Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

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

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

Open to Public

Inter	nal Revenu				Inspection
<u>A</u>	For the	2016 calendar year, or tax year beginning 9-1 , 2016, and er	بتحصض	31	, 20 17
В	Check if a	applicable C Name of organization Okmulgee County Farm Bureau		D Employ	er identification number
	Address	change Doing business as			73-0770880
	Name ch	ange Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telepho	ne number
$ \boxed{/} $	Initial retu	irn 610 E 6th Street	1		918-756-7284
	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal code			
$\bar{\Box}$	Amended	return Okmulgee, Ok. 74447		G Gross re	eceipts \$ 184738.48
	Application	on pending F Name and address of principal officer James Pittman	H(a) Is this a gro	oup return for	subordinates? Yes No
	,,	4599 Bixby Rd , Okmulgee, OK. 74447			es included? Yes No
<u> </u>	Tax-exen	npt status	If "No	o," attach a	a list (see instructions)
J	Website:		H(c) Group	exemption	number ▶ 1480
K		rganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of for		T	of legal domicile OK
_	art I	Summary			<u> </u>
		Briefly describe the organization's mission or most significant activities: Agr	icultural Membe	rshin Ori	nanization
e	•	bheny describe the organization s mission of most significant detivitios.		Simp Or	gornautori
Governance					•
Ĕ	2	Check this box ▶ ☐ if the organization discontinued its operations or dispose	od of more than	25% of	ite net accete
Š		Number of voting members of the governing body (Part VI, line 1a)	a or more than	3	10 1101 455015.
G	1	Number of independent voting members of the governing body (Part VI, line 1a).		4	
Se	1		10)	5	
į	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		6	
Activities &		Total number of volunteers (estimate if necessary)			40000
⋖		Total unrelated business revenue from Part VIII, celumn (E) Vine 2		7a	132787.24
	b	Net unrelated business taxable income from Form 990-1, line 34 : 0	Prior Ye	_ 7b	12731.66 Current Year
Revenue					
				8275.50	17354.00
		Program service revenue (Part VIII, line 2g)			
ž	10	Investment income (Part VIII, column (A), Ines 3, 4 (1974), UT · · ·	ļ <u> </u>	2170.52	505.02
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6145.18	132787.24
		Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14	6591.20	150646.26
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
		Benefits paid to or for members (Part IX, column (A), line 4)	2	0666.87	8855.70
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7	3816.05	74606.42
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0685.61	77447.72
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	16	5168.53	160909.84
		Revenue less expenses Subtract line 18 from line 12	(1:	8577.33)	(10263.57)
Net Assets or Fund Balances			Beginning of Cui	rent Year	End of Year
sets	20	Total assets (Part X, line 16)	76	4315.92	715868.98
t As	21	Total liabilities (Part X, line 26)	57	4820.37	536637.00
žž	22	Net assets or fund balances Subtract line 21 from line 20	18	9495.55	179231.98
Pa	art II	Signature Block			
Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to th	e best of r	my knowledge and belief, it is
tru	e correct	, and complete Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowle	edge	1 -
		James Lillman		1151	2018
Siç	an n	Signature of officer	Dat	e /	
He	re	I James Pittman President			
		Type or print name and title			
Do	id	Print/Type preparer's name Preparer's signature	Date	Check	rf PTIN
Pa		Laura Morey Sauras Morey	11-3-17	self-em	
	epare		Firm	's EIN ▶	
US	e Only	Firm's address >		ne no	
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			· . Yes No
			at No 11282Y		Form 990 (2016)





Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		1
2 3	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		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,			
6	Part III	5	✓	ļ
0	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, VIII, IX, or X as applicable.	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		✓
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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		∀
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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		✓
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		✓
	— — — — — — — — — — — — — — — — — — —	Forn	990	(2016)

Form **990** (2016)

Part	Checklist of Required Schedules (Continued)			
20 -	Did the expanization energies are or more beental facilities? If "Ven." complete Schedule H	200	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		▼
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		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		\
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		√
c b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		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		1
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		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30	_	√
32	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	31		√
33	complete Schedule N, Part II	32		√
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	33	_	√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	_	√
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓_
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>						
		F-322-362-	Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			3/2				
0-	reportable gaming (gambling) winnings to prize winners?	1c	(*)	SECSMANNE				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		.0.15				
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	5772				
_	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 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	_					
-+ a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial							
	account)?	4a		/				
b	If "Yes," enter the name of the foreign country: ►	70	91.35 X X	0.30				
· ·	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts							
	(FBAR)			192				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			7				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	31.5						
-	and services provided to the payor?	7a		1				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		✓				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			37.				
	sponsoring organization have excess business holdings at any time during the year?	8	WE HI TOO					
9	Sponsoring organizations maintaining donor advised funds.	1904	1.2	Ť.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	OMM.	27 -80-8 W				
10	Section 501(c)(7) organizations. Enter:		1					
a	Initiation fees and capital contributions included on Part VIII, line 12	- ***	**	37				
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:	-		4.0				
''a	Gross income from members or shareholders		- 20	4				
b	Gross income from other sources (Do not net amounts due or paid to other sources	- 1						
_	against amounts due or received from them.)		4					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		110-				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		96.50	w 12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		*					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	49116/J.F.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
-	Note. See the instructions for additional information the organization must report on Schedule O.	*****	j. 79	**				
b	Enter the amount of reserves the organization is required to maintain by the states in which	e ne						
	the organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand			10.4				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b						

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI										
Secti	on A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
р 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1							
4 5 6	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6	√	1							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓								
b	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	4	1							
8 a	the year by the following The governing body?	8a	/								
b	Each committee with authority to act on behalf of the governing body?	8b	7	-							
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		1							
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	-							
			Yes	No							
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	1								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ŽÚ.	ka 😂							
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		✓							
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 14 15	Did the organization have a written whistleblower policy?	13 14		✓							
a b	The organization's CEO, Executive Director, or top management official	15a 15b									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	1	✓							
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b									
	on C. Disclosure										
17 18	List the states with which a copy of this Form 990 is required to be filed Oklahoma Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	i 501(c)(3)s	only)							
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integral statements available to the public during the tax year.	erest (policy	/, and							
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction.	cords:	>								
	Agrecords Dept. of OFR 2501 N. Stiles, Oklahoma City, OK 73105										

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Page	•

Form	വവവ	/201	6

Dart VIII	Compensation of Officers,	Directors	Tructooc	Kay Employees	Highast C.	ampaneatad	Employees	and
raitvii	Compensation of Officers,	Directors,	iiustees,	Rey Employees,	nighest C	umpensateu	Linbiosees,	anu
			-		-	-		
	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 org	anız		_	ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos eck s pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(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) James Pittman - President	8			1				-0-	-0-	-0-
(2) Jim Meek - Vice President	6			1				-0-	-0-	-0-
(3) Philip Siberts - Secretary/Treasurer	4			1				-0-	-0-	-0-
(4) Larry Harvey - Director	2	1						-0-	-0-	-0-
(5) Larry Coker - Director	2	1						-0-	-0-	-0-
(6) James Henson - Director	2	1						-0-	-0-	-0-
(7) John Duncan - Director	2	1				-		-0-	-0-	-0-
(8)										
(9)										
(10)										
(11)		_								
(12)										
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe	rson Irect	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations		(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-		fro orga and	pensation om the inization related nizations	1
(15)					-									
(16)														
(17)					-								· <u>-</u>	
(18)						-		-						
(19)					-	-								
(20)						-						·		
(21)											_			
(22)						-		_						
(23)														-
(24)														
(25)							!					-		
1b c d	Sub-total	VII, Sectio		·			•	> > >						
2	Total number of individuals (including but reportable compensation from the organi	not limited			_			e) w	ho received mo	ore than \$1	00,000) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 3	ficer, direc						emp	loyee, or high	est compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual				000	? //		s, "				e 🔣	2 1 2 1	
5	Did any person listed on line 1a receive of for services rendered to the organization				ion	fror	n any	un!		ation or in			2	* *
Section	on B. Independent Contractors										<u> </u>	13	<u> </u>	<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.	•										•		ix
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens		
								_						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Reve							
P 800 1000		Check if Schedule O	contains a	a resp	onse or note to		BPart VIII	· · · · · · ·	(D)
						(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns		1a					
ts, Grants Amounts	b	Membership dues		1b	17354				
Ş, A	С	Fundraising events .		1c			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	
ons, Gifts, Similar Ar	d	Related organizations		1d			100 100 100 100 100 100 100 100 100 100	1,50	
ns,	е	Government grants (con		1e		derfieb au n		tra tel-della	4941.44
rtio er S	f	All other contributions, gifts, grants,							
ib Th		and similar amounts not inc		_1f			\$	90 S. 1	
Contributions, and Other Sim	g	Noncash contributions includ		-1f. \$ _					
	h	Total. Add lines 1a-1	<u>t </u>	· · ·	Business Code	17354	325		
Program Service Revenue				-	Business Code				
eve	2a			-					
ë R	b								
rvic	С			-					
Se	d			-	 *		 	 -	
ıran	e	All other program con							
rog	g	All other program services 2a-2		ie. L				<u> </u>	
	3	Investment income		dıvide			No Billion of the William Sec. A.		
		and other similar amo			•	505.02			505.02
	4	Income from investment	•	not bo	nd proceeds	303.02			300.02
	5	Royalties			•				
			(ı) Real	T	(ii) Personal	H-ASS (ASSE)	Carl Comment	dereta :	5.4
	6a	Gross rents	474	00.00	-,- -				
	b	Less rental expenses		92.22			a secondary), when		
	С	Rental income or (loss)		07.78	_ ·		48		
	d	Net rental income or (🕨	13307.78	***************************************	13307.78	
	7a	Gross amount from sales of	(ı) Securiti	es	(II) Other	114 / 144 / 14	St. Carrie		
		assets other than inventory							
	b	Less cost or other basis							
		and sales expenses						7.54	
	С	Gain or (loss)							
	d	Net gain or (loss) .		٠	<u> ▶</u>				
nue	8a	Gross income from fu	indraising						
€ •		events (not including \$							
Other Reve		of contributions reporte	ed on line 10	c)		- A			3- 4 5
hei		See Part IV, line 18 .	•	a L				14.74	# 4
5	b	Less: direct expenses		. b		•			
	с 9а	Net income or (loss) fi Gross income from ga		~ _	vents >	248 2558 8			
	Ja	See Part IV, line 19	y activit	· a					
	ь	Less direct expenses						h	- F. 3
	c	Net income or (loss) fi			ities .		<u> </u>	7-1	
	10a	Gross sales of in	•	_				Sept.	
	returns and allowances a								
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code			9		设计算 多层。			
			The second second	41 A 4	** (4)	15 H C 4			
	11a	OFFICE COMMISSIONS	5		524113	8944.96		8944.96	
	b	OFFICE COMMISSIONS	3	[524126	94173.70		94173.70	
	C	SALARY REIMBURSEN	MENTS		524126	16360 80		16360.80	
	d	All other revenue .		. <u>L</u>			72 No. 38-7. 12 70 000000000000000000000000000000000		100000 VEN. 100000 AMARIA SA
	e	Total. Add lines 11a-		• •	🟲	119479.46		The second	
لـــــــــــــــــــــــــــــــــــــ	12	Total revenue. See in	istructions		<u> </u>	150646.26	17354.00	132787 24	505.02
									Form 990 (2016)

Part IX Statement of Functional Expenses

Section	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX										
	t 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	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.										
2	Grants and other assistance to domestic individuals See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	8855.70									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7 8	Other salaries and wages	68978.47									
9 10 11	Other employee benefits	5627.95									
a b	Management	750.00									
c d e	Lobbying	360.00			-						
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)										
12 13 14	Advertising and promotion	3174.76 6527.79									
15 16 17	Royalties	32082.49 5699.61									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19 20 21	Conferences, conventions, and meetings Interest	7782.12									
22 23	Depreciation, depletion, and amortization . Insurance	14258.40			and the second s						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
a b	Federal Income Tax State Income Tax	1455.55 582 00									
c d	Rent Expense	5525.00	·								
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	160909 84									
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)										

