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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

| | A F | or the | 2015 calend | ar year, or tax year beginning SEP | TEMBER 1 | , 2015, and end | ing A | JGUST 3 | 1 , 20 16 | | |
|---------------|--|-------------------------------------|-------------------|--|------------------------|------------------|-------------|--------------------|-------------------------|--|--|
| | Вс | heck if applicable | | C Name of organization | | - | D Em | oloyer ide | ntification number | | |
| | ᠒ | Address change | | JACKSON COUNTY FARM BUREAU | | | 73-0718013 | | | | |
| | | Name cha | • | Number and street (or P O box, if mail is not deliver | red to street address) | Room/s | ute E Tele | E Telephone number | | | |
| | == | Initial retu | m n/terminated | 1001 E. TAMARACK | | A | ' | 580 | -482-5211 | | |
| | ▭ | Amended | | City or town, state or province, country, and ZIP or | foreign postal code | | F Gro | up Exem | ption | | |
| | = | Application pending ALTUS, OK 73521 | | | | | Nu | mber 🕨 | 1480 | | |
| | G A | | | | | | | ▶ ☑ if | the organization is not | | |
| | I V | | | | | | | | ch Schedule B | | |
| | J Ta | ax-exen | npt status (che | (Form 9 | 990, 990- | EZ, or 990-PF). | | | | | |
| | K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other | | | | | | | | | | |
| | | | | 7b to line 9 to determine gross receipts. If gro | | | | ; | | | |
| | (Par | t II, col | umn (B) belov | | ▶ \$ | 128,869 32 | | | | | |
| | Pa | art i | | e, Expenses, and Changes in Net A | | | | | | | |
| | | | Check if | the organization used Schedule O to re | espond to any que | estion in this F | art I | | <u> </u> | | |
| | | 1 | | ns, gifts, grants, and similar amounts rec | | | | 1 | | | |
| _ | | 2 | Program s | ervice revenue including government fees | and contracts | | | 2 | | | |
| 2017 | | 3 | Membersh | p dues and assessments | | | | 3 | 18,193.50 | | |
| \mathcal{Z} | | 4 | Investment | | | . , , | | 4 | | | |
| 9 | | 5a | | unt from sale of assets other than invento | • | 5a | | ՝ ՝ ՝ Լ | | | |
| ==4 | | b | | or other basis and sales expenses | | 5b | | 1 34 | | | |
| SCANNED JAN | | С | • | s) from sale of assets other than inventor | y (Subtract line 5b | from line 5a) | | 5c | | | |
| | Revenue | 6 | - | d fundraising events | | | | 36 | | | |
| | | a | | ome from gaming (attach Schedule G | - | 1 1 | | \$2.00 B | | | |
| | | ١. | | | | 6a | | 100 | | | |
| | | b | | me from fundraising events (not including | | of contrib | utions | | | | |
| | | | | aising events reported on line 1) (attach h gross income and contributions exceed | | 1 1 | | | | | |
| 3 | | _ | | · · | • | 6b | | | | | |
| | | C d | | t expenses from gaming and fundraising or (loss) from gaming and fundraising | | 6c | d cubtract | | | | |
| | | u u | line 6c) . | e or (1055) from gaming and fundraising | events laud lines | oa and ob an | u Subilaci | 64 | | | |
| | | 70 | • | s of inventory, less returns and allowance | | 7a | | 6d | | | |
| | | 7a b | | of goods sold | | 7b | | | | | |
| | | C | | t or (loss) from sales of inventory (Subtraction | | | | 7c | | | |
| | | 8 | • | | | | | 8 | 110,675 82 | | |
| | | 9 | | nue. Agg-ines-1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | 9 | 128,869.32 | | |
| | _ | 10 | Grants and | similar amounts paid (list in Schedule O) | | · · · · · · | | 10 | 120,003.32 | | |
| | | 11 | | The state of the s | | | | 11 | 15,575.79 | | |
| | S | 12 | 1.5 | her compensation? and employee benefit | | | | 12 | 67,167.98 | | |
| | Se | 13 | Profession | il fees and other payments to independe | nt contractors . | | | 13 | 240.00 | | |
| | Expenses | 14 | | 1 | | | | 14 | 22,340.75 | | |
| | EX | 15 | Printing, pu | | | | | 15 | 534.86 | | |
| | | 16 | | | | | | 16 | 14,458.67 | | |
| | | 17 | | nses. Add lines 10 through 16 | | | • | 17 | 120,318.05 | | |
| | 'n | 18 | Excess or | deficit) for the year (Subtract line 17 from | line 9) | | | 18 | 8,551.27 | | |
| | set | 19 | Net assets | or fund balances at beginning of year (| | | | A 1- 4 | <u> </u> | | |
| | As | | end-of-yea | r figure reported on prior year's return) | | | | 19 | 245,455.35 | | |
| | Net Assets | 20 | Other char | ges in net assets or fund balances (expla | in in Schedule O) | | | 20 | | | |
| | Z | 21 | Net assets | or fund balances at end of year. Combine | e lines 18 through | 20 . <u></u> | <u></u> . ▶ | 21 | 254,006.62 | | |
| | | | | | | | | | 000 == | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2015)

