

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



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Ā	For the	2011 cale	endar year, or tax year beginning 9-1 , 2011, and ending	g 8-	31	, 20 12
В		applicable:	1		D Employe	r identification number
	Address		73-0770880			
	Name ci	-	ne number			
7	initial ret	turn	918.756.7284			
$\bar{\Box}$	Termina	ted				
$\bar{\Box}$	Amende	d return	Okmulgee, OK 74447		G Gross re	ceipts \$ 190,352.29
	Applicat	ion pending	F Name and address of principal officer: Larry Harvey	H(a) is this a	group return !	or affiliates? Yes Vo
	• •		2230 Grimes Rd., Beggs, OK 74421	H(b) Are all	affiliates in	cluded? Yes No
<u> </u>	Tex-exe	mpt status	☐ 501(c)(3)	If "No	o," attach a	list. (see instructions)
J	Website			H(c) Group	exemption	number ▶ 1480
K	Form of	organization:	:[/] Corporation ☐ Trust ☐ Association ☐ Other ▶	tion: 1942	M State	of legal domicile: OK
Р	art I	Summ	nary		-1	
	1	Briefly de	escribe the organization's mission or most significant activities: Agrica	ıltural Membe	ership Org	ganization
_		•				
Ž						
E			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Activities & Governance	2	Check th	his box > I if the organization discontinued its operations or disposed	of more than	25% of	its net assets.
ŏ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	8
οφ 92	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	8
£	5	Total nur	mber of individuals employed in calendar year 2011 (Part V, line 2a)		5	-0-
듐	6	Total nui	mber of volunteers (estimate if necessary)		6	
⋖	7a	Total uni	related business revenue from Part VIII, column (C), line 12		7a	126,685.06
	b	Net unre	elated business taxable income from Form 990-T, line 34		7b	7,058.39
				Prior Ye	ar	Current Year
0	8	Contribu	tions and grants (Part VIII, line (W)) - D	2	8,432.50	24,269.50
Revenue	9		n service revenue (Part VIII. line 2g)			
ě	10	Investme	ent income (Part, VIII, column (A), lines 3, 4, and 7d)		1,471.45	2,003.50
Œ	11	Other re	venue (Part VIII column (A), lines 5,16d, 8c 9c 10c, and 11e)	13	0,866.74	126,870.06
	12	Total rev	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16	0,770.69	153,143.06
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1-3)	-		
	14	Benefits	paid to or for members (Part 1X) column (A), line 4)	1	0,570.90	11,978.51
9	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	7	6,225.82	75,404.94
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)			
å	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ▶	37 May 2012		
Щ	17	Other ex	cpenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7	5,344.63	64,928.36
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16	2,141.35	152,311.81
	19	Revenue	e less expenses. Subtract line 18 from line 12	(1,370.66)	831.25
8	Š			Beginning of Cu	rrent Year	End of Year
Net Assets	20	Total ass	sets (Part X, line 16)	91	3,468.09	892,282.05
50	21	Total lial	bilities (Part X, line 26)	70	7,276.56	685,259.27
		Net asse	ets or fund balances. Subtract line 21 from line 20	20	6,191.53	207,022.78
P	art II	Signa	rture Block			
			jury, I declare that I have examined this return, including accompanying schedules and state			ny knowledge and belief, it is
tn	Je, COTTEC	ct, and comp	plete. Declaration of preparer (other than officer) is based on all information of which prepare	r has any knowl	edge —	
		 				
	gn	∣	pature of officer a 1	7	te \	, 8 15
He	ere	V Q	arry Harry Carry Harry -	-Presid	twee	1-8-13
		Тур	be or print name and title			
P	aid	Print/T		ate	Check	PTIN
	repare	er 🗀 🤇	hais Howard	214/12	self-emp	
	se On	1		Fim	n's EIN ▶	73-0382001
-			address ▶ 2501 N. Stiles, Oklahoma City, OK 73105		ne no	405.523.2300
Ma	ay the I	RS discus	ss this return with the preparer shown above? (see instructions)			🗸 Yes 🗌 No
Fo	r Paper	work Redi	uction Act Notice, see the separate instructions. Cat I	No 11282Y		Form 990 (2011)

orm 99	90 (2011)	Page 2
	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	. 🗸
1	Briefly describe the organization's mission:	
	Agricultural Membership Organization	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	 ✓ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amorganits and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	}
70	(Obdo	,

