# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047 2016 Open to Public

_		nue Service	► Information about Form 990 and its instructions is at www.irs.gov/	/form990	). / 10	Inspection
<u>A</u>	For the	e 2016 calen	dar year, or tax year beginning 9.1 , 2016, and ending	8-	31	, 20 17
В	Check if	f applicable	Name of organization Canadian County Farm Bureau		D Employ	er identification number
	Address	s change	Doing business as			73-0628951
	Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telepho	ne number
<b>7</b>	Initial re	turn	P.O. Box 1148	1		405.262 1295
	Final retu	um/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	El Reno, OK 73036	ł	<b>G</b> Gross re	eceipts \$ 311,399 09
	Applicat	_		(a) is this a on	oup return for	subordinates? ☐ Yes
	• •		',			s included? Yes No
1	Tax-exe	empt status	□ 501(c)(3)			list (see instructions)
_	Website			(c) Group	exemption	number ▶ 1480
K	Form of	organization 🗸	Corporation ☐ Trust ☐ Association ☐ Other ►	1942		of legal domicile OK
P	art I	Summa	iry		<del></del>	
	1	Briefly des	cribe the organization's mission or most significant activities: Agricultural	l Membe	rship Org	ganization
ë		-				·
E	l					
/er	2	Check this	box $ ightharpoonup$ if the organization discontinued its operations or disposed of mo	ore than	25% of	its net assets
é	3		f voting members of the governing body (Part VI, line 1a)		3	9
ď	4		findependent voting members of the governing body (Part VI, line 1b)		4	9
ties	5		ber of individuals employed in calendar year 2016 (Part V, line 2a)		5	-0-
Activities & Governance	6	Total num	ber of volunteers (estimate if necessary)		6	
Ą	7a	Total unre	lated business revenue from Part VIII, column (C), line 12		7a	239,425.05
	b	Net unrela	ted business taxable income from Form 990-T, line 34		7b	-0-
				Prior Ye	ar	Current Year
Φ.	8	Contributi	ons and grants (Part VIII, line 1h)	4	4,530.50	44,538.50
ă	9	Program s	ervice revenue (Part VIII, line 2g)			
Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)	, ,	.68	.87
<b>a</b>	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21	6,450.19	244,344.26
	12	Total rever	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26	0,981.37	288,883.63
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)	1	1,624.85	4,942.93
ģ	15	Salaries, of	ther compensation, employee benefits (Part IX, column (A), lines 5-10)	19	0,041 29	229,863.00
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			
χbe	b	Total fund	raising expenses (Part IX, column (D), line 25) ▶		11 m	
Ш	17	Other expo	enses (Part IX, column (A), lines 11a-11d, 11624e) CIVIED	10	4,554 95	114,988.39
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	30	6,221.09	349,794.32
	19	Revenue le	ess expenses Subtract line to from Injerity		,239.72)	(60,910 69)
S or			1'! JAN W ZULU 1.9	ning of Cui	rrent Year	End of Year
Net Assets Fund Balan	20	Total asse	ts (Part X, line 16)	48	1,141.71	392,634 56
ag B	21	Total liabil		9	8,484.95	70,888.19
	22	Net assets	or fund balances. Subtract line 21 from line 207 DFN. UT.	38	2,657.06	321,746.37
	art II	Signati	Ire Block			
			. I declare that I have examined this return, including accompanying schedules and statements e Declaration of preparer (other than officer) is based on all information of which preparer has a			ny knowledge and belief, it is
			word to I sel		1-2	-2018
Sig		Signat	ure of officer	Dat	e	<del> </del>
He	re		awid Von Tungeln ATTE Sydeat			
		Type o	or print name and title			
Pa	id	Print/Type	preparer's name Preparer's signature Date	,	Check	If PTIN
	epare	r	hris Howard ( Jan Hew) "	7/17	self-emp	
	e Onl				's EIN ▶	73-0382001
_,	_ <del>_</del>		tress ► 2501 N. Stiles, OKC, OK 73105	Pho	ne no	405.523 2300

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

✓ Yes 
☐ No Form **990** (2016)

