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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning **SEPTEMBER 1**, 2010, and ending **AUGUST 31**, 20 **11**

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
CADDO COUNTY FARM BUREAU

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

City or town, state or country, and ZIP + 4
ANADARKO, OK 73005

D Employer identification number
73-0581085

E Telephone number
405-247-6669

F Group Exemption Number ► **1480**

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ► _____

I Website: ► _____

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

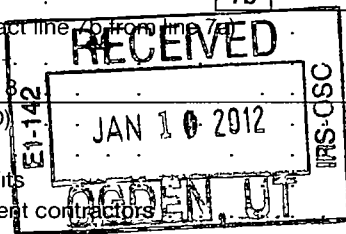
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **161212.23**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this 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	38705 00	
	4	Investment income	4	8337 01	
	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)	5c		
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
Expenses	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	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 in Schedule O)	8	114170 22	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	161212 23	
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	
		11	Benefits paid to or for members	11	59504 68
12		Salaries, other compensation, and employee benefits	12	49209 95	
13		Professional fees and other payments to independent contractors	13	420.00	
14		Occupancy, rent, utilities, and maintenance	14	12946.61	
15		Printing, publications, postage, and shipping	15	131.45	
16		Other expenses (describe in Schedule O)	16	14458.82	
17		Total expenses. Add lines 10 through 16	17	136671 51	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24540 72	
	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	268761 83	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	293302.55	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)SCANNED
JAN 31 2012p
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Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input checked="" type="checkbox"/>	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input checked="" 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 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 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 tax year covered by this return?		<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 40a , section 4912 40a ; section 4955 40a		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 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, OKC, 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)?	Yes	No
If "Yes," enter the name of the foreign country: 42b		<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country 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		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		✓
45a		✓
46		✓

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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."

	Yes	No
47		
48		
49a		
49b		

(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."

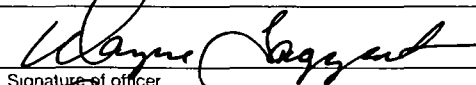
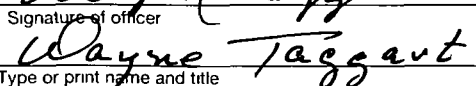
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

- 52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☐ No

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		1-5-12
	Signature of officer	Date
		County Clerk
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Deborah Crane	Deborah Crane	10/17/11		
	Firm's name	Firm's EIN	Phone no		
	OKLAHOMA FARM BUREAU	73-0382001	405-523-2300		
	Firm's address				
	2501 N. STILES, OKC, OK 73105				

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CADDO COUNTY FARM BUREAU

Employer identification number

73-0581085

990EZ-PART 1-LINE 8 OTHER REVENUE

OFFICE REIMBURSEMENT 114070.22

OFB AWARD 100 00

TOTAL 114170.22

LINE 16 OTHER EXPENSES

OFFICE SUPPLIES & EXPENSES 1650 75

PROPERTY TAX & INSURANCE 2424.62

FEDERAL INCOME TAX 7416.45

STATE INCOME TAX 2967.00

TOTAL 14458.82

PART 2 OTHER ASSETS

BEGINNING OF YEAR

END OF YEAR

FEDERAL TAX DEPOSIT 8000.00 7883 55

FURN & FIXTURES 821.44 492.86

ACCT. RECEIVABLE 35 00 35 00

TOTAL 8856.44 8411.41

LIABILITIES

OFB STATEMENT 370.00 610 50

NAME:
TAX NO.
TAX YEAR ENDING

Caddo County Farm Bureau
73-0581085
8/31/2011

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
Wayne Taggart Rt 1 Box 65 Fort Cobb 73038	PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Jeff Krehbiel Rt 2 Box 155 Hydro 73048	VICE-PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Mike Weaver Rt 2 Box 940 Fort Cobb 73038	SECRETARY 4 HRS A MONTH	NONE	NONE	NONE
Wayne Patton Rt 1 Box 10 Fort Cobb 73038	TREASURER 4 HRS A MONTH	NONE	NONE	NONE
Alvin Gerken Rt 3 Anadarko 73005	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Curtis Henderson Rt 2 Fort Cobb 73038	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Wayne Patterson Rt 3 Carnegie 73015	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Steve Novotny Rt 1 Box 161 Anadarko 73005	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Carl Weaver Rt 2 Box 133 Fort Cobb 73038	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Roland Edge Rt 2 Box 13 Fort Cobb 73038	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Bill Patterson P O. Box 457 Hinton 73047	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Lance Shenold RR 3 Box 136A, Anadarko 73005	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Phil Perryman RR 2 Box 68 Apache 73006	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE