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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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**Rogers County Farm Bureau**

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

1126 W. Will Rogers

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

Claremore, OK 74017**D** Employer identification number**73 0660293****E** Telephone number**(918) 341.5112****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**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 ► \$ **184,485.72****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

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	31,060.00
4	Investment income	4	9,021.78
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	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 ☐		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	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	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► Schedule Attached)	8	144,403.94
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	184,485.72
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	23,994.41
12	Salaries, other compensation, and employee benefits	12	57,112.00
13	Professional fees and other payments to independent contractors	13	420.00
14	Occupancy, rent, utilities, and maintenance	14	27,046.25
15	Printing, publications, postage, and shipping	15	(314.01)
16	Other expenses (describe ► Schedule Attached)	16	17,248.58
17	Total expenses. Add lines 10 through 16	17	125,507.23
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	58,978.49
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	567,877.73
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	626,856.22

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	225,762.18	300,139.98
23 Land and buildings	338,516.27	322,678.24
24 Other assets (describe ► Schedule Attached)	4,302.78	5,000.00
25 Total assets	568,581.23	637,818.22
26 Total liabilities (describe ► Schedule Attached)	703.50	962.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	567,877.73	626,856.22

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? Agricultural Membership Organization

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	 (Grants \$) If this amount includes foreign grants, check here ► ☐	28a	
29	 (Grants \$) If this amount includes foreign grants, check here ► ☐	29a	N/A
30	 (Grants \$) If this amount includes foreign grants, check here ► ☐	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ► ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ►	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	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		✓
35	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.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	✓	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	✓	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
38a	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	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
e	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.		✓
41	List the states with which a copy of this return is filed. ▶ Oklahoma		
42a	The books are in care of ▶ AgRecords Dept. of OFB Telephone no. ▶ (405) 523.2300 Located at ▶ 2501 N. Stiles, Oklahoma City, OK ZIP + 4 ▶ 73105		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	Yes	No
42b			✓
c	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: ▶	Yes	No
42c			✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	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		✓

		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 ►				

(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 . . . ►		

Sign Here Signature of officer EJ Snider 1-12-10
Date
President EJ Snider
Type or print name and title.

Paid Preparer's Use Only	Preparer's signature 	Date <u>9/30/09</u>	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 ▶ 73	0382001	
			Phone no. ▶ (405)	523.2300	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

NAME: Rogers County Farm Bureau
TAX NUMBER: 73-0660293
TAX YEAR ENDING: 8/31/2009

PART II, 990EZ, PAGE 1
BALANCE SHEET

	(A) BEGINNING OF YEAR	(B) END OF YEAR
OTHER ASSETS		
FURNITURE, FIXTURES & EQUIPMENT	0.00	0.00
FEDERAL TAX DEPOSIT	4,302.78	5,000.00
ACCOUNTS RECEIVABLE	0.00	0.00
UNDEPOSITED FUNDS	<u>0.00</u>	<u>0.00</u>
TOTAL OTHER ASSETS - LINE 24	4,302.78	5,000.00
 TOTAL LIABILITIES		
MORTGAGE PAYABLE	0.00	0.00
LOAN PAYABLE	0.00	0.00
OFB PAYABLE	703.50	962.00
MISC. ACCTS. PAYABLE	<u>0.00</u>	<u>0.00</u>
TOTAL LIABILITIES - LINE 26	703.50	962.00

NAME: Rogers County Farm Bureau
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TAX YEAR ENDING: 8/31/2009

FORM 990EZ, PAGE 1

PART 1 - OTHER REVENUE

OFFICE REIMBURSEMENT	116,408.98
RENT INCOME	0.00
SALARY REIMBURSEMENT	0.00
RENT INCOME	<u>27,994.96</u>

TOTAL OTHER REVENUE - LINE 8 **144,403.94**

PART 1 - OTHER EXPENSES

OFFICE SUPPLIES & EXPENSES	2,409.95
PROPERTY INSURANCE & TAXES	8,038.28
INTEREST EXPENSE	0.00
BLUE CROSS - BLUE SHIELD	0.00
FEDERAL INCOME TAX	4,857.35
STATE INCOME TAX	1,943.00
RENT EXPENSE	0.00
MISCALLENEOUS EXPENSE	<u>0.00</u>

TOTAL OTHER EXPENSE - LINE 16 **17,248.58**

NAME:
TAX NO.
TAX YEAR ENDING

Rogers County Farm Bureau
73-0660293
8/31/2009

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
E.J. Snider 24205 E. 340 Rd Chelsea 74016	PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Joe Tanner 7941 E. 430 Rd Claremore 74017	VICE-PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Alvin Froese 21286 E. 570 Rd Inola 74036	SECRETARY 4 HRS A MONTH	NONE	NONE	NONE
Alvin Froese 21286 E. 570 Rd Inola 74036	TREASURER 4 HRS A MONTH	NONE	NONE	NONE
Danny Welch 21844 E. 570 Rd inola 74036	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Joe Parker 6531 E. 320 Rd, Talala 74080	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Dennis Fry 5496 S. 4080 Rd Talala 74080	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Tommy Orr 16421 S. 4200 Rd, Claremore 74017	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE