Form **990** 

### **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

Dep	artment of	the Treasury Do not enter social security numbers on this form as it ma	•		Open to Public		
Inte	mal Revenu	The state of the s	.irs.gov/form99	<u>o. 🖹 10</u>	Inspection		
<u>A</u>	For the	2016 calendar year, or tax year beginning 9-1 , 2016, and en	iding 8	-31	, 20 17		
В	Check if a	applicable C Name of organization Comanche County Farm Bureau		D Employ	er identification number		
	Address	hange Doing business as			73-6100127		
	Name cha	Ange Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telephone number			
$\checkmark$	Initial retu	rn 502 S.W. 11th St.			580.353.5173		
	Final return	Vterminated City or town, state or province, country, and ZIP or foreign postal code					
	Amended	return Lawton, OK 73501		G Gross re	ecerpts \$ 264,855.01		
	Application	n pending F Name and address of principal officer Kerry Givens	H(a) Is this a q	roup return for	subordinates? Yes No		
		2640 SW County HWY 115, Cache, OK 73527	- 1		s included? Yes No		
1	Tax-exem		If "N	lo," attach a	a list (see instructions)		
J	Website:			exemption	number ► 1480		
K	Form of or	ganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ►	mation 1942	M State	of legal domicile OK		
Ρ	art I	Summary					
	1 1	Briefly describe the organization's mission or most significant activities: Agr	icultural Membe	ership Ord	ianization		
ë							
Governance	-						
ēr	2	Check this box $ ightharpoonup \square$ if the organization discontinued its operations or dispose	ed of more than	25% of	its net assets.		
30		Number of voting members of the governing body (Part VI, line 1a)		1 _ 1	9		
જ		Number of independent voting members of the governing body (Part VI, line		4	9		
ies		Fotal number of individuals employed in calendar year 2016 (Part V, line 2a)		5	-0-		
Activities &		Total number of volunteers (estimate if necessary)		6			
Act		Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	151,439.84		
		Net unrelated business taxable income from Form 990-T, line 34		7b			
_	<del></del>	tot uniolated business taxable income norm of the office of the control of taxable income norm of the office of taxable income norm of the office of taxable income norm of taxable inc	Prior Ye		-0- Current Year		
Revenue	8 (	Contributions and grants (Part VIII, line 1h)					
		Program company (Part VIII Ivan Ca)		5,009.00	36,817.50		
. Ke		nvestment income (Part VIII, line 2g)	-	054.55	774.00		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4.5	851.55	774.98		
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,098 50	199,443.71			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1/	0,959.05	237,036.19		
		Benefits paid to or for members (Part IX, column (A), line 4)					
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5+10)		5,055.73	17,877.81		
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line (14)	12	7,171.64	126,101.52		
Sen	ſ	Total from decision areas (Dark IV)	4823785333, 202325	MARKANIA.	You will be the state of the state of the		
Ä		Total fundraising expenses (Part IX, column (D), line 25) ► 2019 Cher expenses (Part IX, column (A), lines 113 11d 11 12 24 3 2019 CV	O 500 - V - 44-3)		位為基础的結構		
		Other expenses (Part IX, column (A), lines 1(13-11d) AM-24e)		9,212.95	73,562.67		
				1,440.32	217,542 00		
		Revenue less expenses. Subtract line 18 from line 12		0,481.27)	19,494.19		
Net Assets or Fund Balances	<b>20</b> T	Cotal accosts (Part V. June 16)	Beginning of Cu		End of Year		
Asse	20 1	Total assets (Part X, line 16)		4,843.95	734,927.27		
und und	21 T	otal liabilities (Part X, line 26)		9,410.87	-0-		
	rt II	let assets or fund balances. Subtract line 21 from line 20		5,433.08	734,927 27		
_							
true	der penaiti e. correct.	es of perjury, I declare that I have examined this return, including accompanying schedules and st and complete Declaration of preparer (other than officer) is based on all information of which prep.	atements, and to the	ne best of n	ny knowledge and belief, it is		
		A Manual of William Prepared (Children and Property to Bused of All Milliam Prepared (Children and Prepared Children and Prepared Ch	are/ rias arry Kriowii	<del></del>			
Sig	_	Signature of officer					
_		7	Dat	<sup>te</sup> /ጔ-	22-17		
He	· e			1-	7		
		Type or print name and title		_			
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [	] if PTIN		
Pre	parer	( N FIS TOWARD & MM MUN)	11/20/17	self-emp	loyed		
	e Only	Firm's name ► Oklahoma Farm Bureau	Firm	's EIN ▶	73-0382001		
	,	Firm's address ► 2501 N. Stiles, OKC, OK 73105	- Bt		405 522 2200		
		discuss this return with the preparer shown above? (see instructions)		ne no	405.523 2300		