Cat No 11282Y

Form 99	n 990 (2016)		Page 2							
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III									
1										
	Agricultural Membership Organization									
2	Did the organization undertake any significant program services during the year which were not listed on	the								
~	prior Form 990 or 990-EZ?		√ No							
_	If "Yes," describe these new services on Schedule O.									
3	and organization codes contacting, or make organization changes in flow it contaction, any prog		_							
	services?									
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.									
4a	a (Code:) (Expenses \$ including grants of \$) (Revenue \$		)							
	•									
	•••••									
	••••••									
4b	b (Code:) (Expenses \$including grants of \$) (Revenue \$		1							
70	) (Loude:) (Expenses \$) (nevenue \$)	***************************************	,							
	•									
	***************************************									
	***************************************									
		····								
	***************************************									
		<del>-</del>								
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$		)							
		·								
			<b>-</b>							
	•••••••••••••••••••••••••••••••••••••••									
	•									
			<b></b>							
4d	1 Other program services (Describe in Schedule O.)									
+u	, , , , , , , , , , , , , , , , , , , ,									
4e		<del></del>								

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Part	IV Checklist of Required Schedules			age C
			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	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	:	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>*</b>	i i i i i i i i i i i i i i i i i i i
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	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	11e		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		1
	Schedule D, Parts XI and XII	12a		1
Б	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a	, , , , , , , , , , , , , , , , , , , ,	14a		<b>/</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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	-	1
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		1
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		1
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		1
			n 990	(2016)

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	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	25a		1
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		<b>✓</b>
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		✓
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	55		
	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		<b>~</b>
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	-	<b>√</b>
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			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		_
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		]	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38_		✓

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<del>-· ·</del>	Yes	· L
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	area.	Charge	2753
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	Hane (C)	3.24.2
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		6 3 B	14/104
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		i Amina dipita
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	13.33		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
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	<b>✓</b>	
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		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		11748 1188	
_	(FBAR)		ăs.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
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	-	ļ.,
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		,
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		<b>V</b>
	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	- OD		1016-4
a	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>√</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>  `</del>
С	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	12.2	76637	100
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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		<b>✓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	100112 215	<b>/</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8	56049X *	Jane Co.
9	Sponsoring organizations maintaining donor advised funds.			2/02
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9D	1882°	28272
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		350 /. 552-0
b	Gross income from other sources (Do not net amounts due or paid to other sources		71.	ni.
	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 12b		230	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	21.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	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			
C	Enter the amount of reserves on hand	No.	2100	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		l

	50 (2010)	<del></del>		Page U
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
Sect	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	•	· <u> </u>
0000	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   1a   9	W. 47	2352	1016
	If there are material differences in voting rights among members of the governing body, or		E-4-3	7.5
	if the governing body delegated broad authority to an executive committee or similar		200	
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b g			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			10.4
	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_		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/
6 7a	Did the organization have members or stockholders?	6	1	
/ a	one or more members of the governing body?	7a	1	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1a	<del>                                     </del>	├
	stockholders, or persons other than the governing body?	7b	l	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	75764	Ala	SAG
	the year by the following:	13.2		
а	The governing body?	8a	1	d. Harrest Am
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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 Rever	iue C		)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	<del> </del> -	<b>/</b>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406	ł	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	1	├
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	3-76		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	16000000	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Ť
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Silvania de la constanta de la	525	
a	The organization's CEO, Executive Director, or top management official	15a		-
b	Other officers or key employees of the organization	15b	MSCORE :	220132
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a	4000	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	E ( Si	20246	MES
~	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	25332690	restricted in
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	Oklahoma Farm Bureau. 2501 N Stiles. OKC. OK 73105 405.523.2300			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest (	Compensated	Employees, an
	Independent Contractors						