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| Form | 990-EZ | (2015) |
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| | | |

Page 2

| Da | rt II Ba | James Charles (see the instructions | (D 110 | | | - | |
|------|--------------|---|---------------------------------------|-----------------------------|------------------------|---|--|
| Fe | | lance Sheets (see the instructions | | | Don't II | | |
| | - 01 | eck if the organization used Schedule | to respond to a | ny question in this | (A) Beginning of year | | |
| 22 | Cash ea | avings, and investments | | - | | _ | <u> </u> |
| 23 | | d buildings | | | 19,741.77 | 1 | 32,124.42 |
| 24 | | sets (describe in Schedule O) | | | 262,140.79 3,315.17 | $\overline{}$ | 251,608.32 |
| 25 | | sets | | | 285,197.73 | | 2,327.93 |
| 26 | | bilities (describe in Schedule O) | | | 39,742.38 | | 286,060.67 32,054.05 |
| 27 | | ets or fund balances (line 27 of column | | _ | 245,455,35 | _ | 254,006.62 |
| Par | | atement of Program Service Accom | | | | =: 1 | 204,000.02 |
| | Ch | eck if the organization used Schedule | O to respond to a | ny question in this | Part IÍI 🔲 | | Expenses |
| Wha | | anization's primary exempt purpose? | | | | | uired for section c)(3) and 501(c)(4) |
| Desc | cribe the or | ganization's program service accomplis | shments for each o | f its three largest p | rogram services. | , | inizations, optional for |
| as n | neasured b | y expenses. In a clear and concise m | anner, describe the | e services provided | l, the number of | othe | rs) |
| | ons benefit | ed, and other relevant information for ea | ach program title. | | | | |
| 28 | | | | · ···· | | | |
| | | ······································ | | | | | |
| | | | | · - | | | |
| | (Grants \$ |) If this amount | | | | 28a | |
| 29 | | | | | | | |
| | | | | ······ | | | |
| | (Grants \$ | \ If this amount | includes foreign are | noto obsole boro | | 200 | |
| 30 | <u> </u> |) If this amount | | | | 29a | |
| 30 | | | | | | | |
| | • | | | · | | | |
| | (Grants \$ |) If this amount | includes foreign gra | ints check here | ▶ □ | 30a | |
| 31 | | gram services (describe in Schedule O) | | | | | |
| | (Grants \$ | | includes foreign gra | | | 31a | |
| 32 | Total prog | gram service expenses (add lines 28a t | through 31a) | | • | 32 | |
| Par | t IV Lis | t of Officers, Directors, Trustees, and Key | Employees (list each | one even if not com | pensated - see the in | struc | tions for Part IV) |
| | Ch | eck if the organization used Schedule | O to respond to a | | Part IV | | <u> </u> |
| | | | (b) Average | (c) Reportable compensation | (d) Health benefits, | Ith benefits, ns to employee (e) Estimated | |
| | | (a) Name and title | hours per week devoted to position | (Forms W-2/1099-MISC | benefit plans, and | 0 | ther compensation |
| | | | | (if not paid, enter -0-) | deferred compensation | <u> </u> | |
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| Part | Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this | s in th | ne | uge . |
|----------|--|---------------|-----------------------|-------------------|
| | instructions for Part V) Check if the organization used Schedule O to respond to any question in this | s Part | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | res | |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | - | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | V |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | 1 | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | _ | 1 |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | 1 |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | ·", | | ŽĖ. |
| ь 38а | Did the organization file Form 1120-POL for this year? | 37b 38a | | √ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | ;;; <u>}</u> ;; | 135. |
| 39 | Section 501(c)(7) organizations. Enter: | 6.3 | . 7 ⁵ 2 | |
| a | Initiation fees and capital contributions included on line 9 | -, | | |
| b 40a | Gross receipts, included on line 9, for public use of club facilities | - | . *** | |
| 704 | section 4911 ► ; section 4912 ► ; section 4955 ► | | , 3, -3, ₄ | *,` * |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | 1.44 | * *. | ř, |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | 100 | , , <u>š</u> | ,, ,, , , , , , , |
| | on organization managers or disqualified persons during the year under sections 4912, | , , | ; ;~_; | , ¥ |
| | 4955, and 4958 | 18.63 | * | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 30 ° 40e | 12.3 | *** |
| 41 | List the states with which a copy of this return is filed ► OKLAHOMA | | | |
| 42a | | 405-52 | |) |
| h | Located at ► 2501 N. STILES, OKC. OK At any time during the calendar year, did the organization have an interest in or a signature or other authority over | 731 | _ | NI |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | No./ |
| | If "Yes," enter the name of the foreign country: ▶ | 740 945 | ر. برج | ₩ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | at or Sin | √ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | . 1 | ▶ □ |
| | | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | -∕3.33 44a | 7.7. | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | / |
| d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | ✓ |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | -22-34 |
| | Form 990-EZ (see instructions) | 45b | | ✓ |