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat No 11282Y

Oilli 33	0 (201	no,		Page Z
Part	Ш	Statement of Program Service Accomplishments		
1	D===	Check if Schedule O contains a response or note to any line in this Part III	<del></del>	. ✓
1		efly describe the organization's mission: cucultural Membership Organization		
	AUL			
		······································		
2	Did	the organization undertake any significant program services during the year which were not listed on the	ie	
		or Form 990 or 990-EZ?	☐ Yes	✓ No
		Yes," describe these new services on Schedule O.		
3		I the organization cease conducting, or make significant changes in how it conducts, any program		
		vices?	☐ Yes	✓ No
4		Yes," describe these changes on Schedule O.		
4	expe	scribe the organization's program service accomplishments for each of its three largest program service penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all total expenses, and revenue, if any, for each program service reported.		
4a	(Coc	ode: ) (Expenses \$ including grants of \$ ) (Revenue \$		``
	,000			
4b	(Coc	de:) (Expenses \$ including grants of \$) (Revenue \$		)
	· 			
			•••••	
4c	(Coc	de:) (Expenses \$ including grants of \$) (Revenue \$		_)
				- <b></b>
				- <b></b>
		······································		
		er program services (Describe in Schedule O )		
		penses \$ including grants of \$ ) (Revenue \$ )		
4e	Tota	al program service expenses ▶		



Form 99			F	age 3
Part	V 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," complete Schedule A	1	Yes	No 
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	<b>*</b>
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		<b>→</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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	<b>√</b>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
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		<b>✓</b>
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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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>✓</b>	* ** ******
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
_ c	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		<b>√</b>
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		✓
12 a	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		<b>√</b>
b	Schedule D, Parts XI and XII	12a		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<del>√</del>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<del>\</del>
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		<b>√</b>
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		<b>√</b>
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		<u> </u>
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)			<u>▼</u>
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	17		
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	18		<b>√</b>
			990	

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>/</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	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		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			
23		22		✓
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		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		•
	\$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	-	<u></u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		· •
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
	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		<u>·</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200	1	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		•
	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	and the state of t	~:s 
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<b>✓</b>
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	-	<b>√</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>√</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del>√</del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>√</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	<u>✓</u>
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	07		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		•
	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	<u>.</u>	····	
1.	Establish sureham and des Band of Establish Control of the Asset Control	T. 78.970	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a    Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a		2.13	425	25.00
_	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	TOTAL T. SEC.	SEC. SEC.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2000	W.M
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	✓	
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	FOR JEW	<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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ik. We	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
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	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	✓	L
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.0		
a		7c	23./K	Carlo Se
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	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		hore.	
	sponsoring organization have excess business holdings at any time during the year?	8	·	<u></u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	Samuel Cont.	999/4457
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders			1.17
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		W.X	分級
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		950 V V V
	Note. See the instructions for additional information the organization must report on Schedule O.		2.12	
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			
_	<u> </u>			
C 1/10	Enter the amount of reserves on hand	14a	2.5%	V'46", (A
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<del>  -</del>
	1 100, That it find a 1 offit 120 to report these payments: If 140, provide air explanation in ochedule 0.		990	(2016)

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	tructi	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	
Sect	ion A. Governing Body and Management	<del></del>		
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.	9	Yes	No
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>\</b>
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 5 6 7a	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?  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?	4 5 6 7a	<b>V</b>	<b>√</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?			<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<b>√</b>	
9 9	Each committee with authority to act on behalf of the governing body?	8b 9	<b>V</b>	<b></b> -
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>✓</b>	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<u>√</u> √
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13 14		<b>✓</b> ✓
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		<b>✓</b> <b>✓</b>
b	with a taxable entity during the year?			
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Noklahoma  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.	on 501(d	e)(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 in financial statements available to the public during the tax year	nterest p	olicy.	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and one obligation of the person who possesses the organization's books and one obligation of the person who possesses the organization's books and one obligation of the person who possesses the organization of the person of the person who possesses the organization of the person who possesses the organization of the person of the pe	ecords:	<b>&gt;</b>	