	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	46044.76	1	17459.24
	2	Savings and temporary cash investments	70244.67	2	70737.64
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	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		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1804.69	9	6527.28
	10a	Land, buildings, and equipment, cost or		71.5	7.
		other basis. Complete Part VI of Schedule D 10a 776482.73			
	b	Less. accumulated depreciation 10b 242221.95		10c	621144.82
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	764315.92	16	715868.98
	17	Accounts payable and accrued expenses	1210.50	17	10.50
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	573609.87	24	536626.50
	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	373003.37	25	338620.30
	26	Total liabilities. Add lines 17 through 25	574820.37	26	536637.00
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.	The second secon		
au	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright and complete lines 30 through 34.			
İs	30	Capital stock or trust principal, or current funds		30	
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds .	189495.55	32	179231.98
S S	33	Total net assets or fund balances	189495.55	33	179231.98
}	34	Total liabilities and net assets/fund balances	764315.92	34	715868.98
					Form 990 (201

	(: -/		rage
Part		, _ ,	
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	150646.26
2	Total expenses (must equal Part IX, column (A), line 25)	2	160009.84
3	Revenue less expenses. Subtract line 2 from line 1	3	(10263.58)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	189495.55
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1	
	33, column (B))	10	179231.98
Part	XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>
			Yes No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in	
	Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	olled or	
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b /
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	
	separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		
-	of the audit, review, or compilation of its financial statements and selection of an independent account		2c
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in	
_	Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in	
	the Single Audit Act and OMB Circular A-133?		3a ✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Jaits.	3b
			Form 990 (2016)

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

Open to Public Inspection

Department of the Treasury

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, (-	,				
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III.		Frankria ida	attication municipal
	of organization				ntification number
	LGEE COUNTY FARM BUR				73-0770880
Part		e organization is exempt und			
1	definition of "political car	f the organization's direct and in mpaign activities")	direct political ca	impaign activities in Part	IV. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .			}
3	Volunteer hours for politi	cal campaign activities (see instruc	ctions)	<u> </u>	
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$	S
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	S
3	If the organization incurre	ed a section 4955 tax, did it file Foi	rm 4720 for this ye	ear?	Yes No
4a					🗌 Yes 📗 No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3)
1		ly expended by the filing organiz			
	activities			•	
2		filing organization's funds contrib	•		
_	527 exempt function acti			-	
3		expenditures. Add lines 1 and 2.			
	line 17b			· · · · · · · · · · · · · · · · · · ·	
4	• •	n file Form 1120-POL for this year'			
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro- fund or a political action committe			
	as a separate segregated	I did of a political action committee	e (FAO). Il addition	Tal space is fieeded, provi	T
	(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)					

Schedule	CI	Form	agn a	r aan.	.F7\	201

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rage	-

Scn	edule C (Form 990 or 990-EZ) 2016					Page Z
Pa	ort II-A Complete if the organizat section 501(h)).	ion is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	
A	Check ► ☐ if the filing organization name, address, EIN, exp					oup member's
В	Check ▶ ☐ If the filing organization of	checked box A	and "limited con	trol" provisions a	apply.	
		bbying Expendit		·	(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred.	.)	organization's totals	group totals
1	la Total lobbying expenditures to influen	ce public opinion	(grass roots lobby	/ıng)		
	b Total lobbying expenditures to influen	•		•		
	c Total lobbying expenditures (add lines	_	• •			
	d Other exempt purpose expenditures	·				
	e Total exempt purpose expenditures (a		ld)			
	f Lobbying nontaxable amount Ente columns.		•	g table in both		
	If the amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:	1 1 1 1 1 1 5 E-47	
	Not over \$500,000		nount on line 1e			a , ika i Make
	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500.000	32-34-3	
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o			
	Over \$17,000,000	\$1,000,000				649,6
	g Grassroots nontaxable amount (enter	25% of line 1f)				
	h Subtract line 1g from line 1a. If zero of	•				
	i Subtract line 1f from line 1c. If zero or					
	j If there is an amount other than ze	ro on either line	1h or line 1i, did	I the organization	file Form 4720	
	reporting section 4911 tax for this year	ar?				Yes No
	(Some organizations that made a s	section 501(h) el	Period Under sec ection do not hav ructions for lines	e to complete all	of the five columi	ns below.
	Lobbyi	ng Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))			*		
	f Grassroots lobbying expenditures					

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	1)			
			(b)	
100	No	A	mount	:
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.				
a Volunteers?	1			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			ir .	
c Media advertisements?				
d Mailings to members, legislators, or the public?		ļ		
e 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?		ļ		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?	<i>jā.</i> "\$			
, real results and selection of the sele	- Addition of	K LEYAL	Osles Victor	Z.WX
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912	A	13.52.62		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		51.25	- C	i la
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), o	or se	3 W. W. A. 1. 1.	80074, SEC. 93	
501(c)(6).	<i>.</i>			
4 Mars substantially all (000/ or mars) dues received pendeductible by mambars?			Yes	No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 	•	1 2	1	
 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y 			 	1
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), o 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."			line 3	3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 	1			
a Current year	2a		_	_
b Carryover from last year	2b			
c Total	2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues [3			
The state of the s	4	i		
5 Taxable amount of lobbying and political expenditures (see instructions)	5	· · · · · ·		
Part IV Supplemental Information	<u> </u>			-
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list) 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.); Pai	rt II-A, I	ines 1	and
				-
			- 	·

	m 990 or 990-EZ) 2016	Page 4
Part IV	Supplemental Information (continued)	
·		
		^^
		•

	······································	
		•

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

	LGEE COUNTY FARM BUREAU	 	<u> </u>	73-0770880
Pai	t Organizations Maintaining Donor Adv	∕ised Funds or Other Similar Fu	nds or A	Accounts.
	Complete if the organization answered	<u>"Yes" o</u> n Form 990, Part IV, line 6	6	
		(a) Donor advised funds	T	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .		1	
4	Aggregate value at end of year		1	
5	Did the organization inform all donors and donor	advisors in writing that the assets	held in di	onor advised
	funds are the organization's property, subject to the	-		· · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene	and donor advisors in writing that gra	ant funds	can be used
		<u> </u>		· · · · 🔲 Yes 🗌 No
Par	t II Conservation Easements.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	•	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).		
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	of a histor	rically important land area
	☐ Protection of natural habitat	☐ Preservation of	of a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribut	ion in the	form of a conservation
	easement on the last day of the tax year.	•	_	Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easement	:s	-	2b
_C	Number of conservation easements on a certified h		· · ·	2c
d	Number of conservation easements included in	` ,	<u> </u>	
_		· · · · · · · · · · · · · · · · · · ·		2d
3	Number of conservation easements modified, trans			
J	tax year ►	sierred, released, extilliguished, or ter	mmateu	by the organization during the
4	Number of states where property subject to conse			
5	Does the organization have a written policy requipolations, and enforcement of the conservation ea			
_				
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservat	ion easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	, conserva	tion easements during the year
	▶ \$			
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			· · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenu	e and exp	ense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fir	nancial st	atements that describes the
	organization's accounting for conservation easeme	ents.		
art	III Organizations Maintaining Collection	s of Art, Historical Treasures, o	r Other	Similar Assets.
	Complete if the organization answered '			
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in it	s revenue	statement and balance sheet
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f			
b	If the organization elected, as permitted under S			
-	works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, e ng to these items.	ducation,	or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(ii) Assets included in Form 990, Part X			. > \$
2	If the organization received or held works of art,	historical treasures, or other similar	r assets	for financial gain, provide the
	following amounts required to be reported under S			The second secon
а	Revenue included on Form 990, Part VIII, line 1 .			• •
	Assets included in Form 990, Part X			. •
-	, wood a mondoco in i dini data, faita			. – 5