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d ora	anız	atio	on c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee
	T	(C)						T		
(A) Name and Title	(B) Average hours per week (list any	box,	officer and a director/trustee) compensation					Reportable compensation	(E) Reportable compensation from related	(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) David VonTungeln	3									
President		✓		✓			<u> </u>	0	0	0
(2) Henry Heinrich	3									
Vice President	<u> </u>	<b>✓</b>		✓			L_	0	0	0
(3) Francis Parızek	3									
Secretary		<b>✓</b>	_	✓	Ш			0	0	0
(4) Ken Carpenter	3									_
Director		✓	_		_		<u> </u>	0	0	0
(5) Clint Reuter	3	1	ļ							
Director	<del> </del>	· •	-					0	0	0
(6) Stanley Burris Director	3	1	'					1		0
(7) Gary Tech	3	<u> </u>	-					0	0	<u> </u>
Director		1						0	o	0
(8) Peter Jeffrey	3				_					
Director	ļ <u>-</u>	<b>✓</b>						0	o	0
(9) Steve Bomhoff	3									
Director		✓						o	o	0
(10)										
(11)										
(12)										<u> </u>
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yees	s, aı	nd F	lighe	st C	ompensated E	mployees	(contini	ued)
						C)				ļ		
	(A)	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportation Compensation		Estimated
		hours per week (list any	<del> </del>				or/trust	<del>,</del> .	compensation from	related		amount of other
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	뺼	Former	the	organizati (W-2/1099-I		compensation from the
		related organizations	rect and	tutio	ě	en en	est o	ğ	organization (W-2/1099-MISC)	1 '	/IISC)	organization
		below dotted	유발	nal		Ş	<sup>®</sup> Si	ĺ	ſ			and related
		line)	ste	trus		🕷	Pen					organizations
			"	ее			Highest compensated employee				ł	
(15)						┢		-		ļ	<del>- +</del>	·
1		<del> </del>	1									
(16)		ļ	$\vdash$			_						
32		<del> </del>	1						İ			
(17)								<u> </u>				
		†	1									
(18)												
(19)									-			
			Ì									
(20)												
(21)												
(22)									-			
(23)												
(24)		ļ								-		-
(05)		<u> </u>	ļ									
(25)		ļ										
46	Cub total	.l	<u> </u>			L		_				
1b c	Sub-total			•	•		•				-	<del></del>
_				٠	•		•					
<u>u</u>	Total (add lines 1b and 1c)							· · · · ·	<u>                                     </u>		00.000	) of
2	Total number of individuals (including bu reportable compensation from the organ		i to th	ose	IIST	ea a	above	e) W	no receivea m	ore than \$1	00,000	JOT
	reportable compensation from the organ	Zadon										Yes No
3	Did the organization list any former of	ficer direc	tor o	r tri	uste	96	kev e	mn	lovee or high	est compe	ensated	4 E38 ### 475"
	employee on line 1a? If "Yes," complete						-					3
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om the	
-	organization and related organizations											
	individual											4
5	Did any person listed on line 1a receive of	or accrue co	mper	nsat	ion	fror	n anv	uni	related organiz	ation or inc	dividua	
_	for services rendered to the organization											5 1
Section	on B. Independent Contractors											- آورا او آراد
1	Complete this table for your five highest	compensate	ed inc	lepe	ende	ent	contra	acto	ors that receive	ed more tha	ın \$100	0,000 of
	compensation from the organization. Rep											
	year.								_			
	(A)								(B)			(C)
	Name and business add	ress							Description of s	ervices		Compensation
2	Total number of independent contractor							th	ose listed abo	ove) who		
	received more than \$100,000 of compens	ation from t	he ord	าลทเ	zatı	on I	▶					menti-tim Poseix

