VOO HAMAN				
Sig	n	Signa	ture of officer		ate o		
He			2. Pladaromon D- 1/11. A	1	-2-1	7	
		Type	ay Mell/C1/1U') (esigk) t		<u> </u>	<u>'</u>	
		 -		ate		PTIN	
Pai				4/2014	Check	L_] # [
	parer	I		100/10	self-em	_ <u></u>	
Us	e Only				n's EIN ▶	73-0382001	
14-	the ID	Firm's ad		Pho	one no.	405.523 2300	
			this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	Yes No	
For	Paperw	ork Reduc	tion Act Notice, see the separate instructions. Cat N	lo. 11282Y		Form 990 (2015)	



Form 99	90 (2015)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	. v
1	Briefly describe the organization's mission: Agricultural Membership Organization	
	Agricultulal Mellipership Organization	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	<u>⊬</u> No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
-	services?	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (Edda, J.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	1
	(edds) (Expenses \$\psi including grains of \$\psi	,
		
	·	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	, (,

,		
,		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4	Total program service expenses ▶	

Pari	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			
2		1		7
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_2		_
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
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		٧
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		7
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		٧
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	<i>_</i>	en a com
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		V
С	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		V
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
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		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		~
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		~
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		~
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		,
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>		

Part	Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		7
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		~
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		V
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		٧
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		V
c b	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		V
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		v
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		V
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		٧
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		٧
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	28a 28b		V
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		~
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		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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		v
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
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		~
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		,
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		~

Form 9	90 (2015) '			ı	Page :
Part					
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>		<u> </u>
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	701005	73°E.X	1212
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	amición:	***********
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		WH.		\$4.50°
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3a	~	5,400-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		3b	~	
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				
	over, a financial account in a foreign country (such as a bank account, securities account, or				1
	account)?		4a		'
b	If "Yes," enter the name of the foreign country: ▶				His.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fil (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	vear?	5a		192.4 (192 1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte		5b		V
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 \$100,0				
	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				
	gifts were not tax deductible?		6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			30.3	4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?		7a		
b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property frequired to file Form 8282?		7b 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		100E	#E-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b		7e	220297255	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				Biz
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 personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor advisor.	son?	9b	T 02-000	17 6 100000
10	Section 501(c)(7) organizations. Enter:	t I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		11.	3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b		14	75
11	Section 501(c)(12) organizations. Enter:	11		, e.	
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			4.7	
а	Is the organization licensed to issue qualified health plans in more than one state? $\cdot\cdot\cdot$.		13a		
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
þ	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	13b			
С	Enter the amount of reserves on hand	13c	N.A.	37.3	
14a	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 S	Schedule O .	14b		<u> </u>

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			_
Secti	Check if Schedule O contains a response or note to any line in this Part VI	- · ·		<u>. </u>
0000	on A. doverning body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		4.0	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		is k	1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		~
6 7a	Did the organization have members or stockholders?	6	~	
	one or more members of the governing body?	7a	~	1
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			\vdash
	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	
b	Each committee with authority to act on behalf of the governing body?	8b	~	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			_
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ndo.	_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	7.74		200
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b	#),#-15,996.ee	V
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	TOA	atur	EXE
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		3.50
	organization's exempt status with respect to such arrangements?	16b		THE PERSON
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
10	Own website Another's website Upon request Other (explain in Schedule O)	0×-C+	nell-	المحمري
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	holic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	. •	
i	216 Jahuma FARM BUNGAU 2501 W SHIKS () KC, OK 7316	3	, -	
	17-17-17-17-17-17-17-17-17-17-17-17-17-1	Forr	n 990	(2015)

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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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Schedule Attached										
(2)		-								
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)						-				
(12)			<u> </u>							
(13)			_							
(14)										

Par	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar	nd H	ighes	st C	ompensated E	mployees (continue	ed)	
	(A) Name and title		(B) Position (do not check more to box, unless person is officer and a director nours for related (list any or director related) (C) Position (do not check more to box, unless person is officer and a director nours for director related) (C) Position (do not check more to box, unless person is officer and a director nours for director nours for related)					an	(D) Reportable compensation from the	(E) Reportable compensation for related organizations	n from ons	Estimated amount of other compensation	f
		related organizations below dotted line)		Institutional trustee	ær	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)	(W-2/1099-N	VISC)	from the organization and related organization	d
(15)													
(16)											_		
(17)			_			-							
(18)						-							
(19)								_			_		
(20)								_					
(21)								-			\dashv		
(22)											_		
(23)								-					
(24)													
(25)							<u> </u>						
1b c	Sub-total			•	•		•	> > >					
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est compe	ensated	Yes	No.
4	For any individual listed on line 1a, is the organization and related organizations individual											4	
5	Did any person listed on line 1a receive of for services rendered to the organization?									zation or inc			
Section	on B. Independent Contractors									<u></u>			 _
1	Complete this table for your five highest compensation from the organization. Repyear.												tax
	(A) Name and business add	ress							(B) Description of s	ervices	((C) Compensation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed ab	ove) who			

Form **990** (2015)

Par	: VIII	Statement of Reve	nue						
		Check if Schedule O	contains	a resp	oonse or note to	any line in this	Part VIII	<u></u>	<i></i> . \square
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		1a					
Grants	b	Membership dues .		1b	12,928.00				
s, (С	Fundraising events .		1c	-				
Gifts, ilar An	d	Related organizations		1d					
S, E	е	Government grants (con	tributions)	1e					
i Si	f	All other contributions, gi	ifts, grants,						
t E		and similar amounts not inc	luded above	1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ	ied in lines 1a	-1f [.] \$			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
g S	h	Total. Add lines 1a-1	f		•	12,928 00			
e e	_				Business Code	927 83 61 153			
Ven	2a					Property and the designation of the great man	and house of the same of the s		
æ	Ь								
jc jc	С								
e.	d								
Ē	е								
Program Service Revenue	f	All other program sen		ле .					
2	g	Total. Add lines 2a-2	f		🕨		VIII. 1888		经验额 加强的基础的
	3	Investment income and other similar amo Income from investmen	ounts) .		►	5,886 12			5,886 12
	5	Royalties							
			(i) Real	<u> </u>	(ii) Personal	10.0			
	6a	Gross rents	31.0	99 96		Depart.		Francisco de la Companya de la Comp	
	ь	Less: rental expenses		52 32					
	c				100				
	d	· · ·	rental income or (loss)		<u> </u>	21,947 64		21,947 64	
	7a	Gross amount from sales of	(i) Securit	· · ·	(ii) Other				
		assets other than inventory	· · · · ·						
ĺ	ь	Less: cost or other basis							
	_	and sales expenses .			ļ	100	100000		
	c	Gain or (loss)						4.0	
	d	Net gain or (loss) .	L				A		
une	8a	Gross income from fu	 Indraising	• •		### ## ## ## ## ## ## ## ## ## ## ## ##	18 (18		
Other Reve		events (not including \$ of contributions reported See Part IV, line 18	ed on line 1	•					
tt t	_			· a	ļ 			Post Electric	
Ö		Less: direct expenses		. b					
	9a	Net income or (loss) for Gross income from gassee Part IV, line 19			events . ►			ic V	
	ь	Less: direct expenses	1	. b					
		Net income or (loss) fi		-	vities				
		Gross sales of in	-	-		NATIONAL ASSOCIA	70-71-12 X		7.000
		returns and allowance	•	· a					
	ь	Less: cost of goods s		. b					
Ì	C	Net income or (loss) for			entory D			CELEBORY STREET, MILES AND	
		Miscellaneous R		- 11100	Business Code	MANUFACTURE			
	11a	Office Commissions			524113	2,943 15		2,943 15	
	b	Office Commissions			524113	80,162 66	 	80,162 66	
	C	Salary Reimbursement			524126	2,265 00		2,265 00	
ļ	ď	All other revenue .	· 		324120	2,265 00	 	2,265 00	
ļ	e	Total. Add lines 11a-	 11d	•		85,370 81		Karata and Salahar Y	
	12	Total revenue. See in				126 132 57		107 318 45	5 886 12

	90 (2015)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must con	mploto all columns /	VII ather erganizatio	no must complete or	olumn (A)
0000	Check if Schedule O contains a respon			ris musi complete co	παιτιιτ (/ γ).
	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	24,206.48			
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	34,076.74			
9	Other employee benefits				
10	Payroll taxes	2,600 97		ļ	
11	Fees for services (non-employees):	1			
a b	Management			 	
D	Legal	300 00		 	
d	Lobbying	300 00			
e	Professional fundraising services. See Part IV, line 17		## - 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10		
f	Investment management fees		S. K. S.		
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	2,284 39			
13	Office expenses	13,549.56			
14	Information technology			<u> </u>	
15	Royalties			<u> </u>	
16	Occupancy	31,488.73		 	
17 18	Travel	-			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .			 	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	13,216 73			
23	Insurance	7,778 76	Total and the control of the control	a south received engineering of science and larger	To land Charles to be No. 10 M To Provide II the
24	Other expenses. Itemize expenses not covered			Part of Section	Contract Contract
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				to free law.
	(A) amount, list line 24e expenses on Schedule O.)				
а	Federal Income Tax	7,518.38			10 M M
b	State Income Tax	3,315.96			
С	Charitable Contributions	75 00			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	140,411 70		<u> </u>	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (201	5)				Page 11
Part X	Balance Sheet				
·	Check if Schedule O contains a response or note to any line in this Pa	art X	 		$\overline{}$
		(A)		(B)	

				10 uniy iii 0 ii 1 1 1 1 1		 -	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	- <u> </u>		148,650 39	1	135,307.89
	2	Savings and temporary cash investments			386,993 66	2	392,177.18
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	·
	5	Loans and other receivables from current and	forme	r officers, directors.			
		trustees, key employees, and highest co Complete Part II of Schedule L	mper	nsated employees.		5	
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoning organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	nd con tary e	tributing employers and employees' beneficiary		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			9,800 00	9	10,521 62
	10a	Land, buildings, and equipment: cost or			1119 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1		
		other basis. Complete Part VI of Schedule D	10a	508,611 29			
	b	Less: accumulated depreciation	10b	268,978 63	245,706 43	10c	239,632 66
	11	Investments—publicly traded securities			- "-	11	
	12	Investments-other securities. See Part IV, line 1	11 .			12	
	13	Investments-program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	791,150.48	16	777,639.35
	17	Accounts payable and accrued expenses			(86.50)	17	681.50
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part I	/ of Schedule D .		21	
es	22	Loans and other payables to current and for	rmer	officers, directors,		7.00	
Liabilities		trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu		employees, and		22	
!	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	payat 317-2	oles to related third 4). Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25	•		(86.50)		681 50
		Organizations that follow SFAS 117 (ASC 958)	che	ck here ▶ □ and	2012 Veril V. C	250	001 30
es		complete lines 27 through 29, and lines 33 and	d 34.	on notes and			
١	27	Unrestricted net assets				27	
ह्य	28	Temporarily restricted net assets				28	
7	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	 58), ch	eck here ▶ ☑ and			
S	30	Capital stock or trust principal, or current funds				30	en zastardo kaltario de la co
Set	31	Paid-in or capital surplus, or land, building, or ed				31	
As	32	Retained earnings, endowment, accumulated inc			791,236 98		776,957 85
<u>₹</u>	33	Total net assets or fund balances			791,236 98		776,957 85
-	34	Total liabilities and net assets/fund balances .			791,150.48		777,639 35
		The second series and series are series and series are series and series and series and series are series are series and series are series are series and series are			1	<u> </u>	Form QQ0 (2015

