

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

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning SEPTEMBER 1, 2016, and ending AUGUST 31, 2017

B Check if applicable

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

C Name of organization

GARFIELD COUNTY FARM BUREAU

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

Room/suite

408 W. WILLOW RD.

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

ENID, OK 73701

73-0581461

E Telephone number

580-237-1181

F Group Exemption

Number ► 1480

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 5 ) (insert no.)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Form of organization  Corporation  Trust  Association  Other

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

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 109,237.44

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 21,397
	4 Investment income . . . . .	4 4,800
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less: cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	c Less: direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8 83,041
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► RECEIVED	9 109,238
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10
Net Assets	11 Benefits paid to or for members . . . . .	11 22,345
	12 Salaries, other compensation, and employee benefits . . . . .	12 60,365
	13 Professional fees and other payments to independent contractors . . . . .	13 300
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 15,021
	15 Printing, publications, postage, and shipping . . . . .	15 51
	16 Other expenses (describe in Schedule O) . . . . .	16 13,272
	17 Total expenses. Add lines 10 through 16 ►	17 111,354
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -2,116
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 340,695
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 338,579

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2016)

SCANNED FEB 21 2016

14

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	296,406	22	298,903
23 Land and buildings	36,867	23	33,751
24 Other assets (describe in Schedule O)	7,829	24	6,276
25 Total assets	341,102	25	338,930
26 Total liabilities (describe in Schedule O)	407	26	351
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	340,695	27	338,579

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? Agricultural Membership Organization

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

**Expenses**

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

28			
(Grants \$ )	If this amount includes foreign grants, check here	►	<input type="checkbox"/> 28a
29			
(Grants \$ )	If this amount includes foreign grants, check here	►	<input type="checkbox"/> 29a
30			
(Grants \$ )	If this amount includes foreign grants, check here	►	<input type="checkbox"/> 30a
31 Other program services (describe in Schedule O)			
(Grants \$ )	If this amount includes foreign grants, check here	►	<input type="checkbox"/> 31a
32 Total program service expenses (add lines 28a through 31a)		►	<input type="checkbox"/> 32

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY JOHNON-PRESIDENT	2	0	0	0
DESI MILACEK -WOMEN'S CHAIR DIRECTOR	2	0	0	0
ELMER ANGLIN -DIRECTOR	2	0	0	0
WENDELL VENCL -SECRETARY	2	0	0	0
RANDY DENKER -TREASURER	2	0	0	0
JOSEPH PEEPER - DIRECTOR	2	0	0	0
CHARLES BUCKMINSTER - VICE PRESIDENT	2	0	0	0
TRAVIS SCHAITHMAN- DIRECTOR	2	0	0	0
JARED HOHMANN - DIRECTOR	2	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	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	✓
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	✓
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	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year? . . . . .	38a	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9 . . . . .		
b Gross receipts, included on line 9, for public use of club facilities . . . . .		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►	40b	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ►		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ►		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	✓
41 List the states with which a copy of this return is filed ► OKLAHOMA		
42a The organization's books are in care of ► AG RECORDS DEPT OF OFB Located at ► 2501 N. STILES, OKLAHOMA CITY, OK	Telephone no. ► 405-523-2300	
	ZIP + 4 ► 73105	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .	45b	✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

Yes	No
46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

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

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

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

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

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

Sign Here	<input style="width: 200px; height: 20px; border: 1px solid black; border-radius: 5px; font-size: 14px; font-family: sans-serif; padding: 5px; margin-bottom: 5px;" type="text" value="Gary Johnson"/> <small>Signature of officer</small>	<input style="width: 200px; height: 20px; border: 1px solid black; border-radius: 5px; font-size: 14px; font-family: sans-serif; padding: 5px; margin-bottom: 5px;" type="text" value="Co President"/> <small>Type or print name and title</small>	Date
	<input style="width: 200px; height: 20px; border: 1px solid black; border-radius: 5px; font-size: 14px; font-family: sans-serif; padding: 5px;" type="text" value="1/2/18"/>		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>RACHQUEL RUCKER</b>	Preparer's signature 	Date <b>12/7/17</b>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► <b>OKLAHOMA FARM BUREAU</b>	Firm's EIN ► <b>73-082001</b>			
	Firm's address ► <b>2501 N STILES, OKLAHOMA CITY, OK 73105</b>	Phone no <b>405-523-2300</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.► Attach to Form 990 or 990-EZ.  
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**Open to Public  
InspectionName of the organization  
GARFIELD COUNTY FARM BUREAUEmployer identification number  
73-0581461**FORM 990EZ-PAGE 1 OTHER REVENUE**