Par	t VIII	Statement of Reve											
		Check if Schedule O contains a response or note to any line in this Part VIII											
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
its its	1a	Federated campaigns	3	1a			36-34-34						
Grants	b	Membership dues		1b	44,538.50								
S, G	С	Fundraising events .		1c									
Gifts, illar Ar	d	Related organizations		1d									
S, E	е	Government grants (con	tributions)	1e									
r Si	f	All other contributions, gi											
the fact		and similar amounts not inc	luded above	1f					3				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f. \$		-1f. \$									
	h	Total. Add lines 1a-1f			<u></u> . ▶	44,538.50							
Ę					Business Code	<b>16</b>		16.00					
ever	2a												
ě	b												
Š	С				<del></del>								
Se	d								<u> </u>				
ram	e	***************************************											
Program Service Revenue	f	All other program sen					P. A. S. Co. St. Marsh St. and Co. and Philippe 14.	POLES OF WASTER WASTER	orthe whallend the release of the				
	3	Total. Add lines 2a-2 Investment income						rigation, south					
		and other similar amo	. •		ends, interest,								
	4		-		and proceeds	.87			.87				
	5	Income from investment of tax-exempt be Royalties			•								
	-	110,4	(ı) Real		(ii) Personal								
	6a	Gross rents	29.8	20.00									
	b	Less, rental expenses		15.46			A 20 10 10						
_	c Rental income or			04.54									
	d	Net rental income or (			🕨	7,304.54	4,894.04	2,410.50	32.12.11.13.13.13.12.13.13.13.13.13.13.13.13.13.13.13.13.13.				
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other								
	İ	assets other than inventory											
	b	Less cost or other basis											
		and sales expenses											
	С	Gain or (loss)											
	d	Net gain or (loss) .			<u> ▶</u>	LT 1. He - Drive week, 858,7898	design for the contract	the state of the s	to the transfer within the state of the				
e	00	Gross income from fu	ndra.a.n										
	8a	events (not including \$	nuraising										
ě		of contributions reporte	d on line 1										
<u>~</u>		See Part IV, line 18		· a									
Other Reve	ь	Less: direct expenses		. b									
O	c	Net income or (loss) fr		ısına (	events . ►	in the state of th							
	9a	Gross income from ga				46 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	A 12 (A 12 A 12)						
		See Part IV, line 19 .		. а			- 10 to 10 t						
	ь	Less: direct expenses		. ь									
	С	Net income or (loss) fr			vities ▶								
	10a	Gross sales of in		ess		法的关系							
		returns and allowance		· a									
	b	Less: cost of goods so		. b									
	С	Net income or (loss) fr		or inve		Debessman Heal is	raphablicato hat since	Secretary sports from a cotto a co	PAGE TEACHER PAGE TO A TOTAL OF THE PAGE TO A				
	11-		evenue		Business Code								
	11a	Office Commissions			524113	20,061.54		20,061.54					
	b	Office Commissions			524126	186,098.02		186,098 02					
	d	Salary Reimbursement All other revenue		}	524126	30,854.99	20.47	30,854.99					
	e	Total. Add lines 11a-	11d .	٠ (	. •	25.17 237,039.72	25.17		SE SE SE SE SE SE SE SE SE SE SE SE SE S				
	12	Total revenue See in		•		231,039.12	eleccentric de par remiteration	THE THE STATE OF T	ACM WINE PARTITIONS IS				

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	<ul> <li>Check if Schedule O contains a response</li> </ul>				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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			100000000000000000000000000000000000000	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		<u> </u>		
4	Benefits paid to or for members	4,942.93			
5	Compensation of current officers, directors, trustees, and key employees				
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	Other salaries and wages	212,998.15			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	205.00		<del>                                     </del>	
10	Payroll taxes	285.00 16,579.85		<del>                                     </del>	
11	Fees for services (non-employees):	10,373.03			
а	Management				
b	Legal				
С	Accounting	420.00			
d	Lobbying		With the same of Albert and the	The trades assess. Tables at	··-
e f	Professional fundraising services. See Part IV, line 17		Maria de la companio	541638 (S. S.	
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column			-	
9	(A) amount, list line 11g expenses on Schedule O) .				
12	Advertising and promotion	2,617 66			
13	Office expenses	3,591.31			
14	Information technology				
15	Royalties				
16	Occupancy	56,743.12			
17 18	Travel				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<u> </u>	
20	Interest	1,243.89			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	11,316.11			
23	Insurance	26,250.74	restati elavateta for vasse		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column			100000000000000000000000000000000000000	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Charitable Contributions	5,000.00			
b	Rent Expense	7,805.56			
C					
d e	All other expenses			ļ	
25	Total functional expenses. Add lines 1 through 24e	349,794.32			
26	Joint costs. Complete this line only if the	343,134.32			
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ▶ 🗍 if			ļ	
	following SOP 98-2 (ASC 958-720)	i		1	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . . 125,671.47 4,466.95 2 2 Savings and temporary cash investments . . . . . 114.87 52,665.07 3 4 Accounts receivable, net . 80.00 80.00 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . Assets Notes and loans receivable, net . . . . 7 7 8 8 Inventories for sale or use . . . . . 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment; cost or 10a other basis. Complete Part VI of Schedule D 10a 821,095.48 Less: accumulated depreciation . . 10b 355,275.37 485,672.94 335,422.54 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 Intangible assets . . . . . . . . . . . . . . . . 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . . . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 481,141.71 392,634.56 17 Accounts payable and accrued expenses . . . . 17 7,183.00 8,457.00 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 91,301.65 62,431.19 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 98,484.65 70,888.19 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . . . . 27 28 28 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 📝 and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 382,657.06 32 321,746.37 33 Total net assets or fund balances 33 321,746.37 382,657.06

481,141.71

34

392,634 56 Form **990** (2016)

Total liabilities and net assets/fund balances .

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

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.

За

Form 990 (2016)

Schedule O.

#### **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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ 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) (s	see separate instructions), t	hen	Tuxy (See Separati	indudonono, er ronn ee	
	ection 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Fid	entification number
	ŭ			Employer id	
	ian County Farm Bureau		1: 504/	) i 507	73-0628951
Part		e organization is exempt und			
1	definition of "political car	, •	·		
2		y expenditures (see instructions)			
_3_	Volunteer hours for politi	cal campaign activities (see instruc	ctions)	<u> </u>	
Part	<del></del>	e organization is exempt und			
1		excise tax incurred by the organiza			\$
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file Fo			
4a				· · · · · ·	LYes LNo
b	If "Yes," describe in Part				
Part		e organization is exempt und			1(c)(3).
1		ly expended by the filing organiz		· · · · · · · · · · · · · · · · · · ·	•
·			-		\$
2		filing organization's funds contrib	_		Ф
_	•	vities			۵
3		expenditures. Add lines 1 and 2			Φ
					Φ
4		n file Form 1120-POL for this year			
5	organization made payme the amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro- fund or a political action committe	enter the amount property	paid from the filing orga delivered to a separate	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Pa	ne.	2

	adule C (Form 990 or 990-EZ) 2016					Page Z
	rt II-A Complete if the organization section 501(h)).					
	Check ► ☐ If the filing organization beloname, address, EIN, expens	es, and shai	re of excess lobb	yıng expenditur	es).	oup member's
В	Check ► ☐ if the filing organization check	cked box A a	and "limited cont	rol" provisions a	ipply.	
	Limits on Lobby			(a) Filing	(b) Affiliated	
	(The term "expenditures" mea	ans amounts	paid or incurred.	)	organization's totals	group totals
1	a Total lobbying expenditures to influence p	ublic opinion	(grass roots lobby	ıng)		
	b Total lobbying expenditures to influence a	legislative bo	dy (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a	and 1b) .				
	d Other exempt purpose expenditures	-				
	e Total exempt purpose expenditures (add l	ines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter th					
	columns.		_			
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	t is:	500 may 2540 mg/s	
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000		5% of the excess of		2.77.94.76	
	Over \$17,000,000	\$1,000,000.			1.7. (4.2)	
	g Grassroots nontaxable amount (enter 25%					
	h Subtract line 1g from line 1a. If zero or les	•				
	i Subtract line 1f from line 1c. If zero or less	•				<u> </u>
	i If there is an amount other than zero of	n either line	1h or line 1i, did	I the organization	file Form 4720	
	reporting section 4911 tax for this year?					∐ Yes ∐ No
	(Some organizations that made a sect	ion 501(h) ele	Period Under sec ection do not hav ructions for lines	e to complete all	of the five colum	ns below.
	Lobbying I	Expenditures	During 4-Year Av	veraging Period_		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))		A Part of the Control			
	c Total lobbying expenditures					<u></u>
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

05.0	(election under section 501(h)).	(	(a)		(b)	
	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed iption of the lobbying activity.	Yes	Yes No Amo		noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		L	100		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?		<u> </u>			
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į	Other activities?	a rim Brei'l 1	D: 5.355.36			
j	Total. Add lines 1c through 1i		医数	nt official and	wer Takker Till a	Jan Har
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	The Area Control	2 20 36 12 0850			D'A
b	If "Yes," enter the amount of any tax incurred under section 4912		No.			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		1276	SEASTICACIÓN	réenament	· Barriero
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\/E\				
ell	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	.)(S), '	or se	Cuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1-	✓	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	✓	<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)					✓
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."  Dues, assessments and similar amounts from members		1	,		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	S OT	2a			
a	Current year	•	<b>-</b>			
b	Carryover from last year		2b 2c			
с 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 lobb	the		,		
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part			1	<del></del>		
rovid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oup lis	t); Pai	rt İl-A, I	ines 1	and
? (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
						<del>-</del>

Schedule C (Form	n 990 or 990-EZ) 2016	Page 4
Part IV .	n 990 or 990-EZ) 2016  Supplemental Information (continued)	
•		
•••••		
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••••••	······································	
-		
<b></b>		
		••••••••••

## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service

Name o	of the or	ganization	10	Employe	er identification number
Canad	lian Cou	unty Farm Bureau			73-0628951
Par		Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or	
		Complete if the organization answered '			
			(a) Donor advised funds	Ţ	(b) Funds and other accounts
1	Total	number at end of year		<del>                                     </del>	
2		egate value of contributions to (during year)			
3		egate value of grants from (during year) .		1	
4		egate value at end of year		+	
5		ne organization inform all donors and donor	advisors in writing that the assets h	eld in c	lonor advised
3		are the organization's property, subject to the			
c			=		<del></del> -
6		ne organization inform all grantees, donors, a for charitable purposes and not for the benef			
		rring impermissible private benefit?		Or arry C	· · · · · TYes No
Dor		Conservation Easements.		· · ·	· · · · lies lino
Par	t II		'Voe" on Form 900 Port IV line 7		
		Complete if the organization answered '			
1		ose(s) of conservation easements held by the		£ _ L	
	_	reservation of land for public use (e.g., recrea			
		rotection of natural habitat	☐ Preservation of	t a certi	fied historic structure
_		reservation of open space			
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the	e form of a conservation
		nent on the last day of the tax year.			Held at the End of the Tax Year
а				-	2a
b		acreage restricted by conservation easement			2b
С		per of conservation easements on a certified h			2c
<b>d</b>		per of conservation easements included in			-
		<u> </u>			2d
3		per of conservation easements modified, trans	sferred, released, extinguished, or terr	minated	by the organization during the
	tax ye				
4		per of states where property subject to conse			
5		the organization have a written policy reg			
		ions, and enforcement of the conservation ea			<del></del>
6	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conserva	ation easements during the year
	▶				
7	Amou	int of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conserv	ation easements during the year
	▶\$				
8	Does	each conservation easement reported on line	2(d) above satisfy the requirements of	f sectior	170(h)(4)(B)(ı)
	and s	ection 170(h)(4)(B)(ii)?			· · · · 🔲 Yes 🗌 No
9	In Pa	rt XIII, describe how the organization reports of	conservation easements in its revenue	and ex	pense statement, and
	balan	ce sheet, and include, if applicable, the text of	of the footnote to the organization's fir	nancial s	statements that describes the
	organ	ization's accounting for conservation easeme			
Par		<b>Organizations Maintaining Collection</b>	s of Art, Historical Treasures, or	Other	Similar Assets.
		Complete if the organization answered '	'Yes" on Form 990, Part IV, line 8.		
1a	If the	organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	s revenu	e statement and balance sheet
	works	s of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation	n, or research in furtherance of
	public	service, provide, in Part XIII, the text of the f	ootnote to its financial statements tha	ıt descri	bes these items.
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue	e statement and balance sheet
_		s of art, historical treasures, or other similar			
		service, provide the following amounts relati		-	
	-	evenue included on Form 990, Part VIII, line 1	<del>-</del>		▶ \$
	(ii) Ac	sets included in Form 990, Part X			. <b>&gt;</b> \$
2		organization received or held works of art,			
_		ving amounts required to be reported under S			,a. gain, provide the
_		nue included on Form 990, Part VIII, line 1			<b>•</b> •
a		nue included on Form 990, Part VIII, line i			. • \$
13	0.550	annaverini viii aav. Edila			. F 10

Page	2

Part	III . Organizations Maintaining	Collections	of Art, His	torical 1	reasures	, or Ot	her Similar Ass	sets (continued)
3 .	Using the organization's acquisition, collection items (check all that apply):	accession, an	d other reco	rds, chec	k any of th	ne follov	ving that are a si	gnificant use of its
а	☐ Public exhibition		d	Loan	or exchang	ge prog	rams	
b	☐ Scholarly research		е	Other	r			
С	☐ Preservation for future generations	3						
4	Provide a description of the organizat XIII.	tion's collection	ens and expla	ain how t	hey further	the org	janization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							r 🔲 Yes 🗌 No
Part	IV Escrow and Custodial Arra	ingements.						
	Complete if the organization 990, Part X, line 21.	answered "	Yes" on For	m 990, I	Part IV, lin	e 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							t Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and co	mplete the fo	llowing t	able:			
							Ar	nount
С	Beginning balance					10		
d						1d		
е	9 ,					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in P.	art XIII Check	here if the e	xplanatio	n has been	provide	ed on Part XIII .	· · · L
Par		anawarad "	Voo" on For	000 I	Port IV lin	o 10		
	Complete if the organization	(a) Current yea			(c) Two year		(d) Three years back	(e) Four years back
10	Paginging of year halance	(a) Ourient yea	(0) 111	or your	(0) 1110 700	- Duon	(a) Thise years such	(0)1 000 )000 0000
1a b	Beginning of year balance						<del></del>	
c	Net investment earnings, gains, and losses							
d	Grants or scholarships			<del></del>	<del>                                     </del>			<del></del>
e	Other expenditures for facilities and programs							
f	Administrative expenses			· · · · · · · · · · · · · · · · · · ·				
g	End of year balance							
2	Provide the estimated percentage of t	he current yea	ar end baland	e (line 1g	g, column (a	a)) held	as:	
а	Board designated or quasi-endowment	nt 🕨	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶		%					
	The percentages on lines 2a, 2b, and							_
за	Are there endowment funds not in the	e possession	of the organi	zation th	at are neid	and ad	iministered for th	Yes No
	organization by.							3a(i)
	(i) unrelated organizations (ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related o					,		3b
4	Describe in Part XIII the intended uses					• •		<u> </u>
Part								
	Complete if the organization		Yes" on For	m 990, I	Part IV, lın	e 11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost	or other basis restment)	(b) Cost	or other basis other)	(c)	Accumulated epreciation	(d) Book value
1a	Land	.			42,118.62		\$76 <b>20</b> \$255.74	42,118.62
ь	Buildings				671,652.64		378,725.66	292,926.98
C	Leasehold improvements							
d	Equipment				98,642.72		98,265.78	376.94
е	Other			L		L		
Total	Add lines to through to (Column (d) of	aust agual Ear	m 000 Part	V columi	n (P) line 1	001	<b>•</b> 1	335 422 54

	(a) Description of security or cate	gory	(b) Book value	(c) Method of valuation
	(including name of security)			Cost or end-of-year market value
1) Financial				
-	neld equity interests			
3) Other				
(A)				
(B)				
(C)			· <del> </del>	
(D)				
(E)				
(F)		·····	ļ	
(G)				
(H)			ļ	
	b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII	Investments—Program Rela			
				ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)			<u></u>	
(6)	-			
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col (B) line 13)	<b>)</b>		<b>经过程的证据</b>
	Other Assets.			
Total. (Column (b	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
Total. (Column (b	Other Assets.		orm 990, Part IV, lir	
Total. (Column (t Part IX	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
Total. (Column (to Part IX	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
Total. (Column (t Part IX (1) (2)	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, Iir	ne 11d. See Form 990, Part X, line 15.
Total. (Column (t Part IX (1) (2)	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
Total. (Column (t Part IX (1) (2) (3)	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, Iir	ne 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4)	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, Iir	ne 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5)	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	inswered "Yes" on Fo	orm 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization a	unswered "Yes" on Fo	orm 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets.  Complete if the organization a	unswered "Yes" on Fo	orm 990, Part IV, Iir	ne 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization a  mn (b) must equal Form 990, Part >  Other Liabilities.	(a) Description  (b) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colume literature)  Part X	Other Assets.  Complete if the organization a  mn (b) must equal Form 990, Part >  Other Liabilities.  Complete if the organization a	(a) Description  (b) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colume (In Colume (In	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colume Interest of Colume Interest of Colume Interest of Colume Interest of Column	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columation of the column (in the colu	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colunt line) Part X  1. (1) Federal in (2) (3) (4)	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columa (total in the column	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columa (total in (tot	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Colum Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7)	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (b) Description  (c) Col. (B) line 15.)		ne 11d. See Form 990, Part X, line 15.  (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X  1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	other Assets. Complete if the organization a min (b) must equal Form 990, Part > Other Liabilities. Complete if the organization a line 25.  (a) Description of liability	(a) Description  (c) Col. (B) line 15.)  (b) Book value		ne 11d. See Form 990, Part X, line 15.  (b) Book value

Part	XI . Reconciliation of Revenue per Audited Financial Statem	ents With Revenue pe	er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1 '	Total revenue, gains, and other support per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
ď	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		33.2
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		. 5
Part			
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i	7
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		
	XIII Supplemental Information.		-11
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and	2b: Part V. line 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
•		,	
			······································
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Schedule D (For		Page 5
Part XIII .	Supplemental Information (continued)	
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#### 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 Name of the organization

Canadian 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

Employer identification number

73-0628951

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 agriculture
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
3
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