| Form 99 | 90-EZ (2015) | | | | | | F | age ' |
|---------|---|--|---|--|-------------------------------|---------------------------|---------|--------|
| | | | | | | | Yes | No |
| 46 | Did the organization engage, directly or i to candidates for public office? If "Yes," | ndirectly, in political c complete Schedule C | campaign activities on , Part I | behalf of or in | opposi | tion | | 7 |
| Part | Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sc | ns must answer que | | • | olete th | e tables t | or lin | es |
| | Check if the organization used oc | nedule O to respond | to any question in t | ilis Fait VI . | • • | <u>· · · ·</u> | Yes | No |
| 47 | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par | tll | | | | . 47 | 100 | |
| 48 | Is the organization a school as described i | | | | | | | |
| 49a | Did the organization make any transfers t | | | | | | + | |
| | If "Yes," was the related organization a so | ection 527 organizatio | on? | | ٠٠ | . 49b | | Ļ |
| 50 | Complete this table for the organization's employees) who each received more than | s five nignest compen s \$100 000 of compe | isated employees (otr | ier than oπicers | s, direct | ors, truste e enter "N | es an | а ке |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health ben contributions to e benefit plans, and compensati | efits, mployee deferred | (e) Estimate other con | ed amou | unt of |
| | | | | | | | - | |
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| | | , | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| f | Total number of other employees paid ov | | | | | | | |
| 51 | Complete this table for the organization \$100,000 of compensation from the organization | 's five highest compe anization. If there is no | ensated independent one, enter "None." | contractors wi | ho each | received | more | thar |
| | (a) Name and business address of each independ | dent contractor | (b) Type of serv | ice | (c) | Compensati | on | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| d | Total number of other independent contra | actors each receiving | over \$100,000 | > | | | | |
| 52 | Did the organization complete Scheducompleted Schedule A | uie A? Note: All se | | | | ı a .▶□ Yes | . 🗆 1 | Vo |

Sign Signature of offi Date Type or print name and title Here PTIN Print/Type preparer's name Check if self-employed Paid LAURA MOREY Preparer OKLAHOMA FARM BUREAU Firm's EIN ▶ 73-0382001 Use Only Firm's address > 2501 N. STILES, OKC, OK 73105

May the IRS discuss this return with the preparer shown above? See instructions Phone no 405-523-2300 ✓ Yes □ No Form **990-EZ** (2015)

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 |
|--|-----------------------|--------------------------------|
| JACKSON COUNTY FARM BUREAU | | 73-0718013 |
| FORM 990EZ-PAGE 1-PART 1-OTHER REVENUE | | |
| TOWN COOLE THE THE TOWN CONTENTS OF THE TOWN CONTEN | | |
| OFFICE REIMBURSEMENT | 93,801.82 | |
| RENT INCOME | 12,494.00 | - |
| | | |
| SALARY REIMBURSEMENT | 4,380.00 | |
| TOTAL | 110,675.82 | |
| | | |
| | | |
| PART 1 - OTHER EXPENSES | | |
| FEDERAL INCOME TAX | 835.53 | |
| OFFICE CUIDDINES & EVDENCES | E 064 14 | |
| OFFICE SUPPLIES & EXPENSES | 5,064.14 | |
| PROPERTY TAXES & EXPENSES | 7,135 00 | |
| INTEREST EXPENSE | 1,090.00 | |
| | | |
| STATE INCOME TAX | 334.00 | |
| TOTAL | 14,458.67 | |
| | | |
| | | |
| FORM 990EZ - PAGE 2 - PART 2 - OTHER ASSETS | BEGINNING OF THE YEAR | END OF THE YEAR |
| FURNITURE & FIXTURES | 355.17 | 203.46 |
| ACCT. RECIEVABLE | 160.00 | 160.00 |
| NOO! NESIEMBLE | 100,00 | |
| FEDERAL TAX DEPOSIT | 2,800.00 | 1,964.47 |
| TOTAL | 3,315.17 | 2,327.93 |
| | | |
| | | |
| TOTAL LIABILITIES | | |
| OFB PAYABLE | (166.00) | 234.50 |
| LOANDAYADIS | | 24.040.55 |
| LOAN PAYABLE | 39,908.38 | 31,819.55 |
| TOTAL | 39,742.38 | 32,054.05 |
| | | |

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 2015

Employer identification number

73-0718013

Department of the Treasury Internal Revenue Service Name of the organization

JACKSON COUNTY FARM BUREAU

► 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

| The Organization does not have stockholders but it does have members. There are two types of members. One is an Associate member and |
|---|
| the other is a Voting member. An Associate member includes someone who runs or operates a farm but whose average gross agricultural |
| income is less than half their total income. An Associate member also includes someone working in Agribusiness. Someone who is not |
| directly related to Agriculture is an Associate member. Lastly, an Associate member can hold their membership through a church, FFA |
| chapter, an association, or by a corporation not producing agricultural products. A Voting member can be a family that gets the majority of its |
| average gross income from the sale of agricultural products. A Voting member can also be held by a retired agricultural person living on an |
| income or social security accrued and not employed full time in another occupation. A Voting member can also be held by a partnership or |
| corporation receiving the majority of income from the sale of agricultural products. |
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