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# **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)

OMP No. 1545-0047

Open to Public Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 20 12 For the 2011 calendar year, or tax year beginning 9-1 2011, and ending 8-31 C Name of organization Rogers County Farm Bureau D Employer Identification number Check if applicable: 73-0660293 Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name chance 1126 W. Will Rogers 918.341.5112  $\checkmark$ Initial return City or town, state or country, and ZIP + 4 Terminated Claremore, OK 74017 G Gross receipts \$ 147,907.21 Amended return F Name and address of principal officer: H(a) is this a group return for affiliates? Yes Ves No Application pending 24205 E. 340 Rd., Chelsea, OK 74016 Hfb) Are all affiliates included? Yes No. **√** 501(c) ( If "No," attach a list. (see instructions) 5 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c)(3) H(c) Group exemption number ▶ 1480 Website: > 1942 M State of legal domicile: Form of organization. 7 Corporation Trust Association [ L Year of formation: OK Summary Briefly describe the organization's mission or most significant activities: Agricultural Membership Organization Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 4 7 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0-6 Total number of volunteers (estimate if necessary) . . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 120,821.08 Net unrelated business taxable income from Form-990-T. Jine 7b 24,053.70 Current Year Contributions and grants (Part VIII, line 1h) 23,744.00 20,343.50 Program service revenue (Part VIII, line 2d) 7 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,567.70 1,575.35 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 11 130,955.04 120,821.08 Total revenue - add lines 8 through 11 (must equal Part VIII) adjumn (A), line (12) 12 156,266.74 142,739.93 Grants and similar amounts paid (Part IX, column (A), lines 1-9) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 17,943.76 20,418.91 15 Salarles, other compensation, employee benefits (Part IX, column (A), lines 5-10) 58.558.07 73.137.64 Professional fundraising fees (Part IX, column (A), line 11e) 16a 4 8 m Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 49.669.54 50,473.36 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 126,171.37 144,029.91 19 Revenue less expenses. Subtract line 18 from line 12 30.095.37 (1,289.98)End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 703,639.15 701,720.17 21 Total liabilities (Part X, line 26) . 795.50 166.50 22 Net assets or fund balances. Subtract line 21 from line 20 702,843.65 701,553.67 Part II Signature Block Under penalties of penury, 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 16 Sign Here MM Type or print name and title Print/Type preparer's name Date PTIN Paid Check I If self-employed Preparer 73-0382001 Oklahoma Farm Burea Firm's EIN > **Use Only** 2501 N. Stiles, Oklahoma City, OK 73105 405.523.2300 Firm's address >

✓ Yes 
☐ No

Form **990** (2011)

Cat. No. 11282Y

May the IRS discuss this return with the preparer shown above? (see instructions)

om 99	0 (2011)				Page 2
Part		ment of Program Service A	accomplishments sponse to any question in this Part I	16	
1		ribe the organization's missio		" , , , , , , , , , , , , , , , , , , ,	···· <u>·</u>
		Membership Organization			·
2	prior Form 9	990 or 990-EZ?	ficant program services during the year		Yes 🗹 No
3	Did the on	<del>-</del>	Schedule O. , or make significant changes in ho		Yes ☑ No
		scribe these changes on Scho			
4	expenses.	Section 501(c)(3) and 501(c)(	vice accomplishments for each of its 4) organizations and section 4947(a) expenses, and revenue, if any, for each	(1) trusts are required to report t	measured b he amount o
4a	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	~				
4c	(Code:	(Expenses \$	including grants of \$	) (Revenue \$	)
				***************************************	
				**	
			······	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4d	Other prog (Expenses	gram services (Describe in Sch \$ including g		<b>e</b> 1	
40		pram service expenses	/ (nevenue	<u> </u>	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	1	:	,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Ť	1
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	111		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a		20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

	90 (2011)		ŀ	Page 4
Part	Checklist of Required Schedules (continued)		V	Na
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	248		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<b>√</b>
d 25a		24d		<b>√</b>
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
26	If "Yes," complete Schedule L, Part I	25b 26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>*</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	5 s	λ., ·	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the	35a		1
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b>▼</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 

