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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

	1 01 1116	EU IO Care	rical year, or tax year beginning , 2015,	Land ending	<u> </u>	, 20 1	·
В	Check if	applicable:	C Name of organization Okiahoma County Farm Bureau			D Employer identific	ation number
	Address	change	Doing business as	73-0711872			
	Name ch	hange	Number and street (or P O. box if mail is not delivered to street address)	Room/suite		E Telephone number	
V	Initial ret	turn	4900 Lincoln Blvd.			405.525.	2607
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code	,			
	Amende	d return	Oklahoma City, OK 73102			G Gross receipts \$	277,445 69
	Applicati	on pending	F Name and address of principal officer. Robert Bierschenk	H(a) Is this a g	roup return for subordinates?	Yes V No	
		_	6000 N. Midwest Blvd., OKC, OK 73141			subordinates included?	
<u>. </u>	Tax-exe	mpt status	□ 501(c)(3)	527		lo," attach a list. (see ir	
J	Website	s: >			H(c) Group	exemption number	1480
K	Form of o	organization	✓ Corporation Trust Association Other ► L Y	ear of formation	1942	M State of legal do	micile. OK
P	art I	Summ	ary				
	1	Briefly de	escribe the organization's mission or most significant activities	s: Agricultu	ıral Membe	ership Organizatio	ns
8							***************
Jan			^				
Jerr.	2	Check th	is box ▶☐ if the organization discontinued its operations or	disposed of	more than	25% of its net as	sets.
Governance	3		of voting members of the governing body (Part VI, line 1a).				8
ઍ	4		of independent voting members of the governing body (Part \				8
ies	5		mber of individuals employed in calendar year 2015 (Part V, lir				-0-
ctivities	6		mber of volunteers (estimate if necessary)	•		6	
ច	1 _		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	a 191,115 98
Ь	Net unrelated business taxable income from Form 990-T, line 34	7b	b -0-
	Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)	882.6	.60 35,575 50
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	.28 1,987.99	
11		638.7	73 205,515.9
12		967.6	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		. 0,20
14		526.5	50 7,799 52
15		365.6	67 122,539 11
16a			
b		14.00	
17		150.2	.25 74,212.01
18		042.4	42 204,550 64
19		825.1	19 38,528.8
		nt Yea	
20	Total assets (Part X, line 16)	593.1	19 746,235.
21		06.00	
22		999 1	
rt II	Signature Block		,,500
		hest of	of my knowledge, and belief, it is
	8 9 10 11 12 13 14 15 16a b 17 18 19	B Contributions and grants (Part VIII, line 1h)	b Net unrelated business taxable income from Form 990-T, line 34

true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Cian.	Kabert L. Brinchen Frenchest	
Sign Here	Signature of officer ROBERT L. BIERSCHENIC	Dec 28, 2016
	Type or print name and title	
Paid Preparer	Preparer's signature Date 10/19/	Check if self-employed
Use Only	Firm's name ► Oklahoma Farm Bureau	Firm's EIN ▶ 73-0382001
	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)	Yes 🗌 No
		- 000

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2015)

Form 99	(2015) Page 2											
Part												
	Check if Schedule O contains a response or note to any line in this Part III											
1	Briefly describe the organization's mission:											
	Agricultural Membership Organization											
2	Did the organization undertake any significant program services during the year which were not listed on the											
	orior Form 990 or 990-EZ?											
_	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?											
4	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by											
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,											
	the total expenses, and revenue, if any, for each program service reported.											
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)											
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)											
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)											
	/(/, (/, (/, (
4d	Other program services (Describe in Schedule O.)											
	(Expenses \$ including grants of \$) (Revenue \$)											
4e	Total program service expenses ▶											

art	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	res	NO /
2 3	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 candidates for public office? If "Yes," complete Schedule C, Part I	3		V
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	~	
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		v
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		v
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.			
	complete Schedule D, Part VI	11a	/	
	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		,
	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		v
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		v
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		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
Б	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		v
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		v
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		,