Par	t III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply).		ther reco	rds, chec	k any of the	ne follo	wing that are a	signific	ant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams			
b	Scholarly research						·			
c	Preservation for future generations	s		_						
4	Provide a description of the organiza		and expla	ain how t	hey further	the or	ganızation's ex	empt pu	ırpose	ın Part
	XIII.				•					
5	During the year, did the organization	solicit or receive	donation	s of art,	historical t	reasure	s, or other sin	nılar		
	assets to be sold to raise funds rather	r than to be maint	ained as i	part of the	e organızat	ion's c	ollection? .	. 🗆	Yes	☐ No
Par	IV Escrow and Custodial Arra									
	Complete if the organization	n answered "Yes	on For	m 990, F	Part IV, lin	e 9, or	reported an	amount	on Fo	orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee									
	included on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing to	able:					
				_			1	Amoun	t	
С	Beginning balance					10	>			
đ	Additions during the year					10	i			
e	Distributions during the year					16	•			
f	Ending balance					11	F			
2a	Did the organization include an amount	nt on Form 990, P	art X, line	21, for e	scrow or c	ustodia	l account liabil	ıty? 🔲	Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has been	provid	ed on Part XIII			
Par	t V Endowment Funds.									
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, lin	e 10.				
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years b	ack (e)	our yea	rs back
1a	Beginning of year balance									
b	Contributions				=					
C	Net investment earnings, gains, and									
	losses						ı	1		
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs	l	Ì					1		
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	the current year er	nd balanc	e (line 1g	, column (a	a)) held	as:			
а	Board designated or quasi-endowment	nt ▶	-%							
b	Permanent endowment ▶	<u></u> %								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and									
За	Are there endowment funds not in the	e possession of th	ne organi	zation tha	at are held	and ad	ministered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations						<i></i> .	. 3a	(i)	
	(ii) related organizations							. 3a	(ii)	
b	If "Yes" on line 3a(ii), are the related o	•	•				<i></i>	_3	b	
4	Describe in Part XIII the intended uses		on's endo	wment fu	ınds.					
Part										
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, lin	<u>e 11a.</u>	See Form 99	0, Part	X, line	10
	Description of property	(a) Cost or of			r other basis		Accumulated	(d)	Book va	lue
		(investm	e III	(0)	ther) 	<u> </u>	epreciation			
1a	Land	·			86884.04	. X X	633.873		8	6884.04
b	Buildings	.			763638.10		242221.95		53	3962.34
C	Leasehold improvements	.				ļ				
d	Equipment	.			12844.63	ļ	12546.19			298.44
e	Other			<u></u>	<u></u>	<u></u>				
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part)	k, column	(B), line 10	JC.) .	▶		62	1144.82

Part VII	Investments—Other Security Complete if the organization		orm 990. Part IV. lii	ne 11b. See Forr	n 990, Part X. line 12.
	(a) Description of security or (including name of secu	category	(b) Book value	(c) Me	ethod of valuation d-of-year market value
(1) Financial	derivatives			1	
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)		·			
(D)					
(E)					
(F)				ļ	
(G)				ļ	
(H)				2.00	
	b) must equal Form 990, Part X, col (B) line				
Part VIII	Investments—Program R		000 Dort IV 5	11a Caa Fawa	- 000 Day V line 10
	Complete if the organizatio				
	(a) Description of investr	nent	(b) Book value		ethod of valuation d-of-year market value
(1)					
(2)					
(3)					
(4)			<u> </u>		
(5)			ļ	 	
(6)				· · · · · · · · · · · · · · · · · · ·	
(7)					
(8)					
(9)	b) must equal Form 990, Part X, col (B) line	121	 	g _a .	
Part IX	Other Assets.	10 / -	<u> </u>	2.73	
Tartix	Complete if the organizatio	n answered "Yes" on Fo	rm 990 Part IV Jir	ne 11d. See Form	n 990 Part X line 15
	Complete ii tilo organizatio	(a) Description	1111 000, 1 011 11, 111	10 1 10 000 1 011	(b) Book value
(1)		· ``			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)	·	<u> </u>	- 		
(9)					
	mn (b) must equal Form 990, Pa	rt X, col. (B) line 15.)		<u> ▶</u>	
Part X	Other Liabilities.				
	Complete if the organizatio	n answered "Yes" on Fo	rm 990, Part IV, Iir	ne 11e or 11f. Se	e Form 990, Part X,
	line 25.	T #3 2-1-4	The the second of the second		
(1) Federal in	(a) Description of liability	(b) Book value		3. 38	大学。这事 有
	icome taxes				
(2)					· 是 一方名表 4
(4)					
(5)					* F. * 1
(6)					F. 19 12 19.
(7)					(製製) (製製)
(8)					
(9)				A Property of	经有数的
	b) must equal Form 990, Part X, col (B) line	25)	A.3.5.1	4.3	医乳体 多种的
	uncertain tax positions. In Part XII		note to the organization	n's financial statem	ents that reports the
organization's	s liability for uncertain tax positions	under FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has be	en provided in Part XIII

1 -	Total revenue, gains, and other support per audited financial statements		1 1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.	
	Net unrealized gains (losses) on investments	2a	4/4
	Donated services and use of facilities	2b	424
	Recoveries of prior year grants		
	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1	, . ,	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	
b (Other (Describe in Part XIII.)	4b	
-	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part X			per Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
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:		
	Donated services and use of facilities	2a	
b F	Prior year adjustments	2b	
		2c	
		2d	
	Add lines 2a through 2d		
	Subtract line 2e from line 1		3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i	
· T /	anounts instagge on Form 556, Far IX, Into 20, But not on line 1.	1	
a 1	nyestment expenses not included on Form 990. Part VIII. line 7h	142	42.48
	nvestment expenses not included on Form 990, Part VIII, line 7b		
b (Other (Describe in Part XIII.)	4b	
b (Other (Describe in Part XIII.)	4b	4c
b (c / 5] art X	Other (Describe in Part XIII.) Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	4c 5 5 2b; Part V, line 4; Part X,
b (c / 5] art X	Other (Describe in Part XIII.)	4b	4c 5 5 2b; Part V, line 4; Part X,
b (c / 5] art X	Other (Describe in Part XIII.) Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	4c 5 5 2b; Part V, line 4; Part X,
b (c / 5] art X	Other (Describe in Part XIII.) Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	4c 5 5 2b; Part V, line 4; Part X
b (c / 5] art X	Other (Describe in Part XIII.) Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	4c 5 5 2b; Part V, line 4; Part X,
b (c / 5] art X	Other (Describe in Part XIII.) Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	4c 5 5 2b; Part V, line 4; Part X,
b (c / 5] art X ovide	Other (Describe in Part XIII.) Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	4c 5 5 2b; Part V, line 4; Part X,
b (c / 5] Part X rovide	Other (Describe in Part XIII.) Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	4c 5 5 2b; Part V, line 4; Part X,
b (c / 5] Part X	Other (Describe in Part XIII.) Add lines 4a and 4b Fotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b	4c 5 5 2b; Part V, line 4; Part X,

Schedule D (For	m 990) 2016	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.

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

OKMULGEE 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

73-0770880

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
Hosted or Participated in the following Activities
County Fair Premium Sale - Jim Meek & Larry Coker - 3 hours
. 4-H Awards Banquet Sponsor - James Pittman & Larry Coker - 3 hours
75th OKFB Anniversary Celebration - All Board Members - 3 hours
Spring Leadership Conference - Jim Meek, James Pittman & John Duncan - 2 Days
Area Wide Meeting - All Board Members - 2 hours
County Fair Safety Education - Helen Harvey & Lens Henson - 4 hours
Farm City Festival - Helen Harvey & Lens Henson - 3 hours