37

orm 99	0 (2011)		1	Page <b>5</b>
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ľ . I		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		٠.,	.'
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,		. ,
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	-	•	٠,
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	,	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>√</b>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓_	<u> </u>
4a	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)?	48		1
b	If "Yes," enter the name of the foreign country: ▶			<u> </u>
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		,	ر،
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
-	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	्रे (अ.)		- ' `
	and services provided to the payor?	7a	*	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			5.4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		14	iks (
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	7	- / y
9	Sponsoring organizations maintaining donor advised funds.			] , ;
a	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	† 1		,
11	Section 501(c)(12) organizations. Enter:	ĺ.		, _
а	Gross income from members or shareholders			,
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		-	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	100	-		
1/10	Enter the amount of reserves on hand	44-		,
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		-
	100, index is a construction of the rest in the provide all explanation in ochequie of	, , 75	ł	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ions.
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			_
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6	1	_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	_	
	one or more members of the governing body?	7a	1	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,		•	
-	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	Ci.	•	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		nde l	
	to a second the second	000	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	,00	-	_
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.0		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		_
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		7
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		_
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			İ
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	, E01	'0\(2\-	Ont A
	available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1	C)(J)S	uny)
19	Own website Another's website V Upon request	4		_1
13	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	rinte	rest p	юіісу,
20			_	
	State the name, physical address, and telephone number of the person who possesses the books and records organization:  Oklahoma Farm Bureau, 2501 N. Stiles, Oklahoma City, OK, 73105, 405 523 2300	or the	3	

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Part VII	Compensation of Officers, Directors,	, Trustees, Key Employees,	Highest Compensated	Employees, and
	Independent Contractors			• •

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See Instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	any relate	d orga	aniz			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos seck	rson	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	individual trustee or director	Key employee Officer Institutional trustee Individual trustee or director		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Schedule Attached										
(2)				_			-			
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)								_		
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B)  Average hours per week (describe hours for related organizations in Schedule	box, of lindividual or director	ne institutional	Pos seck	rson	than of the both state of the both state of the state of	മറ	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISC		(F) Estimate amount other compensation from the organization and relationganizations.	of ation e oon ed
		O)	8	trustee			nsated						
(15)													
(16)													
(17)													
(18)								-				·	_
(19)								_					
(20)								_			-		
(21)								_					
(22)								_			_	<del></del> -	
											_		
(23)													
(24)													
(25)													
1b c d	Sub-total	 t not limited	·					<b>A A B</b> W	ho received me	ore than \$100,	000 o	ıf	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, o	or tr	ust ind	ee, ividi	key e		oloyee, or high		ated	Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1 	150,	.000	)? <i>I</i> : 	f "Ye. ·	s,"	complete Sch	edule J for s	uch	4	1
5	Did any person listed on line 1a receive of for services rendered to the organization											5	1
	on B. Independent Contractors										400.0	l	
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat oort compe	ed ine nsatio	depo on fe	end or ti	ent ne c	contr alend	acto lar y	ors that receive rear ending wit	ed more than \$ h or within the	orgai	000 of nization's	s tax
	(A) Name and business add	iness							(B) Description of s	ervices	Co	(C) empensatio	n
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who			

