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

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public Solo to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

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<u>A</u>			017, and endi	ng	8-31	, 20 18 er identification number		
В	Check if a				D Employe	i i		
	Address o		F T-1	73-0731062 E Telephone number				
	Name cha	· *	uite	E releprior				
$\square$	Initial retu				<u> </u>	580-369-2436		
$\sqcup$	Final return	terminated City or town, state or province, country, and ZIP or foreign postal code	l					
$\sqcup$	Amended				<b>G</b> Gross re			
$\sqcup$	Applicatio	n pending F Name and address of principal officer Bob Drake			s a group return for s			
		P O. Box 188, Davis, OK 73030	<del></del>	173		included? Yes No		
<u></u>	Tax-exem	pt status	(1) or 527	<u> </u>	f "No," attach a	list (see instructions)		
J	Website.			H(c) Gr	oup exemption			
K		ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	ation 19	42 M State	of legal domicile OK		
Р	art I	Summary		,				
	1 1	Briefly describe the organization's mission or most significant activ	vities: <u>Impro</u>	ving the liv	ves of rural O	klahomans		
če	_							
Activities & Governance	_							
Je z	2 (	Check this box ▶☐ if the organization discontinued its operations	or disposed	of more th	han 25% of i	its net assets.		
ő	3 1	Number of voting members of the governing body (Part VI, I			3			
ෂ	4 1	Number of independent voting members of the governing b			4	3		
ties	5	Total number of individuals employed in calendar year 2017			. 5	3		
ξ	6	Total number of volunteers (estimate if necessary)			. 6	0		
Ac	1	Total unrelated business revenue from Part VIII, column (C),			. 7a			
	1 d	Net unrelated business taxable income from Form 990-T, lir			7b	30,103.06		
	<u> </u>		•	♥ Prio	r Year	Current Year		
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	20,343.00	19,971.00				
	1	Program service revenue (Part VIII, line 2g)						
	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)						
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	148,896 75	151,829.58				
	1	Fotal revenue—add lines 8 through 11 (must paual Part VIII, column	169,239 75	171,800.58				
		Grants and similar amounts paid (Part IX, column 💫 🖛 🕃 📭 🖊	.00,200 .0					
		Benefits paid to or for members (Part IX, column (A), lime 4)	1,935.78	2,149.91				
10	15 9	Salaries other compensation employee henging (Part IX column (A)	76,516.24	82,427.58				
Expenses	16a F	Salaries, other compensation, employee benefts (Part IX, column (A), Professional fundraising fees (Part IX, column (A), MAR161201	181		70,510.24	02,127.00		
Jeu	b 7	Fotal fundraising expenses (Part IX, column (D), line 25)			**************************************			
ᄍ	1	Other expenses (Part IX, column (A), lines 1a-170 11-170	51,947.14	42,981.90				
				130,399.16	127,559 39			
	I	Revenue less expenses Subtract line 18 from line 12	<b>de 2</b> 5) .		38,840.59	44,241 19		
	<del></del>	nevertide less expenses Subtract line to from line 12	· ·	Beginning o	f Current Year	End of Year		
ets or lances	20 7	Fotal accete (Part V. June 16)			419,711 13			
Asse Bak	24 7	Fotal assets (Part X, line 16)	• • •			545,746.12		
Net Asse Fund Balt	21 7	Fotal liabilities (Part X, line 20)	• • •		954.50	82,748.30 462,997.82		
		Signature Block	· · · ·	<u> </u>	418,756.63	402,997.02		
		es of perjury, I declare that I have stammed this return, including accompanying sch			to the best of a	and boliof it is		
tru	der penalli e. correct.	and complete. Declaration of propager (other than officer) is based on all information	of which prepai	er has any kr	nowledge	ny knowledge and belief, it is		
	Ť	NO CONTRACTOR OF THE PARTY OF T	<u> </u>		T 17 17 17	2019		
Sig	.n	Stonature of oricer			Date	4019		
He		(x) Bob Drake Presidenty	Λ		Date			
116		Type or print name and title	<del>-/-</del>					
		Print/Type preparer's name Preparer's admeture	<del>//</del>	Date /		IPTIN		
Pa	id		Check [					
	eparer			. 11/1	18 self-emp	<del></del>		
Us	e Only				Firm's EIN ▶	73-0382001		
		Firm's address ► 2501 N Stiles, Okc Ok 73105			Phone no	405-523-2300		
_	<u> </u>	S discuss this return with the preparer shown above? (see instruct		• •	<u> </u>	. ✓ Yes □ No		
For	Paperwo	ork Reduction Act Notice, see the separate instructions.	Cat	No 11282Y		Form <b>990</b> (2017)		