Part	Checklist of Required Schedules (continued)			
	Delake a selection of the selection of t		Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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	20b		<u> </u>
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	{	
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		,
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 .
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>''</u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		·
d 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		<u>v</u>
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		
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		v_
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		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		V
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	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		V
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		~
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		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	35b 36		v
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,	30		-
	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		~
		For	n 990	(2015)

art				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
		Our sife.	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 Lab Laboratory Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		734.2
₹a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
L	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		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	1.000
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	7	
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		v
b	If "Yes," enter the name of the foreign country: ▶	4,852	41.5	Sig
	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	parac)	✓
7 a	Organizations that may receive deductible contributions under section 170(c). 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?	7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		~
C	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	論治		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	7 040	
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	32.00	1	W.T.C
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	goods at a Conta	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		3F	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			300
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1347		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	e poste	engsen.
L	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	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			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	SA MAGNET	P!=0576
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an evolunation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See Check if Schedule O contains a response or note to any line in this Part VI								
Secti	on A. Governing Body and Management								
			Yes	No					
1a	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 if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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		V					
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6	V	V					
7a b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	~						
8	stockholders, or persons other than the governing body?	7b		V					
a b	the year by the following: The governing body?	8a 8b	ソソ						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C							
10-	Did the experientian boys level about we have been as affiliated?	10a	Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a							
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 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 14 15	Did the organization have a written whistleblower policy?	13		V					
a b	The organization's CEO, Executive Director, or top management official	15a 15b							
	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		<u> </u>					
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma								
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)					
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re Oklahoma Farm Bureau, 2501 N. Stiles, OKC, OK 73105 405.523.2300	cords	•						

	•		
~m	aan	/201	E7

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

- 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	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, i	unies	Pos eck s pe d a d	rson	than on the state of the state	an ee)	(D) Reportable compensation from	(D) (E) portable Reportable compensation from	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Schedule Attached										
(2)										
(3)										
(4)							!			
(5)	ļ									
(6)										· · · · · · · · · · · · · · · · · · ·
(7)										
(8)										
(9)	<u></u>	<u> </u>					<u> </u>			
(10)										
(11)	 	<u> </u>					_			
(12)	 									
(14)	 									
(17)]	l	ļ	j	J	J]	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees		nd H	lighes	st C	ompensated E	mployees (continue	ed)
	(A) Name and title	(B) Average hours per	Average box, unless person is bo officer and a director/tru				ıs both	an	compensation	(E) Reportable	n 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 organizatio (W-2/1099-N	ons	other compensation from the organization and related organizations
(15)												
(16)						-						
(17)]					
(18)						_						
(19)						-	<u> </u>	_				
					_	_		_				
(21)			ļ		_		 		<u> </u>	 		
									<u> </u>			
(22)												
(23)							Ì					
(24)												
(25)				-								
1b c d	Sub-total	VII, Sectio	n A					▶ ▶				
2	Total number of individuals (including bur reportable compensation from the organ	t 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	ficer, direc						emp	oloyee, or high	nest compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dividual 	5 1
	on B. Independent Contractors		a el ! :	J =			255		ara that upon	ad many At	n 6100	000 of
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	lress		_					(B) Description of s	services	C	(C) Compensation
								-				
					_	_		_				
	Table and table at the second					lian-			and hoted	a. (a)	. Note . A. b	
2	Total number of independent contractor received more than \$100,000 of compens) tr	iose listed ab	ove) who		

Part	VIII	Statement of Reve							_
لمرو الدرائية	Contraction to	Check if Schedule O	contains	a res	ponse or note to			(0)	· · · · · · · · · · · · · · · · · · ·
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
				11.2			revenue	TOVERING	512-514
Grants nounts	1a	Federated campaigns		1a					
Gra	Ь	Membership dues .		1b	35,575 50				
ts, An	С	Fundraising events .		1c					
Gifts, ilar Ar	d	Related organizations		<u>1d</u>	<u> </u>				
ns, Sim	e	Government grants (con		1e					
utio	f	All other contributions, grand similar amounts not inc		ء د					
e Fi		Noncash contributions include		1f	<u> </u>				
Contributions, Giffs, Grants and Other Similar Amounts	g	Total. Add lines 1a-1				35,575.50			
	- "-	TOLAI. AUD IIITES TA-T	<u>,</u>	· ·	Business Code	33,373.30			
eun	2a				20511000 0000				
Rev	b								
Ge .	c	***************************************							
Program Service Revenue	d								
	e								
gra	f	All other program sen	vice revenu	ie .					
Pro	g	Total. Add lines 2a-2			>				
	3	Investment income	(including						
		and other similar amo	ounts) .		▶	1,987.99		<u> </u>	1,987 99
	4	Income from investmen	t of tax-exei	mpt bo	ond proceeds ►				
	5	Royalties	<u> </u>		<u> </u>				
			(i) Real		(ii) Personal				
	6a	Gross rents	<u>_</u>	60 00					
	b	Less: rental expenses		66.22					
	C	Rental income or (loss)		93 78	L				
	_d	Net rental income or (▶	52,093.78		52,093.78	And Profession and annual section
,	7a	Gross amount from sales of assets other than inventory	(i) Secunt	165	(ii) Other				
		Less: cost or other basis			<u> </u>				
	ь	and sales expenses .							
	С	Gain or (loss)					是一种图像:		
	d	Net gain or (loss)	L		▶				
	"	146t gain or (1033) .		• •	· · · · · ·		TERROTOP ARTICLE		
ne	8a	Gross income from fu	ındraisina						
venue		events (not including \$	J						
	}	of contributions reporte	ed on line 1	c).					
ē		See Part IV, line 18 .		· a				k 41 - 11 -	
Other Re	ь	Less: direct expenses	s	. b					
•	C	Net income or (loss) f			events . ►				
	9a	Gross income from ga	aming activi	ties.					
	ĺ	See Part IV, line 19 .		· a					
		Less: direct expenses		. b					
		Net income or (loss) f			vities ▶	1,04 95 7,042 (3.51.52.52.52.52.52.52	Constant Secretary and the Constant	SAN manage of the street of the same of th	
	10a	Gross sales of in							
		returns and allowance		· а	 				
		Less: cost of goods s		. b					
	С	Net income or (loss) f Miscellaneous R		וט	entory ► Business Code	California Cara	er and the part through	CANAL OF BUILDING	(I like such Strong and a
,			everine			4 (04.00		4 404 00	
	11a	Office Commissions			524113	4,604 90		4,604.90 123,004 80	
	Ь	Office Commissions			524126 524126	123,004.80 11,412 50		11,412 50	
	d	Salary Reimbursement All other revenue .			524120	14, 402.60	_ /4,400,00		
ļ	e	Total, Add lines 11a-	111	•	<u> </u>	153,422,20		E STATE OF THE STA	
	12	Total revenue. See in				247 529 7	49.975,57	191,115 98	1,987 99

Form 9	90 (2015)				Page 10
Par	IX Statement of Functional Expenses				
	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns.	All other organization	ons must complete co	olumn (A).
	Check if Schedule O contains a respons	se or note to any li	ne in this Part IX		
	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	7,799 52			PARCE ALSO
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	113,852 70			
9 10	Other employee benefits	8,686 41			
11	Fees for services (non-employees):	8,888 41			<u> </u>
a	Management	 		 	
b	Legal	360 00			
d	Lobbying	300 00			
e	Professional fundraising services. See Part IV, line 17			· "是一个不是一个不是一个不是一个不是一个不是一个一个一个一个一个一个一个一个一个一	
f	Investment management fees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	10,450 00			
13	Office expenses	1,803 23			
14	Information technology				
15	Royalties				
16	Occupancy	15,088.55	1		

17 18

19

20 21

22 23

24

а b

С ď

е 25

persons described in section 4958(c)(3)(B)				
Other salaries and wages	113,852 70			
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits				· <u>·</u> ··
Payroll taxes	8,686 41			
Fees for services (non-employees):				
Management				
Legal				
Accounting	360 00			
Lobbying				
Professional fundraising services. See Part IV, line 17				
Investment management fees		**************************************		
Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)				
Advertising and promotion	10,450 00			
Office expenses	1,803 23		·- ·- ·- ·- ·- ·-	
Information technology	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Royalties				
Occupancy	15,088.55			
Travel				
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings				
Interest				
Payments to affiliates			 	
Depreciation, depletion, and amortization .	8,145.55			
Insurance	4,020.30			
Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
Postage	944 38	1 COM - 1 COM	13	7,274-30,360,740-7,740-7
Rent	33,400 00			
				
All other expenses				
Total functional expenses. Add lines 1 through 24e	204,550.64			
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 (2015)

Part X	Balance Sneet				
	Check if Schedule O contains a response of	r note to any line in this	Part X	<u> </u>	· · · ·
_			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		177,324 71	1	228,003.69
2	Savings and temporary cash investments		150,446.23	2	152,439.22
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		180,607.35	4	171,807.35
5	Loans and other receivables from current and			200	
1	trustees, key employees, and highest co				
	Complete Part II of Schedule L			5	
6	Loans and other receivables from other disqualified pers	sons (as defined under sectio		1922	
	4958(f)(1)), persons described in section 4958(c)(3)(B), ar	•	The second secon		
1	sponsoring organizations of section 501(c)(9) volur				
	organizations (see instructions). Complete Part II of Sche			6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	•				
	other basis. Complete Part VI of Schedule D	10a 661,31.7			
Ь	·	10b 467,331	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	100	193 935,26
11	and the second s	100 407,331	177,214.70	111	115 10-12-0
12	Investments—publicly traded securities Investments—other securities. See Part IV, line			12	
13	investments—program-related. See Part IV, line			13	
14				14	<u></u>
15	Intangible assets			15	
ł	Other assets. See Part IV, line 11		705 502 40	+	744.00.05
16	Total assets. Add lines 1 through 15 (must equa		705,593.19		746; 235, 5
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete		the select Advisories and a selection of the Contraction	21	Trings to the State of State of the State of
22	Loans and other payables to current and for				
	trustees, key employees, highest compen			33.4	
	disqualified persons. Complete Part II of Schedu			22	
23	Secured mortgages and notes payable to unrela			23	
24	Unsecured notes and loans payable to unrelated			24	
25	Other liabilities (including federal income tax,			ł	
	parties, and other liabilities not included on lines				
	of Schedule D			25	
26			(406 00)	26	1,707.50
	Organizations that follow SFAS 117 (ASC 958		nd a = 34, 32, 14, 24, 24, 34, 34		
	complete lines 27 through 29, and lines 33 and				
27	Unrestricted net assets			27	
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
ļ	Organizations that do not follow SFAS 117 (ASC 95	58), check here 🕨 🗹 🛚 an	d Caracasa b	7.54	
i	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 ed			31	
32	Retained earnings, endowment, accumulated in		705,999 19	+	244,528,02
33	Total net assets or fund balances		705,999 19	+	744,528.02
34	Total liabilities and net assets/fund balances .		705,593 19	+	746,0357
		<u> </u>	700,070 17	<u> </u>	Form 990 (2015)

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

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)

За

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 20**15**

Department of the Treasury

(4)

(5)

(6)

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ 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. If the organization answered "Yes," on 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 • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization '3-*0*711*2*72 Oklahoma County Farm Bureau Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Volunteer hours Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ Yes No b If "Yes." describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures, Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (a) Name (b) Address (c) EIN (e) Amount of political filing organization's funds. If none, enter -0-. contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-(1) (2)(3)

	(· · · · · · · · · · · · · · · · · · ·					· -g
	rt II-A	Complete if the organizat section 501(h)).					
A	Check ▶	if the filing organization					up member's
_	Ob I - N	name, address, EIN, exp				•	
В	Uneck ▶	If the filing organization			roi provisions	T	
		(The term "expenditures"	bbying Expendi		•	(a) Filing organization's totals	(b) Affiliated group totals
						organization o totalo	
		obbying expenditures to influen					
		obbying expenditures to influen					
		obbying expenditures (add lines	•				
		exempt purpose expenditures					
		exempt purpose expenditures (a					
		ing nontaxable amount. Ente	er the amount	from the following	table in both]	
	colum		- ,			Control of the second of the s	(A)
		mount on line 1e, column (a) or (b)		g nontaxable amount	t is:		Ara. Lab
		er \$500,000		mount on line 1e.			
		500,000 but not over \$1,000,000		s 15% of the excess			
		,000,000 but not over \$1,500,000		s 10% of the excess			
		,500,000 but not over \$17,000,000	\$225,000 plu	s 5% of the excess or	ver \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.				
	_	roots nontaxable amount (enter	,				
		act line 1g from line 1a. If zero o	•				
		act line 1f from line 1c. If zero or					<u> </u> _
		e is an amount other than ze				n file Form 4720	□Van □Na
	reporti	ing section 4911 tax for this ye					Yes No
	/Sam	-4 : ne organizations that made a		Period Under sec		of the five column	s below
	(SOII			tructions for lines		i of the five column	is below.
		Lobbyi	ing Expenditure	s During 4-Year Av	eraging Period	1	
	Cale	endar year (or fiscal year beginning ın)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2	a Lobby	ing nontaxable amount					
		ing ceiling amount of line 2a, column (e))					
	c Total l	obbying expenditures					
	d Grassi	roots nontaxable amount					
		roots ceiling amount of line 2d, column (e))			distribution of the second		
	f Grassi	roots lobbying expenditures					

	(election under section 501(h)).	(;	3)		(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed in the lobbying activity.	Yes	No	Ar	nount
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?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?	_	<u> </u>		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			L	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
į	Other activities?		* Jaurores		
j	Total. Add lines 1c through 1i			erental signi	and the second
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Description (Seather to		
þ	If "Yes," enter the amount of any tax incurred under section 4912				
d C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			States.	
Part		(5).	or se	ction	· · · · · · · · · · · · · · · · · · ·
	501(c)(6).	ν-,,			
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_	~
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	V
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3	
	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 2	Dues, assessments and similar amounts from members	of	1		
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 lobby	/ing			
_	and political expenditure next year?		4	 	
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5	L	
Par	Supplemental Information le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	um lum	+\. Da	4 II A I	
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up na	и, га	111-77, 1	illes i allu
_ (000					
			·		
			·		
		- -			·

Schedule C (For	n 990 ar 990-EZ) 2015	Page 4
Part IV	Supplemental Information (continued)	
	· · · · · · · · · · · · · · · · · · ·	

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Oklah	oma Farm Bureau		73-0711872
Par			
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u></u>
5	Did the organization inform all donors and donor		
	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		
Do	conferring impermissible private benefit?		· · · · · · Yes 🗌 No
Far	t II Conservation Easements.	"Vaa" on Form 000 Bart 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		f a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		a certified historic structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.	eid a quaimed conservation contributi	Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
ď	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	
_			• • • • • • • • • • • • • • • • • • •
3	Number of conservation easements modified, tran		_
	tax year ►	, , ,	, , ,
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re	garding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea	sements it holds? .'	· · · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		Other Circiles Accets
Par			
	Complete if the organization answered If the organization elected, as permitted under SF		
ıa	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
h	If the organization elected, as permitted under S		
Б	works of art, historical treasures, or other similar	r assets held for public exhibition, e	
	public service, provide the following amounts relat	_	
	(i) Revenue included on 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		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		• 5
b	Assets included in Form 990, Part X		5

{

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition		d	□ Loan	or exchang	e prog	rams	
b	☐ Scholarly research		е	☐ Other	r			
С	☐ Preservation for future generations				***************************************			
4	Provide a description of the organizati XIII.		and expla	ain how t	hey further	the org	anization's exer	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							ar ☐ Yes ☐ No
Part			211100 00 1		0 01941112411			☐ Tes ☐ NO
	Complete if the organization		" on For	m 990. I	Part IV. line	e 9. or	reported an an	nount on Form
	990, Part X, line 21.		•	, .		,		
1a	Is the organization an agent, trustee,	custodian or oth	ner intern	nediary fo	or contribut	ions or	other assets no	ot
	included on Form 990, Part X?							☐ Yes ☐ No
ь	If "Yes," explain the arrangement in Pa							
-							A	mount
С	Beginning balance					10		-
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun					ustodia	account liability	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Pa							
Pari						<u>·</u>		
	Complete if the organization	answered "Yes	" on For	m 990, f	Part IV, line	e 10.		
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions			-				
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and				ļ			
	programs							1
f	Administrative expenses						<u> </u>	
g	End of year balance							
2	Provide the estimated percentage of the	ne current year er	nd balanc	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmen	t ▶	%					
b	Permanent endowment ►	%						
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.					
3a	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held	and ad	ministered for th	ne
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or	-	•					3b
4	Describe in Part XIII the intended uses		on's endo	owment f	unds.			
Part								
	Complete if the organization							
	Description of property	(a) Cost or o			or other basis other)	d	Accumulated epreciation	(d) Book value
1a	Land				<u>59</u> 24134		PERSON	59,241,37
b	Buildings				521,460.72		388,179.24	133,281.48
C	Leasehold improvements							
d	Equipment				80,615.08		79,152.64	1,462.44
е	Other							
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part	X, columr	n (B), line 10	C.) .	•	193,485.2(

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on For	rm 990. Part IV. lin	e 11b. See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial			
	held equity interests	}	
(3) Other			
(A) (B)		 	
(C)		 	
(D)			
(E)		 	
(F)			
(G)			
(H)			
	b) must equal Form 990, Part X, col. (B) line 12) ▶		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on Fo		
	(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)			
(2)			
(4)		 	
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13.) ►	<u></u>	
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	
	(a) Description		(b) Book value
(1)			
(2)			
(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	rm 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability (b) Book value	Seems bushing	
(1) Federal ir			
(2)	TOOTHO LANGO		
(3)			
(4)			
(5)			
		A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE P	
(6)			
(6) (7)			
(6) (7) (8) (9) Total. (Column ((b) must equal Form 990, Part X, col. (B) line 25.) ▶ r uncertain tax positions. In Part XIII, provide the text of the footn		

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
•		
		
	•	

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.

Open to Public Inspection

Name of the organization	Employer identification number
Oklahoma County Farm Bureau	73-0711872
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 the Agribusiness.	
Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate member can hold their membership	
Someone who is not directly related to Agriculture is an Associate member. Lastry, an Associate member can not 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 a 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	
agricultural person living on all income of social security accided and not employed full time in allottler occupation. A voting member	
can also be held by a partnership or corporation receiving the majority of income from the sale of agricultural products.	
•••••••••••••••••••••••••••••••••••••••	
	••••••