OFFICE REIMBURSEMENT	79,262 18
MISCELLANEOUS	3,778 47
<b>TOTAL</b>	<b>83,040 65</b>

**PART 1- OTHER EXPENSES**

OFFICE SUPPLIES & EXPENSES	5,343 28
PROPERTY TAXES & INSURANCE	5,516 00
CONTRIBUTIONS & DONATONS	1,000 00
MISC EXPENSE	1,412 18
STATE INCOME TAX	0 00
<b>TOTAL</b>	<b>13,271 46</b>

**FORM 990EZ -PAGE 2**

PART 2 - OTHER ASSETS	BEGINNING OF YEAR	END OF YEAR
FURNITURE & FIXTURES	6,251 45	4,637 72
ACCT RECEIVABLE	0 00	0 00
FEDERAL TAX DEPOSIT	1,578 04	1,578 04
STATE TAX DEPOSIT	0 00	60 00
<b>TOTAL</b>	<b>7,829 49</b>	<b>6,275 76</b>

LIABILITIES	BEGINNING OF YEAR	END OF YEAR
OFB PAYABLE	407 00	351 50
<b>TOTAL</b>	<b>407 00</b>	<b>351 50</b>

• **SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

GARFIELD COUNTY FARM BUREAU

Employer identification number

73-0581461

THE ORGANIZATION DOES NOT HAVE STOCKHOLDERS BUT IT DOES HAVE MEMBERS THERE ARE TWO TYPES OF MEMBERS ONE IS AN ASSOCIATE MEMBER AND  
THE OTHER IS A VOTING MEMBER. AN ASSOCIATE MEMBER INCLUDES SOMEONE WHO RUNS OR OPERATES A FARM BUT WHOSE AVERAGE GROSS  
AGRICULTURAL INCOME IS LESS THAN HALF THEIR TOTAL INCOME. AN ASSOCIATE MEMBER ALSO INCLUDES SOMEONE WORKING IN AGRIBUSINESS  
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

COUNTY LEVEL ACTIVITIES

AGRIFEST BOOTH WITH GARY JOHNSON & DESI MILACEK FOR TOTAL OF 22 HOURS

FARM BUREAU WEEK WITH DESI MILACEK FOR TOTAL OF 5 HOURS

FFA AWARDS BANQUET WITH GARY JOHNSON, DESI MILACEK, ELMER ANGLIN & JUDY ANGLIN FOR A TOTAL OF 2 HOURS

LEGISLATIVE DINNER WITH CHARLES & NANCY BUCKMINSTER, ELMER & JUDY ANGLIN, GARY JOHNSON & DESI MILACEK FOR A TOTAL OF 2 HOURS

COUNTY PREMIUM SALE WITH MARK MARTIN AND BILL HEIZER FOR A TOTAL OF 4 HOURS.

STATE LEVEL ACTIVITIES.

LEADERSHIP CONFERENCE WITH GARY JOHNSON, DESI MILACEK, ELMER & JUDY ANGLIN AND WENDELL VENCI FOR A TOTAL OF 16 HOURS

• OFBF CONVENTION WITH GARY JOHNSON, DESI MILACEK, ELMER & JUDY ANGLIN, CHARLES BUCKMINSTER, WENDELL VENCI, JOE & MARY JO PEEPER, AND

RANDY DANKER FOR A TOTAL OF 16 HOURS

WOMEN'S LEADERSHIP COMMITTEE ACTIVITIES.

FARM CITY FESTIVAL WITH DESI MILACEK FOR A TOTAL OF 6 HOURS

BUS SAFETY @ SCHOOLS WITH DESI MILACEK AND JUDY ANGLIN FOR A TOTAL OF 2 HOURS.

WREATHS ACROSS AMERICA WITH DESI MILACEK FOR A TOTAL OF 5 HOURS