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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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	atic	n c	ompe	ensa	ted any currer	t officer, directo	r, or trustee.
				•	C)					
(A)	(B)	(do n	ot ch		more	e than o	one	(D)	(E)	(F)
Name and Title	Average hours per week (list any	verage box, unless person a officer and a directo					n an tee)	Reportable compensation from	Reportable compensation from related	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) Kerry Givens			_							
President	<del>'</del>	1		1				. 0	o	o
(2) Damon Doye	1									
Vice President		✓		✓				0	0	0
(3) Benny Taylor	11									
Secretary		✓	_	✓		<u> </u>	ļ	0	0	0
(4) Adam Bohl	1									
Treasurer		✓		✓				0	0	0
(5) Don Fischer	11	1								
Director (6) Wayne Kiese		٧			_			0	0	0
(6) Wayne Kiser Director	11	1						0	o	o
(7) Cody Parrington	1	_		-	-		$\vdash$			0
Director	<del></del>	1						0	0	o
(8) Stuart Henderson	1	Ť								
Director	†	1						0	o	o
(9) Russell Kırz	1									
Director		1						0	o	0
(10)										-
(11)										,
(12)										<u> </u>
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	, ar	id H	lighes	st C	ompensated E	mployees (	continue	ed)	
					•	>)							
	(A)	(B)	Position (do not check more than c						(D)	(E)		(F)	F)
	Average	box, i	unles	s pe	rson	ıs both	an	Reportable	Reportat			nated unt of	
		hours per officer and a director/tru						<del>-</del>	compensation from	compensatio related			unt of her
		hours for	Indiv	Insti	Officer	Key employee	emp	Former	the	organizati			ensation
		related organizations	rect /d	ğ	ěř	emp	est d	₫	organization (W-2/1099-MISC)	(W-2/1099-N	VIISC)		n the ization
		below dotted	or all tri	na		doy	eom		, - ,				elated
		line)	Individual trustee or director	Institutional trustee		e	pen	1			ł	organ	zations
			₽ 1	tee			Highest compensated employee						
[4E]		 		-		<u> </u>	<u> </u>		<del> </del>				
(15)													
(16)		ļ				-		$\vdash$	<del> </del>		-+		
11.0/							'	1					
(17)						-		-	<del>                                     </del>				
33.11													
(18)									<del>                                     </del>				
X.:		<del></del>											
(19)													
3£													
(20)													<u> </u>
(21)													
(22)										}	Į.		
(23)											1		
	·												
<del>-(24)</del>				-				_		_ <del>_</del>	-		<del></del>
									<u> </u>				
(25)		 									į		
			L			<u> </u>		Ļ	ļ				
1b	Sub-total			•	•		•	<b>•</b>					
C	Total from continuation sheets to Part	-		•	•		•						
d	Total (add lines 1b and 1c)							<u>\</u>	<u> </u>				
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ed a	above	e) w	no receivea m	ore than \$1	00,000	OT	
	reportable compensation from the organi	Zalion										$\overline{}$	Yes No
3	Did the organization list any former of	ficer direc	tor c	r tr	uste	96	kev e	eme	olovee or high	est compe	ensated		Tes No
	employee on line 1a? If "Yes," complete s							۰				3	
4	For any individual listed on line 1a, is the							กล	nd other come	ensation fr	om the		
•	organization and related organizations												
	individual											4	
5	Did any person listed on line 1a receive of	r accrue co	mpei	nsat	ion	fror	n anv	un un	related organiz	ation or inc	dıvıdual		W. J. V. 107-44
•	for services rendered to the organization'											5	124-44-   S124-44-1
Section	on B. Independent Contractors	··············											
1	Complete this table for your five highest	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	ed more tha	an \$100	,000 of	
	compensation from the organization. Rep	•											
	year.												
	(A)								(B)		]	(C)	<u>-</u>
	Name and business add	ress				_			Description of s	ervices		Compens	ation
										<u> </u>			
											<u> </u>		
								L.,			3m 38 11 F	114C39	
2	Total number of independent contractor							th	ose listed ab	ove) who			
	received more than \$100,000 of compens	ation from t	he or	gani	ızatı	on I	▶				[43.7] · · · · · · · · · · · · · · · · · · ·		

