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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 \$500,000 and total assets less than \$1,250,000 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

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning 9-1, 2009, and ending 8-31, 2010**B** Check if applicable:

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

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

C Name of organization

Canadian County Farm Bureau

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

P.O. Box 1148

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

El Reno, OK 73036

D Employer identification number

73-0628951

E Telephone number

405.262.1295

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** Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 402,478.59**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	90,334.50
	4	Investment income	4	562.58
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	28,321.33
	6b	Less: direct expenses other than fundraising expenses	6b	18,351.44
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	9,969.89	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	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 ► Schedule Attached)	8	283,260.18	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	384,127.15	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	11,571.39
	12	Salaries, other compensation, and employee benefits	12	209,531.44
	13	Professional fees and other payments to independent contractors	13	440.00
	14	Occupancy, rent, utilities, and maintenance	14	49,797.58
	15	Printing, publications, postage, and shipping	15	2,560.92
	16	Other expenses (describe ► Schedule Attached)	16	51,361.92
	17	Total expenses. Add lines 10 through 16	17	325,263.25
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	58,863.90
	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	364,912.66
	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	423,776.56

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	135,000.01	22 192,281.89
23 Land and buildings	486,373.03	23 466,362.79
24 Other assets (describe ► Schedule Attached)	9,575.71	24 9,372.92
25 Total assets	630,948.75	25 668,017.60
26 Total liabilities (describe ► Schedule Attached)	266,036.09	26 244,241.04
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	364,912.66	27 423,776.56

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2009)

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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, and other relevant information for each program title.

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

28		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a
29		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a
30		N/A
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	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 V.)

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 outstanding at the end of the period covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b _____		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. 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. 40e _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ Oklahoma		
42a The organization's 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)? 42b _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
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 _____		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 45 _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 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** **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47**
- 48** Is the organization 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 a section 527 organization? **49b**
- 50** Complete this table for the organization's 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."

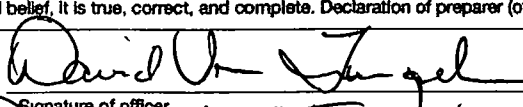
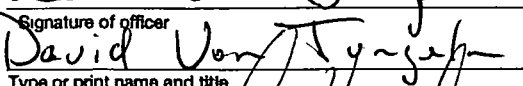
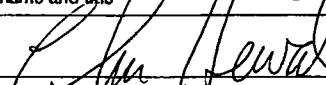
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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.			
	 Signature of officer		11-5-11 Date	
Paid Preparer's Use Only	 Type or print name and title		President	
	Preparer's signature 	Date 10/28/10	Check if self-employed <input type="checkbox"/>	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
May the IRS discuss this return with the preparer shown above? See instructions ▶				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

NAME: Canadian County Farm Bureau
TAX NUMBER: 73-0628951
TAX YEAR ENDING: 8/31/2010

FORM 990EZ, PAGE 1

PART 1 - OTHER REVENUE

OFFICE REIMBURSEMENT	266,940.63
GAIN ON SALE OF BUILDING	0.00
RENTAL INCOME	0.00
SALARY REIMBURSEMENT	16,197.62
MISCELLANEOUS INCOME	<u>121.93</u>
TOTAL OTHER REVENUE - LINE 8	283,260.18

PART 1 - OTHER EXPENSES

OFFICE SUPPLIES & EXPENSES	26,210.35
PROPERTY INSURANCE & TAXES	12,088.62
INTEREST EXPENSE	5,277.95
BLUE CROSS - BLUE SHIELD	0.00
FEDERAL INCOME TAX	0.00
STATE INCOME TAX	0.00
RENT EXPENSE	7,200.00
MISCELLANEOUS EXPENSE	<u>585.00</u>
TOTAL OTHER EXPENSE - LINE 16	51,361.92

NAME: Canadian County Farm Bureau
TAX NUMBER: 73-0628951
TAX YEAR ENDING: 8/31/2010

PART II, 990EZ, PAGE 1
BALANCE SHEET

	(A) BEGINNING OF YEAR	(B) END OF YEAR
OTHER ASSETS		
FURNITURE, FIXTURES & EQUIPMENT	7,501.98	7,299.19
FEDERAL TAX DEPOSIT	0.00	0.00
ACCOUNTS RECEIVABLE	2,073.73	2,073.73
MISCELLANEOUS	<u>0.00</u>	<u>0.00</u>
TOTAL OTHER ASSETS - LINE 24	9,575.71	9,372.92
 TOTAL LIABILITIES		
REMODEL PAYABLE	0.00	0.00
LOAN PAYABLE	264,630.09	244,037.54
OFB PAYABLE	1,406.00	203.50
ROOF CLAIM	<u>0.00</u>	<u>0.00</u>
TOTAL LIABILITIES - LINE 26	266,036.09	244,241.04

NAME:
TAX NO.
TAX YEAR ENDING

Canadian County Farm Bureau
73-0628951
8/31/2010

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
Ray Bornemann 9600 S. Manning St Union City 73090	PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Henry Heinrich 7500 E. Foreman Rd El Reno 73036	VICE-PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Kenneth Bales 7525 S. Cimarron Rd Mustang 73064	SECRETARY 4 HRS A MONTH	NONE	NONE	NONE
Kenneth Bales 7525 S. Cimarron Rd Mustang 73064	TREASURER 4 HRS A MONTH	NONE	NONE	NONE
David VonTunglen 120 S. Heatston Rd Calumet 73014	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Stanley Burris 6101 N. Cimarron Rd Yukon 73099	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Donna Von Tungeln 11203 W. Hwy 66 Calumet 73014	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Francis Parizek 15500 Sunshine Rd Yukon 73099	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Ken Carpenter 14800 SW 104th Mustang	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Clint Reuter 10204 Reno W El Reno 73036	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE