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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2008****Open to Public  
Inspection****A** For the 2008 calendar year, or tax year beginning **9-1**, 2008, and ending **8-31**, 20 **09****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☒ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**MCCURTAIN COUNTY FARM BUREAU**

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

**1200 S CENTRAL**

City or town, state or country, and ZIP + 4

**IDABEL OK 74745****D** Employer identification number**73 0141912****E** Telephone number**( 580 ) 286-7696****F** Group Exemption Number**1480**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ►

**I** Website: ►**J** Organization type (check only one) — ☒ 501(c) ( **5** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **138,993.95****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	36,303.00
	4	Investment income	4	1,965.51
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► <b>SCHEDULE ATTACHED</b> )	8	100,725.44	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►	9	138,993.95	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	17,384.56
	12	Salaries, other compensation, and employee benefits	12	67,968.47
	13	Professional fees and other payments to independent contractors	13	335.00
	14	Occupancy, rent, utilities, and maintenance	14	29,049.99
	15	Printing, publications, postage, and shipping	15	-86.79
	16	Other expenses (describe ► <b>SCHEDULE ATTACHED</b> )	16	8,060.66
	17	<b>Total expenses.</b> Add lines 10 through 16. ►	17	122,711.89
Net Assets	18	Excess (or deficit) for the year (Subtract line 17 from line 9).	18	16,282.06
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	156,165.48
	20	Other changes in net assets or fund balances (attach explanation)	20	-554.48 *
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. ►	21	171,893.06

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	128,604.35	22 147,734.38
23 Land and buildings	25,349.12	23 23,028.71
24 Other assets (describe ► <b>SCHEDULE ATTACHED</b> )	2,338.51	24 1,462.97
25 <b>Total assets</b>	156,291.98	25 172,226.06
26 <b>Total liabilities</b> (describe ► <b>SCHEDULE ATTACHED</b> )	126.50	26 333.00
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	156,165.48	27 171,893.06

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Cat No 106421

Form **990-EZ** (2008)

\* Adj from prior year off exp

SCANNED JAN 17 2010



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	✓	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	✓	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>39a</b>		
<b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>OKLAHOMA</b>		
<b>42a</b> The books are in care of ▶ <b>AGRECORDS DEPT OF OFB</b> Telephone no. ▶ <b>(405) 523-2300</b> Located at ▶ <b>2501 N STILES OKLAHOMA CITY OK</b> ZIP + 4 ▶ <b>73105</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		✓
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶		✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b> ▶ <input type="checkbox"/>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- |     |                                                                                                                                                                                                                                          | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 46  | 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 . . . . .                                           | 46  |    |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .                                                                                                                                     | 47  |    |
| 48  | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                 | 48  |    |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                                                                                      | 49a |    |
| b   | If "Yes," was the related organization(s) a section 527 organization? . . . . .                                                                                                                                                          | 49b |    |
| 50  | Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." |     |    |

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . . ►		

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

**Sign  
Here**

Signature of officer Tommy C. C...

Date 1/8/10

Tom McCall, Pres  
Type or print name and title

**Paid  
Preparer's  
Use Only**

Preparer's  
signature

Date  
10-27-09

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

Firm's name (or yours, if self-employed),  
address, and ZIP + 4

OKLAHOMA FARM BUREAU

2501 N STILES OKLAHOMA CITY OK 73105

EIN	
-----	--

▶

0382001

Phone no

▶ {

523-2300

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2008**Attachments  
Sequence No **67**

▶ See Separate Instructions.

▶ Attach this form to your return.

Name(s) shown on return

MCCURTAIN COUNTY

Business or activity to which this form relates

Identifying number  
73-0141912**Part I Election to Expense Certain Property Under Section 179**

Note: If you have any "listed property", complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	1,576
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	0
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	858

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	3,445
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			3 yrs.	HY		
b 5-year property			5 yrs.	HY		
c 7-year property			7 yrs.	HY		
d 10-year property		1,576	10 yrs.	HY	200DB	158
e 15-year property			15 yrs.	HY		
f 20-year property			20 yrs.	HY		
g 25-year property			25 yrs.	HY	S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year			40 yrs.	MM	S/L

**Part IV Summary (See instructions)**

21	Listed Property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S Corporations—see instructions	22	4,461
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement )

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles )**

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation Deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property use more than 50% in a qualified business use											
		%									
		%									
		%									
27 Property use 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter the total here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter the total here and on line 7, page 1								29			

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (non-commuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

NAME:  
TAX NO.  
TAX YEAR ENDING

McCurtain County Farm Bureau  
73-0141912  
8/31/2009

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
Tom McCain Rt 3 Box 365 Idabel 74745	PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Brent Bolen RR 2 Box 326 Idabel 74745	VICE-PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Dr. Tom Coffin Rt 3 Box 72 Idabel 74745	SECRETARY 4 HRS A MONTH	NONE	NONE	NONE
Dr. Tom Coffin Rt 3 Box 72 Idabel 74745	TREASURER 4 HRS A MONTH	NONE	NONE	NONE
Ronald Carrol P. O. Box 132 Golden 74737	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Leonard Wooten Rt 1 Garvin 74736	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Harvey Harmon 1003 SE Adams Idabel 74745	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Don Barrett RR 5 Box 126 Idabel 74745	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Robert Goolsby 510 S.E. Adams Idabel 74745	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Don Allen Parsons RR 2 Box 494 Idabel 74745	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE



NAME: COMANCHE COUNTY FARM BUREAU  
TAX NUMBER: 73-6100127  
TAX YEAR ENDING: 8/31/2009

**PART II, 990EZ, PAGE 1**  
**BALANCE SHEET**

	(A) BEGINNING OF YEAR	(B) END OF YEAR
<b>OTHER ASSETS</b>		
FURNITURE, FIXTURES & EQUIPMENT	1,412.93	847.76
FEDERAL TAX DEPOSIT	925.58	615.21
ACCOUNTS RECEIVABLE	0.00	0.00
MISCELLANEOUS ASSETS	<u>0.00</u>	<u>0.00</u>
<b>TOTAL OTHER ASSETS - LINE 24</b>	<b>2,338.51</b>	<b>1,462.97</b>
 <b>TOTAL LIABILITIES</b>		
MORTGAGE PAYABLE	0.00	0.00
SUSPENSE	0.00	0.00
MISC ACCOUNTS PAYABLE	0.00	0.00
OFB PAYABLE	<u>126.50</u>	<u>333.00</u>
<b>TOTAL LIABILITIES - LINE 26</b>	<b>126.50</b>	<b>333.00</b>

NAME: COMANCHE COUNTY FARM BUREAU  
TAX NUMBER: 73-6100127  
TAX YEAR ENDING: 8/31/2009

FORM 990EZ, PAGE 1

PART 1 - OTHER REVENUE

OFFICE REIMBURSEMENT	90,825.44
RENT INCOME	9,900 00
TELEPHONE REIMBURSEMENT	0.00
OFB AWARDS	0 00

TOTAL OTHER REVENUE - LINE 8 **100,725.44**

PART 1 - OTHER EXPENSES

OFFICE SUPPLIES & EXPENSES	4,530.61
PROPERTY INSURANCE & TAXES	2,815 68
MORTGAGE EXPENSE	0 00
FEDERAL INCOME TAX	510 37
STATE INCOME TAX	204.00
RENT EXPENSE	0.00
MISCELLANEOUS EXPENSE	0 00

TOTAL OTHER EXPENSE - LINE 16 **8,060.66**