Pari	t VIII	Statement of Reve	nue						
					AF I Variant	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
· .	**					1044 1010 20	exempt	business	excluded from tax
.:							function revenue	revenue	under sections 512, 513, or 514
क्ष क्ष	1a	Federated campaigns		1a		LESJA L		,	
bs, Grents Amounts	Ь			1b	20,343.50	1		` , `	-, '
ΩĚ	C	Fundraising events .		1c	.,		· ·	/ ^ .	;
₹ %	d	Related organizations		1d					
Contributions, Gifts, and Other Similar A	e	Government grants (com		1e			1 , ,	,,,,,	
<u>ي</u> ۾	f	All other contributions, gi		10		A COL		**=**	
变色	•	and similar amounts not inc		16			-	152	
운동					<u> </u>		1,40	, ","" (	
<b>E E</b>	9	Noncash contributions includ					1 m	;	
	h	Total. Add lines 1a-11	· · · · ·	• •		20,343.50	2 1 1	72	
Ž	<u> </u>				Business Code		1 C " , , ,	rāi.	
₹	2a								
Œ	b						<b></b>		
\$	C								
ģ	d								
Program Service Revenue	е								
Š.	1	All other program serv	rice revenu	ie.					
Æ	g	Total. Add lines 2a-21			•				
	3	Investment income						-	
		and other similar amo	unts) .			1,575.35			1,575.35
	4	Income from investment							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5	Royalties						<del></del>	
	"	1107411100	(i) Rea		(ii) Personal	Distriction 21 . L	1.328.30.1		· · · · · · · · · · · · · · · · · · ·
	6a	Gross rents		49.96					
				67.28			[ ] . " ( ) · (		
	b	Less: rental expenses					10 to		
	C	Rental income or (loss)		82.68		585		ĵ.	
	d	Net rental income or (				21,182.68		21,182.68	
	7a	Gross amount from sales of	(i) Securi	165	(ii) Otner			* *	2
		assets other than inventory					10 m	3X/	
	b	Less: cost or other basis							
1	1	and sales expenses .							* * · · ·
	C	Gain or (loss)					- 1.27		
	d	Net gain or (loss) .			<u> ▶</u>				
•						SAMELY 13	, ,	• .	
venue	8a	Gross income from fu	ndraising					, ,	
Ž		events (not including \$					, ** }	· · · · · · · · · · · · · · · · · · ·	*
æ		of contributions reporte	d on line 1	c).			~	·	, ,
9		See Part IV, line 18 .		· a			N , , , , , , , , , , , , , , , , , , ,	- 15.74 T	
Other R	ь	Less: direct expenses		. b				773	
0	C	Net income or (loss) fr		isina	events >		1	,	
	9a	_ ,				र शह			
	İ					1		,	
	b	Less: direct expenses	<b>.</b>						
	c	Net income or (loss) fi				,			
	10a				VII.00 : . P			·	
		returns and allowance	28	. а			* .*		
	ь	Less: cost of goods s		-			. P.	**	•
	C	Net income or (loss) fr			L	CONTRACTOR OF THE PARTY OF THE	- "	, ,	
	<b>⊢</b> —	Miscellaneous R		O1 11146					
	44-	- ·	CARING.		Business Code	· 113-48%			
	11a	Office Commissions			524113	1,583.45	<del></del>	1,583.45	
	b	Office Commissions			524126	98,054.95		98,054.95	
	C								
	d			•					
	е	Total. Add lines 11a-			🗲	99,638.40	·		
	12	Total revenue. See in	structions		🕨	142,739.93	20,343.50	120,821.08	1,575.35

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	in this Part IX		$\overline{}$
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				<b>.</b>
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	20,418.91		The state of the s	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			-	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	67,750.83			
9	Other employee benefits	5,386.81			
11 a b	Fees for services (non-employees):  Management				
c d	Accounting	420.00			
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other				
12	Advertising and promotion	2,691.36			
13	Office expenses	1,356.91			
14	Information technology				
15	Royalties				
16	Occupancy	11,093.68			
17	Travel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .			,	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	10,428.37			
23	Insurance	7,889.98			
24	Other expenses. Itemize expenses not covered	TO ESTABLISHED.		:	2/
	above. (List miscellaneous expenses in line 24e. If		Para la		
	line 24e amount exceeds 10% of line 25, column		a said	8	ž. + %·
	(A) amount, list line 24e expenses on Schedule O.)		STORES SALE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* ,\
a	Federal Income Tax	9,191.52		.,	
b	State Income Tax	3,406.00			
С	Postage	991.54			
d	Employee Benefits	2,004.00			
e	All other expenses Misc	1,000.00			<del></del>
25	Total functional expenses. Add lines 1 through 24e	144,029.91			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