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
***	(0000	,

	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	```
40	(Code) (Expenses \$including grants of \$) (nevenue \$)	,
	~~~~	
4d	, •	
	(Expenses \$ including grants of \$) (Revenue \$)	

4e Total program service expenses ▶

Part I	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		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
	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	√	
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, VIII, VIII, IX, or X as applicable.	, 78 <u>, 6</u>	\$ 1 m	1,5 1,5 4 1,5 1,5 4 1,5 1,5 1
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	,		35.2° v. 3
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	118	/	
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	11b		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
•	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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	+	1

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		√
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 27 If "Yes," complete Schedule I, Parts I and III	22		✓
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	24a		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 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	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		1
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):			ž
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 Schedule L, Part IV	28a 28b		1
¢	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		1
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)?	35a		1
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		1
	· · · · · · · · · · · · · · · · · · ·		00/) (2011

Part	Statements Regarding Other IRS Filings and Tax Compliance			-5-
	Check if Schedule O contains a response to any question in this Part V			
4			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5 1		4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ-	* ';	1
Ŭ	reportable gaming (gambling) winnings to prize winners?			ľ
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	· ·	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ <i>'</i>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	G ^{22,1}		*
3a	Did the organization have unrelated business gross Income of \$1,000 or more during the year?	3a	1	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	
48	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)?	4a		✓
b	If "Yes," enter the name of the foreign country:	;`	~ ,*	1.
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1 5		¥ -
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	<u> </u>	✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		•
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	- ^ *	11 10
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	12,50		4
	and services provided to the payor?	7a	-//	1
þ	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 required to file Form 8282?			
		7c	10-	√
d e	The arms are the number of Forms 8282 filed during the year	دفاع	٠ , ۶,	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 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		<u> </u>	· 13 5~ 2.
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		33.7 °	
	organization, have excess business holdings at any time during the year?	8		24
9	Sponsoring organizations maintaining donor advised funds.	F	'	4 ,
8	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		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	,, ` `	- '	
b	Initiation fees and capital contributions included on Part VIII, line 12		*** .	2
11	Section 501(c)(12) organizations. Enter:		#x2 /	
а	Gross income from members or shareholders	Ž.		To the second
b	Gross income from other sources (Do not net amounts due or paid to other sources	i o		*
	against amounts due or received from them.)	 		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	3, ₹ £	(2)	,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	٠.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.	<u> </u>	, t'	• • -
b	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			
c	Fabruary and a first and a fir			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedula O	14a		

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	•			
<u> </u>	Check if Schedule O contains a response to any question in this Part VI				_
Section	on A. Governing Body and Management			· · · · ·	
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a 8	3,20	Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customanly performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	on's assets?.	4 5 6	>	√ √
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?	l by) members,	7b		1
8	Did the organization contemporaneously document the meetings held or written actions up the year by the following:	ndertaken during			
a b 9	The governing body?		8a 8b	✓	1
Section	on B. Policies (This Section B requests information about policies not required by the			ode.)	
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a		/
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			\$ 1\$	EP)
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12a 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c		
13 14 15	Did the organization have a written whistleblower policy?		13		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
a b	The organization's CEO, Executive Director, or top management official		15a 15b	N 33	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simulth a taxable entity during the year?	ilar arrangement	16a	- 37	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeguard the	16b		
	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed Moklahoma Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, available for public inspection. Indicate how you made these available. Check all that apply.	and 990-T (Sectio	n 501	(c)(3)s	only)
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization made its governing doc and financial statements available to the public during the tax year.				olicy,
20	State the name, physical address, and telephone number of the person who possesses the torganization: ► Oklahoma Farm Bureau, 2501 N. Stiles, Oklahoma City, OK 73105 405.523.2300		of the	Э	

_	7
Page	

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

Check if Schedule O contains a response to any question in this Part VII

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 not	any relate	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	-					
(A)	(B)	,	-4 -4	Pos		. 41		(0)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per								compensation from	amount of
	week	⊢—	_		$\overline{}$			from	related	other
	(describe	3 B	별	Officer	\$	림	Former	the	organizations	compensation