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GIL.	Checklist of nequired schedules		T	
, 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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable	a Alexander	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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 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	12a		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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		✓
14 a		14a	-	1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<del> </del>	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
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		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>~</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
_	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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		-	<u> </u>
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
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		1
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	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del></del>		<u> </u>
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		<u> </u>
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		1

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· .		
		resoction of	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	reportable gaming (gambling) winnings to prize winners?	1c	Jan Bar	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		MARSON TO	TAPE
20	Statements, filed for the calendar year ending with or within the year covered by this return  2a		[2]	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	30000	M. S.
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			(10y2
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>√</b>	2134101
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	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country. ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\ <u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		1
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		<del>                                     </del>
- Cu	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	<u> </u>	_	<del>                                     </del>
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			46
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		<b>\$</b>	灵艺
	and services provided to the payor?	7a		✓_
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>✓</b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
	·	7c	MALES.	<b>₩</b>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		<b>✓</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>V</b>
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			23
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	(enitari	**************************************
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			10
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
 a	Gross income from members or shareholders			X
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		<b>强</b> 达	
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		产製	<b>18</b>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	- Tree at	(3),3,3
1.	Note. See the instructions for additional information the organization must report on Schedule O.		機械	
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		38	
^	Enter the amount of reserves on hand	影響		西班
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	T THE P	43726
,7a h	If "Ves," has it filed a Form 720 to report these payments? If "No," provide an evolunation in Schedule O	146		

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.
Canti	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u> </u>	<u> Ц</u>
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 .   1a   3			
	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	'		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 3			
2	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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6	<b>✓</b>	
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	1	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		<b>V</b>
8	the year by the following.			
a	The governing body?	8a	/	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>
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	ue C		$\overline{}$
40-	Did the annual translation has been been been been a settle to a	100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	-	<b>✓</b>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
þ	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		<b>√</b>
þ	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		3.
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma		-\/2\-	
18	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.	501(	c)(3)s	oniy)
40	Own website Another's website Upon request Other (explain in Schedule O)		!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red	ords	<b>•</b>	
	AgRecords Dept. of OFB, 2501 N Stiles, OKC, Ok 73105 405-523-2300			

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Page	1

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Form	$\alpha \alpha \alpha$	/004	71
ruim	440	1/1/1	71

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, I	Highest Compensated Em	ployees, 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	nsa	ited any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or direct		Officer	Key employee	Highest compensated employee	Forme	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Bob Drake	6									
President		✓		✓				0	0	
(2) Joe Pirkle	ļ <u>1</u>	,		١,						
Vice President		✓_		✓		<u> </u>			0	
(3) Kelly Owens	11	1		1						
Secretary/Treasurer (4)			$\vdash$	•			-	C	0	
(4)		ļ. 								
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	unles	Pos eck s pe	rson	than others than both employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportation compensation related organization (W-2/1099-N	n from	(F) Estimated amount of other compensation from the organization and related organizations
(15)				æ			e <u>e</u>					
(16)							-	_				
(17)												
(18)								-				
(19)						-			<u> </u>			
(20)						<u> </u>				<u> </u>		<del></del>
(21)			]									
(22)												
						ļ .—					_	
(24)												
(25)												
1b c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·		•	•	•		<b>&gt; &gt;</b>				
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	e list	ted	above	e) w	ho received m	ore than \$1	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	ficer, direc Schedule J	tor, c	or tr uch	uste <i>indi</i>	ee, ıvıdı	key e Jal	emp	oloyee, or high	nest compe	ensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or in	dividu	
Section	on B. Independent Contractors			_								
1	Complete this table for your five highest of compensation from the organization. Replyear											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
							-					
2	Total number of independent contractor received more than \$100,000 of compens.							th	nose listed ab	ove) who		

Part VIII		Statement of Revenue								
,		Check if Schedule C	contains a re	sponse or note to	any line in this	Part VIII		🗆		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Grents	1a	Federated campaigns	s. <u>1</u> a	<u> </u>						
irel	b	Membership dues	1t	19,971.00		ger fan skriver it die gest		and the state of the state of		
S, E	ن ا	Fundraising events	10	;	is a property of the same and	Paracide microphics				
ons, Gifts, Grents Similar Amounts	d	Related organizations	1c	1						
S, E	e	Government grants (con								
Contributions, and Other Sim	f.	- I - I - I - I - I - I - I - I - I - I		national Espain (Espain						
he		and similar amounts not inc		:				AND THE RESERVE		
i i	g	Noncash contributions includ								
Contribution and Other	h	Total: Add lines 1a-1		• • • • • • • • • • • • • • • • • • •	19,971.00		at Care complement pullications of			
	<del></del>	? ,	<u> </u>	Business Code		artial in the second		VEW ALEXANDER		
enc	2a	•		-		0.000				
æ.				•						
ce I	C			-			<del></del>			
Ž	d	,	·	-				<del></del>		
Š	_			-			<u> </u>			
Iran	_e	All other program ser								
Program Service Revenue	f g	Total. Add lines 2a-2				 		<u>                                     </u>		
	3	Investment income	(including divi	dends, interest,	<u>.                                    </u>	The state of the s				
	_	and other similar amo					ļ. <del></del> .			
	4	Income from investmen	t of tax-exempt	bond proceeds >			ļ	<del></del> _		
	5	Royalties	(i) Real	(ii) Personal	SA TERREPORTED OF THE PARTY OF	MANUAL PROSEST VENEZACI-RECTO	SONORIA WINNESSON IN			
	_			- <del></del>						
	6a	Gross rents .	61,180.0	<del></del>						
	· b	Less rental expenses	15,735.3			arminin Epitology (1995)				
	С	Rental income or (loss)	45,444.6							
	_d	Net rental income or (	<del></del>	<u>•</u>	45,444.61	7,036.83	38,407.78	rica aminingo este establishe este caracter		
•	7a	Gross amount from sales of	(i) Securitics	(II) Other						
	١.	assets other than inventory								
	b	Less cost or other hasis and sales expenses		· ·			en er en begrene (ann de en der Englisher (ann de en de Englisher (ann de en de en de Englisher (ann de en de en de en de en de en en e	A CONTRACTOR AND A CONT		
	С	Gain or (loss) .		·						
	d	Net gain or (loss) .								
enne	8a	Gross income from fuevents (not including \$	ındraısıng							
Other Reve		of contributions reporte See Part IV, line 18	· ·	a ·						
ξ	ь	Less direct expenses		b						
0	c	Net income or (loss) fi		g events . >	MC IN THE STATE OF THE STATE		No. 1000 Control of the Control of t			
	9n	Gross income from go See Part IV, line 19	iming activities	a		oureanns A' Peill bein Hanngale Grad Geo.				
٠	b	Loss, direct expenses		b						
	c	Net income or (loss) fi			Acceptance of the second	2.4.7.14.4.2.14.14.14.14.14.14.14.14.14.14.14.14.14.	Annual Control of the	Total and American Service (Service)		
	10a	Gross sales of in			200400000000000000000000000000000000000	FOR FROM PROBES	NEOGRES DEZE	652162207A5527CESTS		
		returns and allowance		a						
	⊬ Ь	Less cost of goods s		ь .	41.00					
	c	Net income or (loss) fi								
	_ <u> </u>	Miscellaneous R		Business Code	RMISSON CENTRAL		V			
ŀ	11a	Office Commissions	<u>·</u>	524113	4,466 68		4,466.68			
	b	Office Commissions		524126	68,564.06		68,564.06			
	c	Salary Reimbursement		524126	33,354.23		33,354.23			
	d	All other revenue		324.20	55,554.23		, 55,554.25			
	e	Total. Add lines 11a-	ı'ld	,	106,384.97	logica litaria di Regi	2016/00/07/00/04/05			
	12	Total revenue. See in			171 000 50	27 007 02	144 702 75	NATURE DESCRIPTION OF THE PARTY		

