



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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, 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
KAY COUNTY FARM BUREAU

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

City or town, state or country, and ZIP + 4
BLACKWELL, OK 74631

D Employer identification number
73-0595514

E Telephone number
580-363-3490

F Group Exemption Number ► **1480**

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

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

I Website: ►

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 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 \$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. **175986 39**

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	35695.00
	4	Investment income	4	135.89
	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	
	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	140155.50	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	175986.37	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	13979.36
	12	Salaries, other compensation, and employee benefits	12	92401.93
	13	Professional fees and other payments to independent contractors	13	490.00
	14	Occupancy, rent, utilities, and maintenance	14	22935.72
	15	Printing, publications, postage, and shipping	15	1669.64
	16	Other expenses (describe in Schedule O)	16	22911.70
	17	Total expenses. Add lines 10 through 16	17	154388.35
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21598.04
	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	195379.80
	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	216977.84

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

JAN 11 FEB 03 2012

21P

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		✓
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)		✓
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?	✓	
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	✓	
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		✓
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 outstanding at the end of the tax year 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 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 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		✓
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)?		✓
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.?		✓
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		✓
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 44b		✓
c Did the organization receive any payments for indoor tanning services during the year? 44c		✓
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		<input checked="" type="checkbox"/>
45a		
46		<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 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

Signature of officer

Billy W Steichen

Date

11/19/12

Type or print name and title

BILLY W STEICHEN TREASURER

Paid Preparer Use Only

Print/Type preparer's name

Deborah Crane

Preparer's signature

Deborah Crane

Date

10/31/11

Check ☐ if self-employed

PTIN

Firm's name **▶** OKLAHOMA FARM BUREAU

Firm's EIN **▶** 73-0382001

Firm's address **▶** 2501 N. STILES, OKC, OK 73105

Phone no **▶** 405-523-2300

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
KAY COUNTY FARM BUREAU

Employer identification number
73-0595514

990EZ--PART 1--LINE 8--OTHER REVENUE

OFFICE REIMBURSEMENT **131308 03**

SALARY REIMBURSEMENT **8847 47**

TOTAL **140155.50**

PART 1--LINE 16--OTHER EXPENSES

OFFICE SUPPLIES AND EXPENSES **9259.95**

PROPERTY TAX AND INSURANCE **3354.00**

INTEREST EXPENSE **10297.75**

TOTAL **22911.70**

990EZ--PART 2--OTHER ASSETS **BEGINNING OF YEAR** **END OF YEAR**

FEDERAL TAX DEPOSIT **2807 94** **1000 00**

FURNITURE AND FIXTURES **332.66** **237.61**

ACCTS. RECEIVABLE **2132.25** **816.00**

TOTAL **5272 85** **2053.61**

LIABILITIES **BEGINNING OF YEAR** **END OF YEAR**

OFB STATEMENT **726.50** **352.50**

MORTGAGE PAYABLE **159413.69** **144945.01**

TOTAL **160140.19** **145297 51**

NAME:
TAX NO.
TAX YEAR ENDING

Kay County Farm Bureau
73-0595514
8/31/2011

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
Stacy Simuek 9125 W. Adobe Rd Ponca City 74601	PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Warren White 10502 W. Peckham Rd Braman 74632	VICE-PRESIDENT 4 HRS A MONTH	NONE	NONE	NONE
Lester Brockman 4626 W. Doolin Ponca City 74601	SECRETARY 4 HRS A MONTH	NONE	NONE	NONE
Billie Steichen 117 Monterey St Ponca City 74601	TREASURER 4 HRS A MONTH	NONE	NONE	NONE
John Powelson 8750 W Hartford Ponca City 74601	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Harlan Overman 6750 W. Tower Rd, Ponca City 74601	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Joe Tripp Rt 1 Box 127 Lamont 74643	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
Sherrl Eakins 9500 West Doolin Ave Ponca City 74601	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE
J D. Soulek 22905 W. Chrysler Nardin 74646	DIRECTOR 4 HRS A MONTH	NONE	NONE	NONE