ľ	art X	Balance Sheet	(4)		1 (5)
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	109,488.68	1	123,218.65
	2	Savings and temporary cash investments	281,781.59	2	283,356.94
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
\$	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
æ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	17,160.00	9	12,500.00
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 497,933.30		A^#:	
	ь		295,208.88	100	282,644.58
	11	Investments—publicly traded securities		11	102,011.00
	12	Investments—other securities. See Part IV, line 11		12	<u> </u>
	13	Investments—program-related. See Part IV, line 11		13	<del> </del>
	14	Intangible assets		14	-
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	703,639.15	16	701,720.17
	17	Accounts payable and accrued expenses	703,039.13	17	166.50
	18	Grants payable	793,30	18	100.30
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	-
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	1 12 1 1 1 1
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (Including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	795.50	26	166.50
		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		20 27 (7 )	(
ğ	27	Unrestricted net assets	-	27	_ ` `
ä	28	Temporarily restricted net assets		28	
豆	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.		<i>′</i> ,	
ts (	30	Capital stock or trust principal, or current funds	• •	30	
9	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .	702,843.65		701,553.67
Þ	33	Total net assets or fund balances	702,843.65		· · · · · · · · · · · · · · · · · · ·
~	34	Total liabilities and net assets/fund balances	703,639.15	<del></del>	<del>                                     </del>
	•			,	Form <b>990</b> (2011)

Form 9	90 (2011)		Pa	ge 12
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	• • •		
1	Total revenue (must equal Part VIII, column (A), line 12)		142,7	39.93
2	Total expenses (must equal Part IX, column (A), line 25)		144,0	29.91
3	Revenue less expenses. Subtract line 2 from line 1		(1,28	9.98)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		702,8	43.65
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		701,5	53.67
Par				
	Check if Schedule O contains a response to any question in this Part XII	· · ·		
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		, , ۽ ,	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	· ·	1
b	Were the organization's financial statements audited by an independent accountant?	2b		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	,	3, 2	^ ; ,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	3.		
	Separate basis Consolidated basis Both consolidated and separate basis	**, .;		8.1.
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	m <b>99</b> 0	(2011)

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	of organization			Employer lo	entification number
	rs County Farm Bureau				73-0660293
Part		e organization is exempt ur			organization.
1		the organization's direct and ind	•	_	^
2					<b>5</b>
3	Volunteer hours				
Part	Complete if the	e organization is exempt u	nder section 501(	c)(3).	
1		excise tax incurred by the organ	nization under section	n 4955 ▶	\$
2	Enter the amount of any	excise tax incurred by organizat	tion managers under	section 4955 ▶	\$
3	If the organization incurre	ed a section 4955 tax, did it file	Form 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt u			01(c)(3).
1		tly expended by the filing orga		•	
	activities		· · · · · ·		\$
2		filing organization's funds con	_		_
	•	ivities			\$
3		expenditures. Add lines 1 and			
4		n file Form 1120-POL for this ye			
5		ses and employer identification			
		ents. For each organization liste ontributions received that were p			
		fund or a political action comm			
	as a soparate segregated	Tara or a portion action comm	Trees (1 740). Il additio	That space is needed, pr	Ovide Intomitation In activ.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly
					delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
			<del></del>	<u> </u>	
(6)			4	1	1