	90 (2017)				Page 10
	t,IX Statement of Functional Expenses			<u> </u>	•
Section	on 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. A	All other organization	ns must complete c	olumn (A).
	Check if Schedule O contains a respor	ise or note to any li	ne in this Part IX		<u> </u>
	ot include amounts reported on lines 6b, 7b, b, 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	2,149.91	•		
, 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  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	76,938.58			
9	Other employee benefits	_			
10	Payroll taxes	5,489 00			
ุ 11	Fees for services (non-employees):	-			
а	Management			·	
Ь	Legal . :		•	,	
С	Accounting	240 00			
d	Lobbying			<u> </u>	
е	Professional fundraising services See Part IV, line 17			Transcer running	
f	Investment management fees		200		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	,			
12	Advertising and promotion .	905 44			
13	Office expenses	3,844.84			
14	Information technology				
15	Royalties				
16	Occupancy	13,200.08			
17	Travel	,			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	].	•		
19	Conferences, conventions, and meetings				
20	Interest			<del>                                     </del>	
21	Payments to affiliates		·····	<del> </del>	
22	Depreciation, depletion, and amortization .	13,811.44		, , , , , , , , , , , , , , , , , , , ,	
23	Insurance	7,915.00		<del></del>	
24	Other expenses. Itemize expenses not covered		hadad / Filly and hall on the Alle Barrey	C ALLES MAD AND AND AND AND AND AND AND AND AND A	Total (1879) and the spansor of the state of
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.)				
_			はいいないからいいかられている。		THE RESERVE OF THE PARTY OF THE
a	Postage State Income Tay	49.25		1	
b	State Income Tax	229 88		<del>                                     </del>	<del> </del>
C	Charitable Contributions	2,785.97		<del> </del>	
ď	All ather supplies			<del> </del>	<del>                                     </del>
е 25	All other expenses	<del> </del>		<del> </del>	
25	Total functional expenses. Add lines 1 through 24e	127,559 39		I	1

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)

Form 990 (2017) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash-non-interest-bearing 56,939.48 83,572.57 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 1,524.23 173 68 Löans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(t)(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 Inventories for sale or use . 8 Prepaid expenses and deferred charges a Q 4,200.09 3,200.09 Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10a 736,941.32 Less accumulated depreciation 10b ь 278,141 54 10c 11 Investments—publicly traded securities 11 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related See Part IV, line 11. 13 14 Intangible assets 14 15 Other assets See Part IV, line 11. 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 419,711 13 545,746.12 17 954.50 Accounts payable and accrued expenses 17 (248.00)18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loan's and other payables to current and formor officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 82,996.30 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 954 50 26 82,748.30 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and

. .

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

complete lines 30 through 34.

Total net assets or fund balances.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

30

31

32

33

545,746 12 Form 990 (2017)

462,997 82

462,997.82

30

31

32

418.756.63

418,756.63 33

419,711 13 34

_	4	^
Page	ı	_

Form	OBO.	(2017)	

	90 (2017)			Page 12
Par	Reconciliation of Net Assets  Check if Schoolule O contains a reappearance or note to any line in this Part XI			
. 1	Check if Schedule O contains a response or note to any line in this Part XI	1	· · · ·	171,800.58
` ' 2	Total expenses (must equal Part VIII, column (A), line 25)	2		127,559 39
3	Revenue less expenses. Subtract line 2 from line 1	3		<del></del> -
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4		44,241.19
5		5		418,756.63
5 <sub>.</sub>	Net unrealized gains (losses) on investments	6		
7		7		
8	•	8		
9	Prior period adjustments	9		
9 10	Other changes in net assets or fund balances (explain in Schedule O)	-		
	33, column (B))	10		462.997.82
Dar	XII Financial Statements and Reporting	1.0.1		402,331.62
(U)	Check if Schedule O contains a response or note to any line in this Part XII			
	Crieck if Schedule O contains a response of note to any line in this rait Air	<u>· · · ·                                </u>	<u> </u>	<del></del>
				Vec No
1	Accounting method used to prepare the Form 990: Togeth (7) Accrual Tother			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	nlain ir		Yes No
1	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ır	- 1	Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plaın ır		Yes No
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were completed to the complete or reviewed by an independent accountant?		2a	Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both		2a	Yes No
2a	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis		2a	Yes No
2a	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?	 piled oi	2a 2b	Yes No
2a	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited.	 piled oi	2a 2b	Yes No
2a	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	 piled oi	2a 2b	Yes No
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	 piled of	2a 2b	Yes No
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization have a committee that assumes	piled of ed on a versight	2a 2b 2b	Yes No
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization of its financial statements and selection of an independent accounts.	polled of ed on a versight intant?	2a 2b 2c	Yes No
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization have a committee that assumes	polled of ed on a versight intant?	2a 2b 2c	Yes No
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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 of the organization changed either its oversight process or selection process during the tax year, exschedule O	onled on a versight intant?	2a 2b 2c 2c	Yes No
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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 accoulf the organization changed either its oversight process or selection process during the tax year, ex Schedule O  As a result of a federal award, was the organization required to undergo an audit or audits as set	onled on a versight intant?	2a 2b 2c 2c	Yes No
2a b	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  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 of the organization changed either its oversight process or selection process during the tax year, exschedule O	onled on a versight intant?	2a 2b 2c 3a 3a	Yes No

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#### 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 Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

iax) (s	see separate instructions), t	nen		1	
• Se	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Vame (	of organization			Employer iden	itification number
Murray	urray County Farm Bureau				73-0731062
Part	I-A Complete if the	e organization is exempt und	er section 501(d	c) or is a section 527 of	organization.
1	Provide a description of	f the organization's direct and in	direct political cai	mpaign activities in Part	IV. (see instructions for
	definition of "political car			_	
2		y expenditures (see instructions) .		<b>▶</b> \$	
3		cal campaign activities (see instruc			
Part		e organization is exempt und			. <u></u>
1		excise tax incurred by the organiza			
2	-	excise tax incurred by organization	-		·
3	•	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear? .	∐ Yes ∐ No
4a	Was a correction made?				∐ Yes ∐ No
b	If "Yes," describe in Part		1: 504/-	\ F04	(-)(2)
Part	<del></del>	e organization is exempt und		·	(C)(3).
1		ly expended by the filing organiz	ation for section	527 exempt function ► \$	
_	activities			•	
2		filing organization's funds contrib	outed to other org	anizations for section	
	527 exempt function acti		Catau baua and	οπ Form 1100 DOL	
3	lotal exempt function of fine 17b	expenditures. Add lines 1 and 2	Enter here and	on rolli 1120-POL, ► \$	
4		n file <b>Form 1120-POL</b> for this year	2	•	Yes No
		ses and employer identification nui		ection 527 political organi	
5	organization made navm	ents. For each organization listed,	enter the amount	paid from the filing organ	zation's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	political organization, such
	as a separate segregated	I fund or a political action committe	e (PÁC) If addition	al space is needed, provi	de information in Part IV
	(a) Name	· (b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(b) Name	(b) Address	(0, 2)	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization
					If none, enter -0-
(1)					
(1)					
(2)					
<del></del>					
(3)					
(4)					
· ·					
(5)					
(6)			1		

Pa	rt II-A	Complete if the organiza section 501(h)).	tion is exempt ı	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
A	Check ▶	if the filing organization be address, EIN, expenses, a				liated group memb	oer's name,
В	Check ►	If the filing organization ch	ecked box A and	"limited control" p	rovisions apply.		
		Limits on L	obbying Expendit	ures		(a) Filing	(b) Affiliated
		(The term "expenditures"	' means amounts	paid or incurred	.)	organization's totals	group totals
1	a Total le	obbying expenditures to influe	nce public opinion	(grass roots lobby	yıng)		
	<b>b</b> Total le	obbying expenditures to influe	nce a legislative bo	ody (direct lobbyin	g) .		
		obbying expenditures (add line	-				
	d Other	exempt purpose expenditures					
		exempt purpose expenditures (		d)			
		ing nontaxable amount Ent			g table in both		
	If the a	mount on line 1e, column (a) or (b	) is: The lobbying	nontaxable amoun	nt is:	<b>建设的工作的</b>	
		r \$500,000	<del> </del>	nount on line 1e			
		00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
		,000,000 but not over \$1,500,000		10% of the excess			
		,500,000 but not over \$17,000,000		5% of the excess of			
		7,000,000	\$1,000,000			開發。 「一個的學術學」 「一個的學術學」 「一個的學術學」	
		oots nontaxable amount (ente				C Again and Fair Co	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-	ct line 1g from line 1a. If zero o					
		ct line 1f from line 1c If zero o					
		e is an amount other than z	-	1h or line 1i, did	d the organization	file Form 4720	
	_	ng section 4911 tax for this ye		,			Yes No
	(Som	e organizations that made a	-Year Averaging section 501(h) ele the separate inst	ection do not hav	e to complete all	of the five colum	ns below.
		Lobby	ring Expenditures	During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2	2a Lobby	ing nontaxable amount		:			
		ing ceiling amount of line 2a, column (e))					
	c Total le	obbying expenditures					-
	d Grassr	oots nontaxable amount					
		oots ceiling amount of line 2d, column (e))					
	f Grassr	oots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	า 5768	ŀ	
For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(	а)		(b)	
	option of the lobbying activity.	Yes	No	Α	mount	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.	が変え	· 1000			
а	Volunteers?				en en	
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			الإنجاز المراجعة الم المراجعة المراجعة الم		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?		<u> </u>			_
f	Grants to other organizations for lobbying purposes?		<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	<u> </u>				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	<u> </u>			
i	Other activities?		<del> </del>			
i	Total Add lines 1c through 1i	٠.٠٠٠	, pt 10			
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		L	8-25		د دادی (د دادی
b	If "Yes," enter the amount of any tax incurred under section 4912	121	14 , " " t	aufrantisch Krist	a <del>dar a siralisi</del> k	and sold
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	1	100			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	4	prosect ".	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	7.5	¥. \$. %
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5), (	or se			н
	501(c)(6).				T.,	1
	Market Late 1 Have 1 (2004) and a constraint and a stable for an archaeof				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1	1	-
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .			2	<b>├</b>	<del>  ,</del>
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
rait	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."	OR (b)	Par	t III-A,	line	3, is
1	Dues, assessments and similar amounts from members	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of	7 1 1			
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c	L		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbing.		1			
	and political expenditure next year?	, ,	4	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<del> </del>		
Pari			<u> </u>			
	le the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	oup lis	t), Pa	rt II-A,	lines 1	and
	instructions), and Part II-B, line 1. Also, complete this part for any additional information					
		<b></b>	·		·	
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			<del>.</del>		·	
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	/m 990 or 990-EZ) 2017	Page <sup>2</sup>
Part IV	Supplemental Information (continued)	
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### SCHEDULE O (Form 990 or 990-EZ)

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

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

> ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection 😽

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Murray County Farm Bureau 73-0731062

The Organization	n does not ha	ive stockholders but it does have members. There ar	e two types of members. One is an Associate member and
the other is a Vo	oting member	An Associate member includes someone who runs	or operates a farm but whose average gross agricultural
income is less t	han half their	total income. An Associate member also includes so	meone working in Agribusiness Someone who is not
directly related	to Agriculture	is an Associate member. Lastly, an Associate member.	per can hold thier membership through a church, FFA
chapter, an asso	ociation, or by	a corporation not producing agriculture products. A	Voting member can be a family that gcts the majority of
its average gros	s income from	n the sale of agricultural products. A Voting member	can also be held by a retired agricultural person living on
an income or so	ocial security a	accrued and not employed full time in another occupa	ation A Voting member can also be held by a partnership
or corporation r	eceiving the n	najority of income for the sale of agricultural product	5
Date	Time	Activity	Participants
10/9/17	14hrs	Board Meeting	All Board members
3/1/18	3hrs.	Murray County Fairgrounds Farm Meeting	Bob Drake
5/30/18	4hrs.	Carter sale of Land	Bob Drake, Joe Pirkle
11/7-11/10/17	44hrs	Annual OFB Convention	Bob Drake
12/22/17	14hrs	Okłahoma Youth Expo	Bob Drake
1/25/18	11hrs	OFB Ag Foundation	Bob Drake
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