Form 9	90 (2015) .			Pa	age 1 :
Par	XI Reconciliation of Net Assets				3
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		126,1	32 5
2	Total expenses (must equal Part IX, column (A), line 25)	2		140,4	1117
3	Revenue less expenses. Subtract line 2 from line 1	3		(14,27	79.13
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		791,2	36 9
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		776,9	57 8
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. [
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		100		3
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	MALLOW PROPERTY.	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com		(L45)	72.5	53.7
	reviewed on a separate basis, consolidated basis, or both:	•			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			X	
b	Were the organization's financial statements audited by an independent accountant?		2b	Control attacks	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	14.55	24.02.47 2	
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight	التواقيد بالمداد	Patrician (195	Save Sarak A
_	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.........................
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Form **990** (2015)

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 2015

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," on 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," on 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.

	organization answered "Yes see separate instructions), ti	i," on Form 990, Part IV, line 5 (Proxy hen	Tax) (see separate	e instructions) or Form 990	-ΕΖ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga	anizations [.] Complete Part III.			
Name	of organization			Employer ide	ntification number
Roger	s County Farm Bureau				73-0660293
Part		e organization is exempt und			organization.
1	Provide a description of	the organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .				
3	Volunteer hours				
Part	-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ition under section	n 4955 ▶ S	B
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file For			🔲 Yes 🔲 No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt unde			(c)(3).
1		ly expended by the filing organiz			
					}
2		filing organization's funds contrib			
_		vities			;
3	·	expenditures. Add lines 1 and 2.			
4	~ ~	n file Form 1120-POL for this year?			LYes 🗹 No
5		ses and employer identification nur			
		ents. For each organization listed,			
		entributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	nal space is needed, prov	ride information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0-	contributions received and promptly and directly
				ighas, if none, enter -o-	delivered to a separate
					political organization If none, enter -0
					Trone, enter 5 :
(1)					
					ļ
(2)					
					
(3)					
				 	
(4)					
					
(5)					
(0)					
(6)					

Schedule	С	(Form	990	or	990-EZ	2015

٥,	. ~	_	2

						. age -
	t II-A Complete if the organizat section 501(h)).	•			•	
A	Check ▶ ☐ if the filing organization I					oup member's
	name, address, EIN, exp					
<u>B</u> (Check ► ☐ If the filing organization			rol" provisions a		
		bbying Expendit		•	(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures"		`	·	organization's totals	group totals
1a	, ,	•	-	•		
b	and the second s	_		3)		
C		-				
d						
е			•			
f	, ,	er the amount fi	om the following	table in both	[
	columns.				7 18 7 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second s
	If the amount on line 1e, column (a) or (b)		nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000		15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess or	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	,	,				
h		•				
!	Subtract line 1f from line 1c. If zero or				(1 5 4700	
J	If there is an amount other than ze			-	file Form 4/20	☐ Yes ☐ No
	reporting section 4911 tax for this year				 	
	(Some organizations that made a	section 501(h) el		e to complete all	of the five colum	ns below.
	See t	he separate inst	ructions for lines	2a through 2f.)		
	Lobbyi	ng Expenditures	During 4-Year Av	reraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e 	Grassroots ceiling amount (150% of line 2d, column (e))				ASA ASS	
f	Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	1 5768		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		a)		(b)	
desc	ription of the lobbying activity.	Yes	No	A .	mount	t
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:					
а	Volunteers?	Marie Constitution	الانتقاليم بالميشاد (然這	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?			**********	M.X. Aidi	addin at a disease
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i	ġ¥,	28.2			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	- ST TRACE LA SAME	***************************************	****		
b	If "Yes," enter the amount of any tax incurred under section 4912		Mary's		MATERIAL PROPERTY.	2000
С	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?	**************************************	-	el tra		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5),	or se	ction		
	301(0)(0).			— _	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	V	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	1
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members	• _	1	<u> </u>		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	•	_2a_	<u> </u>		
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 lobby	/ing		1		
=	and political expenditure next year?	•	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u>.</u>	5			
Provide		un lin	+): Da	+ II A	inoc '	1 ond
	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 instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up IIS	ı, ra	. C 11-74, 1	11163	i and
					·	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					

Schedule C (Form 990 or 990-EZ) 2015						
Part IV	Supplemental Information (continued)	·				
	***************************************					
·						
**						
	>===================================					

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 2015

Open to Public Inspection

	f the organization		Employer identification number
	s County Farm Bureau	<del> </del>	73-0660293
Par			
	Complete if the organization answered		
_	Total number of and 10	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		ļ
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		<del> </del>
4 5	Aggregate value at end of year	r advisors in virting that the assets h	vold in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that gra	nt funds can be used for any other purpose
Par	Conservation Easements.		
	Complete if the organization answered		
1 2	Purpose(s) of conservation easements held by the  Preservation of land for public use (e.g., recreation of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization h	ation or education)	f a certified historic structure
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	its	2b
C	Number of conservation easements on a certified	• • • • • • • • • • • • • • • • • • • •	
d	Number of conservation easements included in		I I
•	historic structure listed in the National Register		· · [2d]
3	Number of conservation easements modified, tran	isterred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4 5	Number of states where property subject to conse Does the organization have a written policy re violations, and enforcement of the conservation ea	egarding the periodic monitoring, ins	
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectii		
8			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's firents.	nancial statements that describes the
Part	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ducation, or research in furtherance o
b	If the organization elected, as permitted under Sworks of art, historical treasures, or other similal public service, provide the following amounts related	r assets held for public exhibition, education to these items:	ducation, or research in furtherance o
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
	If the organization received or held works of art following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these i	tems:
a	Revenue included on Form 990, Part VIII, line 1		<u>*</u> \$
_ b	Assets included in Form 990, Part X		<b>▶</b> \$

3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and oth	er recor	ds, chec	k any of th	e follov	ving that are a si	gnificant use o	of its
а	☐ Public exhibition		<b>d</b> [	Loan	or exchang	ge prog	rams		
þ	☐ Scholarly research		е [	Other					-
С	☐ Preservation for future generations								
4	Provide a description of the organizatio XIII.	n's collections ar	nd expla	in how th	ney further	the org	ganization's exem	npt purpose in	Part
5	During the year, did the organization so assets to be sold to raise funds rather the								No
Par	t IV Escrow and Custodial Arran	_						· · · <u></u>	
	Complete if the organization a 990, Part X, line 21.								ו
1a	Is the organization an agent, trustee, c included on Form 990, Part X?							t Yes 🗌	No
b	If "Yes," explain the arrangement in Part	XIII and complet	e the fol	llowing ta	ıble:		Ar	nount	
С	Beginning balance					10	;		
d	Additions during the year					10	·		
e	Distributions during the year					1e	•		
f	Ending balance					1f			
2a	Did the organization include an amount	•		•			•		
	If "Yes," explain the arrangement in Part	XIII, Check here	if the ex	planation	has been	provide	ed on Part XIII .	<u> </u>	
Par	t V Endowment Funds.								
	Complete if the organization a						<del> </del>		
	_	(a) Current year	(b) Pric	or year	(c) Two yea	rs back	(d) Three years back	(e) Four years b	ack
1a	Beginning of year balance							<u> </u>	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance							<u> </u>	
2	Provide the estimated percentage of the	current year end	balance	e (line 1g	, column (a	i)) held i	as:		
а	Board designated or quasi-endowment	<b>•</b>	%						
b	Permanent endowment	_%							
С	remporarily restricted endowment	<u></u> %							
_	mo porcomaged on mico za, zb, and zo	Should equal 10				_			
За	Are there endowment funds not in the p	ossession of the	organiz	ation tha	it are held	and ad	ministered for the		
	organization by:								No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь 4	If "Yes" on line 3a(ii), are the related organisms. Describe in Part XIII the intended uses of					• •		3b	
Pari			s endo	WILLELLE IC	1145.				
aı	Complete if the organization a		on For	~ 000 E	ort IV lin	a 11a	See Form 990	Part Y line 1	Λ
	Description of property	(a) Cost or other			r other basis		Accumulated	(d) Book value	
	bescription of property	(investmen			her)	d	epreciation		
1a	Land					-X+13A	100	61,50	
b	Buildings	<u> </u>			425,744 13		247,748.93	177,99	5 20
C	Leasehold improvements					<u> </u>			
d	Equipment				21,367 16		21,229 70	13	37 46
E Total	Add lines 1a through 1e (Column (d) mu	et ogual Form 00	0 00-4	/ column	(P) line 11	L		239 63	22 44

Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, lin	ne 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	derivatives		
1 1	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			<del> </del>
(H)	h)		
	b) must equal Form 990, Part X, col. (B) line 12.)	<del></del> _	
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes" on Fo	orm 000 Bort IV lic	on 11a Son Form 000 Part V line 13
	(a) Description of investment		(c) Method of valuation
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)	<del></del>		<u> </u>
(5)			
(6)		<del></del>	
			<del> </del>
(8)		-}	<del> </del>
(9)	hi must ocuse Form 000. Dort V. cel. (D) line 12 \		
Part IX	b) must equal Form 990, Part X, col (B) line 13.) ►  Other Assets.	_ <del></del>	
raitix	Complete if the organization answered "Yes" on Fo	orm 990 Part IV Ju	ne 11d See Form 990 Part X line 15
	(a) Description	300, 1 art 14, III	(b) Book value
(1)			<del></del>
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u></u> ▶
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, Iir	ne 11e or 11f. See Form 990, Part X,
	line 25.	Lot 25 20 20 20 20 20 20 20 20 20 20 20 20 20	
1.	(a) Description of liability (b) Book value		
(1) Federal in	COME taxes		
(3)			And the property of the fact of the
(4)	<del></del>		
(5)			CANAL TO BE SEEN TO SEE SEE
(6)			planes in the second of the second
(7)			A property of the contract of
(8)			
(9)			
	o) must equal Form 990, Part X, col (B) line 25)		
	uncertain tax positions. In Part XIII, provide the text of the foot	tnote to the organization	on's financial statements that reports the
	s liability for uncertain tax positions under FIN 48 (ASC 740). Cl		
	<u> </u>		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements		1 1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line <b>2e</b> from line <b>1</b>		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>		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	ents With Expenses p	er Return.		
	Complete if the organization answered "Yes" on Form 990,				
1			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<b>32</b>		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	7. 1		
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, 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	16 📆		
С	Add lines <b>4a</b> and <b>4b</b>		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5		
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5		
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.	e 18.)			
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e <i>18.)</i>	o; Part V, line 4; Part X, line		
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2t to provide any additional in	o; Part V, line 4; Part X, line aformation.		
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2t to provide any additional in	o; Part V, line 4; Part X, line aformation.		
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	o; Part V, line 4; Part X, line information.		
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	o; Part V, line 4; Part X, line information.		
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Schedule D (Form 990) 2015 Page <b>5</b>				
Part XIII	Supplemental Information (continued)			
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* <i>*</i>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·		
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#### SCHEDULE Ó (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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. Inspect

OMB No 1545-0047

2015

Open to Public Inspection

Rogers County Farm Bureau	73-0660293
The organization does not have stockholders but it does have members. There are two types of mem	bers. One is an Associate member
and the other is a Voting member. An Associate member includes someone who runs or operates a fe	arm but whose average gross
agricultural income is less than half their total income. An Associate member also includes someone	working the Agribusiness.
Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate mer	nber 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 a majority of its average gross income from the sale of agricultural products. A Voting mem	ber can also be held by a retired
agricultural person living on an income or social security accrued and not employed full time in another	ner occupation. A Voting member
can also be held by a partnership or corporation receiving the majority of income from the sale of agr	icultural products.
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