Schedule	C (Eass)	000	200	E7	2011
*CDBQUIE	CHOM	YHU OC	SHIP.	·EZ)	2011

Pai	t II-A Complete if the organizat section 501(h)).	ion is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	ection under
<b>A</b> (	Check ► ☐ if the filing organization to name, address, EIN, exp	pelongs to an a	ffiliated group (a	nd list in Part IV bying expenditu	each affiliated gro	oup member's
в (	Check ▶ ☐ if the filing organization of					
		bbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures"			.)	organization's totals	group totals
18	Total lobbying expenditures to influen	ce public opinion	(grass roots lobb	ving)		
ŧ						
(				σ,		<del></del>
		•				
•					-	
Ì						
•	columns.			9 14215 111 55111		
	If the amount on line 1e, column (a) or (b)	is. The lobbying	nontaxable amour	w le	2 * *	
	Not over \$500,000		mount on line 1e	11.10.	1 1 1 1 1 1 1 1 1 1	or the right
	Over \$500,000 but not over \$1,000,000		3 15% of the excess	0101 \$500 000	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the same of th
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			F. Baker
	Over \$1,500,000 but not over \$17,000,000					
	Over \$17,000,000	\$1,000,000.	s 5% of the excess of	5Ver \$1,500,000.		
<u>ç</u>					* -	
i I		,				
,	Subtract line 1f from line 1c. If zero or	•				- <del>-</del>
	If there is an amount other than zero	,	th or line 1i du		file Form 4720	
,	reporting section 4911 tax for this year	^		· · · · · ·		☐ Yes ☐ No
	(Some organizations that r columns belov	nade a section ( v. See the Instru	ctions for lines 2	not have to com a through 2f on p		•
	Lobbyi	ng Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total
28	Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))					
C	Total lobbying expenditures	·				
d	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))	•*	,	<b>9</b> 0 <b>-</b>	¢	
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Part	le C (Form 990 or 990-EZ) 2011  Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		Page 3
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(4	a)		(b)	
of the	o lobbying activity.	Yes	No	An	nount	}
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?	1 0 447	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			, ,
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			•		
e e	Mailings to members, legislators, or the public?					
f	Grants to other organizations for lobbying purposes?	<u> </u>				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>	ļ			
	Other activities?	ļ				
J	Total. Add lines 1c through 1i	(Chi				
28	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	177/400	** 190	2 / 2	, _ ·	
b	If "Yes," enter the amount of any tax incurred under section 4912		Gri 🦠			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		, , ,		5	
Part		\/E\ .		2 2 2 2	,	٠.
ı aı t	501(c)(6).	)(O), (	or se	cuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<b>√</b>	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<b>▼</b>	
3	Did the organization agree to carry over lobbying and political expenditures from the pnor year?			3	_	1
Part 1	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes."  Dues, assessments and similar amounts from members	)(5), c R (b)	Part	ction III-A, li	ne 3	, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	1			
a	Current year	•	2a			
b	Carryover from last year		2b			
C	Total		2c			_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	the ying				
5	Taxable amount of lobbying and political expenditures (see instructions)	•	4			
Pari		•	5			<u> </u>
Comp	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; o, complete this part for any additional information.	Part II	l-A; a	nd Part	II-B, I	line
****						
				<b></b>		

Schedule C (Form	990 or 990-EZ) 2011	Page <b>4</b>
Part IV	990 or 990-EZ) 2011 Supplemental Information (continued)	
	•	
		***************************************
		***************************************

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

20**11** 

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer Identification number

Rogers County Farm Bureau Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 28 Total acreage restricted by conservation easements . . . . . . . . 2h Number of conservation easements on a certified historic structure included in (a) . . . 2¢ Number of conservation easements included in (c) acquired after 8/17/06, and not on a **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ß In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . .

P	ao	a	2

Part	III Organizations Maintaining	Colle	ctions of	Art, His	torical T	reasures,	or Ot	her Similar As	sets (co	ontinu	ied)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and ot	her reco	rds, chec	k any of the	follow	ving that are a s	ignifican	t use	of its
а	☐ Public exhibition			d	Loan	or exchange	e progr	ams			
b	☐ Scholarly research			8	☐ Other	<b>,</b>					
C	☐ Preservation for future generations										
4	Provide a description of the organization XIV.	tion's c	collections a	and expla	ain how ti	hey further t	he org	anization's exen	npt purp	ose in	Part
5	During the year, did the organization assets to be sold to raise funds rather									es 🗀	No
Part						-					
	line 9, or reported an amoun									•	•
1a	Is the organization an agent, trustee, included on Form 990, Part X?								_	es 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIV	and compl	ete the fo	ollowing to	able:		A	mount		
C	Beginning balance						1c				
đ	Additions during the year						1d				
е	Distributions during the year						10				
f	Ending balance						1f				
28	Did the organization include an amount	nt on F	orm 990, P	art X, line	21? .				Y	es 🗌	No
	If "Yes," explain the arrangement in P										
Par	tV Endowment Funds. Compl										
		(a) C	current year	(b) Pn	or year	(c) Two years	back	(d) Three years back	(e) Fou	r years l	back
1a	Beginning of year balance									`	
þ	Contributions								1.32	₹* ·.	÷4,
C	Net investment earnings, gains, and								1		44
	losses								· Ministre	Partine	Ŷ., *
d	Grants or scholarships								W 25	0	· · · ·
8	Other expenditures for facilities and programs										
f	Administrative expenses	ļ							<u>'</u>	à ",	.**
g	End of year balance								٠.		
2	Provide the estimated percentage of t				ce (line 1g	j, column (a)	) held a	as:			
а	Board designated or quasi-endowmer	nt ▶_		%							
b	Permanent endowment	%									
C	Temporarily restricted endowment ▶		<del>%</del>								
_	The percentages in lines 2a, 2b, and 2										
3a	Are there endowment funds not in the	e poss	ession of tr	ne organi	ization th	at are neld a	and ad	ministered for th	e		
	organization by:								- m	Yes	No
	(i) unrelated organizations						• •		3a(i)	1	
_	(ii) related organizations						• •		3a(ii)	1	<del></del>
b	If "Yes" to 3a(ii), are the related organ Describe in Part XIV the intended use						• •		3b	LI	L
4 Part			<del></del>								
rait		711181110			T						
	Description of property		(a) Cost or o			or other basis other)	d	Accumulated epreciation	(d) Bo	ok value	•
ta	Land	·			1	61,500.00	` '	5· -			00.00
þ	Buildings	·  -				415,424.13		194,279.55		221,1	44.58
C	Leasehold improvements				-						
d	Equipment	·			ļ	21,009.17		21,009.17			
<del>- 6</del>	Other			200 5		<b>(D)</b>	<del>/ ) :</del>				
rotal.	Add lines 1a through 1e. (Column (d) r	nust e	qual Form 9	190, Part	x, columi	n (B), line 10	(c).)	•		282,6	44.58

Part VII Investments—Other Securities	. See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)	<del></del>	
(F)	-	
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►  Part VIII Investments—Program Relate	d Coo Form COO Dort \	/ line 12
(a) Description of investment type		
(a) Description of Investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
( <del>7</del> )		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		* t
Part IX Other Assets. See Form 990, Part IX	art X, line 15.	
	a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)	· · · · · · · · · · · · · · · · · · ·	
(5)	,_,,,,	
(6)		
_(7)	<del></del>	
(8)		
(9)		
(10)	(D) ( 45 )	
Total. (Column (b) must equal Form 990, Part X, c		· · · · · · · · · · · •
Part X Other Liabilities. See Form 990  1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	(b) DOOK VALUE	<b>⊣</b>
(2)		
(3)	<u> </u>	┥
(4)	<del></del>	<b>-</b>
(5)	··· =-·	
(6)	<del></del>	-
(7)		7
(8)		╡
(9)		-
(10)		-
(11)	· · · · · · · · · · · · · · · · · · ·	-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		7
		o the organization's financial statements that reports the
organization's liability for uncertain tax positions i	under FIN 48 (ASC 740).	Samuel Comment of the

Schedu	e D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial Statem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine	e lines 3 and 9	10
Part	XII Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	r Return
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	_}`: `
þ	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
p	Other (Describe in Part XIV.)	4b	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	XIII Reconciliation of Expenses per Audited Financial Stater		er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	·	<b>- </b> ?
þ	Prior year adjustments		_
C	Other losses		_
d	Other (Describe in Part XIV.)	·	_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	4b	
C			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
Part		<del></del>	
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII dditional information.		

Schedule D (For	m 990) 2011	
Part XIV	Supplemental Information (continued)	
	***************************************	
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		***************************************
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

73-0660293

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

The Organization does not have stockholders but it does have members. There are two types of members. One is an Associate member and the other is a Voting member. An Associate member includes someone who runs or operates a farm but whose average gross agricultural income is less than half their total income. An Associate member also includes someone working in Agribusiness. Someone who is not directly related to Agriculture is an associate member. Lastly, an Associate member can hold their membership through a church, FFA chapter, an association, or by a corporation not producing agriculture products. A Voting member can be a family that gets the majority of its average gross income from the sale of agricultural products. A Voting member can also be held by a retired agricultural person living on an income or social security accrued and not employed full time in another occupation. A Voting member can also be held by a partnership or corporation receiving the majority of income from the sale of agricultural products.
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NAME: TAX NO. Rogers County Farm Bureau 73-0660293

TAX YEAR ENDING

8/31/2012

# LIST OF OFFICERS, DIRECTORS AND TRUSTEES

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