Form **990** (2016)

Y Part VIII		Check if Schedule O		a resi	nonse or note t	any line in this	: Part VIII		П
		Officer if Octobries	Contains	163	oonse of note of	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a					
Gra	b	Membership dues .		1b	36,817.50				
ts, An	C	Fundraising events .		1c					
Gıfts, ilar An	d		lated organizations 1d						
ns, Sim	e	Government grants (con	,	1e					
utio	f All other contributions, gifts, gra and similar amounts not included at								
oth Oth	<b>1</b> .			1f					
Contributions, and Other Sim	g	Noncash contributions includ							
	h	Total. Add lines 1a-1	<u> </u>	<u>· · · · </u>	Business Code	36,817.50		THE COURSE OF	
Program Service Revenue	2a				Dusiness code				
36,	b	***************************************	· · · · · · · · · · · · · · · · · · ·				<u> </u>	<del></del> -	
es	C	***************************************			<del></del>			<del></del>	
ervi	d								
SE	e								
gra	f	All other program sen	vice revenu	ie	<del></del>				
Pro	g	Total. Add lines 2a-2					1429-11429	1510a 40 A	
	3	Investment income							
		and other similar amo	ounts) .		•	774.98			774.98
	4	Income from investment	t of tax-exer	npt bo	ond proceeds ►				
	5	Royalties	<u> </u>		<u> ▶</u>				
	1		(i) Real		(ii) Personal				
	6a	Gross rents	24,5	90.00					
	b	Less: rental expenses		18.82					
		Rental income or (loss)	(3,22	8.82)					
_	d	Net rental income or (	(IOSS) . (i) Secunti	· ·	▶ (ii) Other	(3,228.82)	20 15 20 20 20 15 15 15 15 15 15 15 15 15 15 15 15 15	(3,228.82)	
	7a	Gross amount from sales of assets other than inventory	(i) Securit		(ii) Other			July 1	
	ь	Less: cost or other basis						B-2	
		and sales expenses .	ŀ						
	c	Gain or (loss)							
	d	Net gain or (loss)	L		•				
	-	1101 gam of (1000)	• • •	•					
enne	8a	Gross income from fu	ındraisıng						
ver	}	events (not including \$	_				252,500		
Other Reve		of contributions reporte	ed on line 1	c).					
ìer		See Part IV, line 18 .		· a				F 6 15 - 15 15 15 15 15 15 15 15 15 15 15 15 15	
ŧ o	b	Less: direct expenses		. b					
	С	Net income or (loss) fi			events . >	broader to the September 1, 1977, March		a la para mani mani programa programa per	
	9a	Gross income from ga	_						
		•		u					
	b	Less: direct expenses			ution .				
	с 10а	Net income or (loss) for Gross sales of in			viues	PARESTON SECTION	Little Contraction and		ASP2@14564000010-0-11
	iva	returns and allowance		ess · a					
	ь	Less: cost of goods s		. а . b				1.50	
	C	Net income or (loss) fi			entory <b>&gt;</b>		in Maria in		
	- <u>-</u> -	Miscellaneous R			Business Code		A C. W. W. C. W. (1972)		
	11a	Office Commissions			524113	2,097.22	::::::::::::::::::::::::::::::::::::::	2,097.22	AMERICAN AND AND AND AND AND AND AND AND AND A
	b				524126	134,393.84		134,393.84	
	С	Salary Reimbursement	: :		524126	18,177.60		18,177.60	
	d	All other revenue .	· · ·			48,003.87	48,003.87		
	е	Total. Add lines 11a-	11d	'	. , , . ▶	202,672.53	= 4 - 3 - 1 A S V A		<b>的数据数据的数据</b>
	12	Total revenue. See in	nstructions.	_		237 036 19	84 821 37	151 439 84	774 98

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must cor									
Check if Schedule O contains a response or note to any line in this Part IX										
8b, 9t	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	( <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 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	17,877.81								
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	117,485.68								
9	Other employee benefits									
10	Payroll taxes	8,615.84								
11	Fees for services (non-employees):		<u> </u>							
a	Management			<u> </u>	<u> </u>					
b	Legal		<del></del>		·					
c d	Accounting	420 00	-							
e	Professional fundraising services. See Part IV, line 17									
	_Investment_management fees		1.5% (2.4) 1. Tal. 1.17% (2.4) 1.70% (3.4)	2 "MEDITY" CONSIDER STORE STATEMENTS						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				-					
12	Advertising and promotion	1,079.75			· <del>-</del> _ · · · · · · · · · · · · · · · · · · ·					
13	Office expenses	9,962.97								
14	Information technology									
15	Royalties									
16	Occupancy	16,230.59								
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .			<u> </u>						
20	Interest									
21	Payments to affiliates		ļ <del></del> -							
22 23	Depreciation, depletion, and amortization . Insurance	26,250.31								
24	Other expenses. Itemize expenses not covered	4,803.00								
24	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.)									
а	Postage	2,252.18	0.00 . 20 0.000 ( 0.00	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
b	Federal Income Tax	740.86								
С	State Income Tax	296.00								
d	Charitable Contributions	4,775.00								
е	All other expenses Loss on Sale of Land	6,752.01								
_25	Total functional expenses. Add lines 1 through 24e	217,542.00	<u> </u>	<u> </u>	<u> </u>					
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    If following SOP 98-2 (ASC 958-720)									

` <b>L</b>	artA			- L - '- Al-'- D	- 4 V				
		Check if Schedule O contains a response or	r note to	any line in this Pa		<del></del>	<u> </u>		
	<b>4</b>				(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			89,671.34	1	124,246.37		
	2	Savings and temporary cash investments			358,368.75	2	358,848.12		
	3	Pledges and grants receivable, net	ges and grants receivable, net						
	4	Accounts receivable, net				4	147.00		
	5	Loans and other receivables from current and trustees, key employees, and highest co- Complete Part II of Schedule L	And the second s	5					
s.	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	ting employers and oyees' beneficiary		6				
Assets	7	Notes and loans receivable, net				7			
As	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges			2,660.01	1	2,519.15		
	10a	Land, buildings, and equipment: cost or	i . i .			14.00	2,515.15 72.25.34.35.74.34.34.36.33		
		other basis. Complete Part VI of Schedule D	10a	539,537.28		Se gir			
	ь	Less: accumulated depreciation	10b	290,370 65	The second contract and the second se	10c	249,166.63		
	11	· · · · · · · · · · · · · · · · · · ·			314,143.63	11	243,100.03		
	12	Investments—other securities. See Part IV, line 1				12			
	13	Investments—program-related. See Part IV, line				13			
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11		15					
	16	Total assets. Add lines 1 through 15 (must equa			764,843.95	+	724 027 27		
_	17			<del> </del>	<del>                                     </del>	+	734,927.27		
	18		1,407.00	18					
	19	Grants payable		19					
	20	Tax-exempt bond liabilities	-· ·	· :- :		20			
	21	Escrow or custodial account liability. Complete F		Cabadula D		21			
<b>'</b> 0	ĺ				Karn Dada Zorken Sancha	21			
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen disqualified persons. Complete Part II of Schedu	sated e			22			
<u>.e</u>	23	Secured mortgages and notes payable to unrela				23			
_	24	Unsecured notes and loans payable to unrelated			40,000,07	<del></del>			
	i	Other liabilities (including federal income tax,			48,003.87	24			
	25	parties, and other liabilities not included on lines of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			49,410.87	26	-0-		
		Organizations that follow SFAS 117 (ASC 958)	), check h	nere ▶ 🔲 and	are the second and the second and the second	17.34			
ès		complete lines 27 through 29, and lines 33 and		_					
au	27	Unrestricted net assets				27	AND THE CONTRACTOR OF THE CONT		
3al	28	Temporarily restricted net assets				28			
Đ	29	Permanently restricted net assets				29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	58), check	here ▶ ☑ and					
ţş (	30	Capital stock or trust principal, or current funds			30	The second secon			
Se	31	Paid-in or capital surplus, or land, building, or ed				31			
Ą	32	Retained earnings, endowment, accumulated ind		715,433 08		734,927 27			
<u>V</u> et	33	Total net assets or fund balances			715,433 08		734,927.27		
_	34	Total liabilities and net assets/fund balances .			764,843.95		734,927.27		
							Form <b>990</b> (2016)		

	90 (2016)  Table Reconciliation of Net Assets			Pa	age 12
Гаг	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<del></del>		) 036.19
2	Total expenses (must equal Part IX, column (A), line 25)	2			542.00
3	Revenue less expenses. Subtract line 2 from line 1	3			194.19
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			133.08
5	Net unrealized gains (losses) on investments	5		7 13,4	133.00
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				
	33, column (B))	10		734 0	927.27
	Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u> .		
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 Schedule O.	plain in		Yes	No
			AE.		
2a	and any and a general and a second a second and a second and a second and a second and a second		2a	2.34.2	<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both.	pilea or	55		
L	Separate basis Consolidated basis Both consolidated and separate basis		JANE .	1.1719	Brit 19
D	Were the organization's financial statements audited by an independent accountant?		2b	rather than to	Net sakes
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a			
c	Separate basis Consolidated basis Both consolidated and separate basis		276		
C	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				
	- 2. 2.2 acces, 10 fig. of complication of its infancial statements and selection of an independent accou	mant:	2c	1	

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2016)

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3b

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 20**16** 

Department of the Treasury
Internal Revenue Service

Complete if the or
Information about S

► 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.

Open to Public Inspection

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

	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Pro hen	xy Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
_• s	ection 501(c)(4), (5), or (6) orga				
Name	of organization			Employer ider	ntification number
Coma	nche County Farm Bureau				73-6100127
Part		e organization is exempt un			
1	Provide a description o definition of "political car	f the organization's direct and mpaign activities")			
2	Political campaign activit	ty expenditures (see instructions)			
3	Volunteer hours for politi	cal campaign activities (see instri			
Part		e organization is exempt un			
1	Enter the amount of any	excise tax incurred by the organi	zation under sectio	n 4955 ▶ \$	)
2		excise tax incurred by organization			)
3		ed a section 4955 tax, did it file F			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part	I-C Complete if th	e organization is exempt un	der section 501(	c), except section 501	(c)(3).
1		ly expended by the filing organ			<u> </u>
					ı
2	Enter the amount of the	filing organization's funds contr	ributed to other org	ganizations for section	
-		rvities			
3		expenditures. Add lines 1 and			
4		n file Form 1120-POL for this yea			
5	_ <del>_</del>	ses and employer identification in			<del></del>
J	organization made navm	ents. For each organization listed	lumber (Env) or all s	naid from the filing organ	ization's funds. Also enter
		ontributions received that were pi			
	as a separate segregated	I fund or a political action commit	tee (PAC). If addition	nal space is needed, provi	de information in Part IV
		1	<u> </u>		1
	(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)					
					<u> </u>
(6)		ļ	1	1	1

_	_
Page	7

	Baic 0 (1 01111 330 01 330 122) 2010					raye <b>Z</b>
	t II-A Complete if the organization section 501(h)).	_				
A	Check ► ☐ If the filing organization be					oup member's
_	name, address, EIN, expe					
В	Check ► ☐ if the filing organization cl			rol" provisions a		
	Limits on Lob (The term "expenditures" n	bying Expendit		١	(a) Filing organization's totals	(b) Affiliated group totals
1:	<del></del>		<del></del>			- <u> </u>
	<ul> <li>Total lobbying expenditures to influence</li> <li>Total lobbying expenditures to influence</li> </ul>	•				
	<ul> <li>Total lobbying expenditures to influence</li> <li>Total lobbying expenditures (add lines)</li> </ul>	=	idy (direct lobbying	3)		
	d Other exempt purpose expenditures .	•				
	Total exempt purpose expenditures (action of the company)					
Ì			•			<del></del> -
	columns.			,		
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	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.		生活动和数
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000.			and the said	Yes Succession
,	Grassroots nontaxable amount (enter 2	5% of line 1f)				
- 1	Subtract line 1g from line 1a. If zero or					
i						
j	If there is an amount other than zero			•		☐ Yes ☐ No
	reporting section 4911 tax for this year		Period Under sec		· · · · · ·	
	(Some organizations that made a se	ection 501(h) ele	ection do not have	e to complete all	of the five colum	ns below.
	See the	e separate instr	uctions for lines	2a through 2f.)		
	Lobbyin	g Expenditures	During 4-Year Av	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	( <b>c</b> ) 2015	<b>(d)</b> 2016	(e) Total
2	a Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))			in the second		
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
(	Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil (election under section 501(h)).	ed	Form	5768	}	
For e	each "Yes," response on lines 1a through 1ı below, provide ın Part IV a detailed	(8	a)		(b)	
		Yes	No	A	moun	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?	*********	S. S			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>		
i	Other activities?			<u> </u>		
j	part part part part part part part part		her			1 - 2001
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		G-17-80-7 . "			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			- 1	er acti	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					T EN
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)				<u> </u>	✓
1 2	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."  Dues, assessments and similar amounts from members		1			
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					•
	and political expenditure next year?		4			_
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	o lis	t); Pai	t II-A,	lines 1	1 an
2 (566	instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
<b></b>			<del></del> -	·		
						•
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Schedule C (For	Schedule C (Form 990 or 990-EZ) 2016 Page <b>4</b>				
Part IV	Supplemental Information (continued)				
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## SCHEDULE D ·(Form 990)

Department of the Treasury

Internal Revenue Service

**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 Name of the organization Comanche County Farm Bureau 73-6100127 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year . . . . . . Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education)
 Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements . . . . . . . 2a Total acreage restricted by conservation easements . . . . . . . . . 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . . . . . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 . . . . . Assets included in Form 990, Part X . . . .

Part	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Otl	ner Similar A	ssets (contin	iued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, check	any of th	e follow	ring that are a	significant use	of its
а	☐ Public exhibition		d	Loan o	or exchang	e progr	ams		
b	☐ Scholarly research								
C	Preservation for future generations	s			***************************************				
4	Provide a description of the organiza	tion's collections a	and expla	ain how th	ev further	the ora	anization's exe	empt purpose	ın Part
	XIII.				,				
5	During the year, did the organization	solicit or receive	donation	s of art. h	nstorical ti	easures	s, or other sim	ılar	
	assets to be sold to raise funds rather								□ No
Part			<del></del>						
	Complete if the organization		" on For	m 990. P	art IV. line	e 9. or i	reported an a	mount on Fo	rm
	990, Part X, line 21.		•	, .		- <b>-,</b> ·			
1a	Is the organization an agent, trustee	custodian or oth	er intern	nediary fo	r contribut	ions or	other assets	not	
	included on Form 990, Part X?							· 🗌 Yes [	□No
b	If "Yes," explain the arrangement in P								
	ii ros, explain ino arrangement ii r	are Am and compr	510 1110 10	noming to	510.	[		Amount	
С	Beginning balance					10	<del> </del>		
d	Additions during the year					1d	+		
	Distributions during the year					1e	<del> </del>		<del></del>
e f						1f	<del> -</del>		
	Ending balance						account liabili	tu2 🗆 Vac I	No
2a									
Par	If "Yes," explain the arrangement in P  Endowment Funds.	art Alli. Check her	e ii the e	xpiariation	nas been	provide	O OH PARLAIN	<u> </u>	
Fell	Complete if the organization	anguared "Vee	" on For	000 B	art IV line	a 10			
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years ba	ick (e) Four year	s back
4.	Deciminate of view between	(a) Current year	(5) 1 11	or year	(c) Two year	3 Dack	(d) Three years bu	ter ter ten year	
1a	Beginning of year balance							<del>-  </del>	
b	Contributions	ļ			<del></del>			<del></del>	
С	Net investment earnings, gains, and								
	-losses			<del></del>	<del></del>	=-+	<del></del>		
d	Grants or scholarships								
е	Other expenditures for facilities and	ľ		l		1			
	programs	ļ							
f	Administrative expenses								
g	End of year balance	l	L					!	
2	Provide the estimated percentage of t			e (line 1g,	column (a	i)) held a	as:		
а	Board designated or quasi-endowme		%						
b	Permanent endowment >	<u></u> %							
С	Temporarily restricted endowment	<b>*</b>							
_	The percentages on lines 2a, 2b, and	•							
3a	Are there endowment funds not in th	e possession of th	ne organi	zation tha	t are held	and adi	ministered for		
	organization by:							Yes	No No
	(i) unrelated organizations							. 3a(i)	—
	(ii) related organizations							. 3a(ii)	-
b	If "Yes" on line 3a(ii), are the related of							. [3b_[	_L
4	Describe in Part XIII the intended uses		on's endo	owment fu	nds.				
Part			_						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or ot		1	other basis		Accumulated	(d) Book value	ue
		(investm		101	her)		preciation		
1a	Land				100,000.00	MANUEL STATE		100	,000.00
b	Buildings				404,940.03		258,523.69	146	<u>,416.34</u>
C	Leasehold improvements								
d	Equipment				34,597.25		31,846.96		,750.29
е	Other			<u> </u>			]		
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9:	90, Part )	X, column	(B), line 10	Oc.)	▶	249	,166.63

Part VII	Investments – Other Secur Complete if the organization		m 000 Part IV line	11h See Form	000 Part V line 12
	(a) Description of security or c		(b) Book value		hod of valuation
	(including name of security or co		(b) Book value		of-year market value
(1) Financia	derivatives				
(2) Closely-	held equity interests				
(3) Other		***************************************			
(A)		•••••			
(B)					<del></del>
(C)					
(D) (E)		·····	<del></del>		
(F)				<del></del>	<del></del>
(G)					
(⊖) (H)					· · · · · · · · · · · · · · · · · · ·
	(b) must equal Form 990, Part X, col. (B) line 1	2} ▶			(Sangar (1869)
Part VIII	Investments—Program Re			SHEEREN DE CARRESTON OF	
	Complete if the organization		m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investm		(b) Book value	(c) Met	thod of valuation
				Cost or end	-of-year market value
(1)					
(2)					<u>.                                  </u>
(3)		·	<u> </u>		
(4)		**			<u> </u>
(5)					
(6)					<del></del> -
(7)		<del></del>			
(8)					
(9)	(b) must equal Form 990, Part X, col (B) line 1	21			NOTES AND
Part IX	Other Assets.	0.1			
I dit ix	Complete if the organization	answered "Yes" on For	m 990 Part IV line	e 11d. See Form	990 Part X line 15.
	Complete ii the organization	(a) Description	111 000,1 0.11, 111	3 1 1 d. 000 1 0 1 1 1	(b) Book value
(1)				· <del></del>	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		·			
(9)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
	mn (b) must equal Form 990, Par	t X, col. (B) line 15.)	<del> </del>	<u> ▶</u>	
Part X	Other Liabilities.		000 Dart IV lim	- 11 11f Ca	- Faura 000 David V
	Complete if the organization	answered "Yes" on For	m 990, Part IV, line	e i le or i ii. Se	e Form 990, Part X,
1.	line 25.  (a) Description of liability	(b) Book value	" WAR TERM		
	ncome taxes	(b) Dook value			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (	b) must equal Form 990, Part X, col (B) line 2	5) ▶	W. A. Carlo		
Liphility fo	runcertain tay positions. In Part VIII	provide the toyt of the feets	ata ta tha arganization	'a financial stateme	ata that raparts the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial State	ements With Revenue per	Return.
	Complete if the organization answered "Yes" on Form 99		
1	Total revenue, gains, and other support per audited financial stateme	ents	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	. <b>2</b> a	
b	Donated services and use of facilities	. 2b	
C	Recoveries of prior year grants	. 2c	
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b .		
b	Other (Describe in Part XIII.)	.   4b	
_	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,		5
Part	• • • • • • • • • • • • • • • • • • •		er Heturn.
	Complete if the organization answered "Yes" on Form 99	<del></del>	T
1			1 35594
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
a	Donated services and use of facilities		
b	Prior year adjustments	. 2b	
C	Other losses	. 2c	4041
d	Other (Describe in Part XIII.)	. 2d	
е 3	Add lines 2a through 2d		2e 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII)		
	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I		5
Part		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-l
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a XI, lines 2d and 4b. Also complete this p		
· <b></b>			
<b>.</b>	•		

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	Supplemental Information (continued)	
	(onlineary	
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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 2016

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Comanche County Farm Bureau 73-6100127 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