	hours for related	8 2	₹	ġ	§	₫ %	a	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	1 2		Key employee	8 8		(11-2 1035-14100)		and related
	in Schedule	3	3		8	륈				organizations
	O)	8	Institutional trustee		l	2	ł			
			ď			Highest compensated employee	1			
				 			1			·-
(1) Schedule Attached						İ		ļ		
	1					l				
(2)						 	 -			
	1									
(3)			_			 	· · ·			
	1									
(4)					-	 	 			
	†						ļ			
(5)	 		\vdash	-		 -	├	 		
_(5)	+									
(6)	-					-	\vdash			
_(6)	1									
<u></u>	-	-	-	-			├	ļ		
_(7)	-									
(0)	 						-			_ · ~
(8)	1			İ			1			
	ļ	ļ	<u> </u>	 		<u> </u>				
(9)	-	1								
			<u> </u>	<u> </u>	<u> </u>		_			·
(10)	_				1				1	
				L.,	<u> </u>	ļ	<u> </u>			
(11)										
	ļ <u></u>	<u> </u>								
(12)										
			L	L			L		<u> </u>	
(13)				Γ						
	1								}	
(14)	1		<u> </u>	\vdash	1	1	T			
(14)	1	1	1							

·	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do no box, office or directo	ot ch	Pos neck ss pe	ition more rson rect	than of the than than the the than the than the than the than the than the than the than the than the than the than the the than the than the than the than the than the than the than the than the than the than the than the than the than the the the the than the the than the the the the the the the the the the	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-M	a Estir from amo ort ns compe SC) fror organ and r	F) nated unt of her insation n the uzation related zzations
(15)				8			ated		-			
					_							
(16)												
(17)												
(18)					_							
(19)												
(20)												
(21)												
(22)						-						
(23)												
(24)												
(25)				<u></u> -								
1b c d	Sub-total	VII, Sectio	<u> </u>		•			> > w	ho received m	ore than \$10	00,000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est comper	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000)? /	f "Ye	s, "			m the	
5	Did any person listed on line 1a receive of for services rendered to the organization											1-1
Section	on B. Independent Contractors								· · · · · · · · · · · · · · · · · · ·			
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business acc	Iress							(B) Description of s	ervices	(C) Compens	ation
				-								
								\vdash				
2	Total number of independent contractor received more than \$100,000 of compen							tl	hose listed ab	ove) who		,

NOTE AND A	Statement of Reve			El (A)		1 /2	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
3 1a	Federated campaigns	s 1a	7.1.2	2			012, 010, 0101
b c d e f g h	Membership dues .	1b	24,269.50	· -			٠,
C	Fundralsing events .	1c		7 7.			
d	Related organizations				•	-	
e	Government grants (con				47574		
5 f	All other contributions, gi						
3	and similar amounts not inc						
g g	Noncash contributions includ	ded in lines 1a-1f: \$	1	1065	,		
i h	Total. Add lines 1a-1	f		24,269.50	· '`·	3.	٠,
			Business Code	, "		*	
2a					-		,
b				-			
C							
d				†· · · · · · · · · · · · · · · · · · ·			
e							
1	All other program sen	vice revenue .					<u> </u>
g	Total. Add lines 2a-2				2		
3	Investment income	(including divid	lends, interest.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
	and other similar amo		•	2,003.50			2,003.50
4	Income from investment	t of tax-exempt be	ond proceeds▶				
5							···
		(I) Real	(ii) Personal				
6a	Gross rents	46,800.00					
ь	Less: rental expenses	37,209.23				. " 3	
С	Rental income or (loss)						***
d	Net rental income or ('		9,590.77	- ''	9,590.77	
7a	Gross amount from sales of	(i) Securities	(ii) Other	5940000	ř.	0,000,	
	assets other than inventory				-	- physical	
b	Less: cost or other basis						
	and sales expenses .			Seconds 3			
С	Gain or (loss)						
d	Net gain or (loss)		▶	person committee			1 14 75%
8a	Gross income from fu	ındraisina					
	events (not including \$						
	of contributions reporte	ed on line 1c)					
}	See Part IV, line 18 .	· · · · a			with the same		and the second of the second o
h	Less: direct expenses	_					, , ¹ , , , ,
C	Net income or (loss) fr				- 1		
9a	Gross income from ga	ming activities	OVERIOS .	1.50			
		· · · · · a		4 Seiter		-	
Ь	Less: direct expenses	u		1. 7			
C	Net income or (loss) fr			+* ×- ′			- N
10a			, P	Ed. Contra		, 1	
	returns and allowance				·	· yaki	•
ь	Less: cost of goods se				} ~		S
C	Net income or (loss) fr					, 1 , 1 or left	
	Miscellaneous Re		Business Code	y (
11a	Office Commissions		524113	1 562 27		4 500 00	
b	Office Commissions		524113	1,563.27 104,224.10		1,563.27	
c	Salary Reimb		524126		-	104,224.10	
d	All other revenue .		324120	11,306.92		11,306.92	
e	Total. Add lines 11a-	114	L	185.00			185.00
12	Total revenue. See in			117,279.29		, Top	·
		はいししいりける。 ・		153,143.06	24,269.50	126,685.06	2,188.50

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 response to any question in this Part IX										
	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) Fundralsing expenses					
1	Grants and other assistance to governments and									
_	organizations in the United States. See Part IV, line 21									
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				and the second					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	11,978.51								
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	69,588.83								
9	Other employee benefits									
10	Payroll taxes	5,816.11								
11	Fees for services (non-employees):									
8	Management									
b	Legal	***	-							
c d	Accounting	420.00								
e	Lobbying			728						
f	Investment management fees		1 1 day 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
g	Other		-,,,							
12	Advertising and promotion	5,900.52								
13	Office expenses	2,344.95			·					
14	Information technology									
15	Royalties									
16	Occupancy	17,917.09								
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .									
20	Interest	11,585.75								
21	Payments to affiliates		<u>.</u>							
22	Depreciation, depletion, and amortization .	14,160.02								
23	Insurance	6,543.00	hacks a med codaca	"Chicana har a carrier valuation of	, w. , .; " gw, un an hause . T					
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e, If									
	line 24e amount exceeds 10% of line 25, column				· · · · · · · · · · · · · · · · · · ·					
	(A) amount, list line 24e expenses on Schedule O.)				,					
а	Federal Income Taxes	698.17	*	<u> </u>	*****					
b	State Income Taxes	279.00	<u> </u>		·					
C	Postage	(20.14)	· · · · · · · · · · · · · · · · · · ·							
d	Rent Expense	5,100.00			 -					
e	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	152,311.81	·							
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)									

Pa	rt X	Balance Sheet					
•					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			27,028.14	1	22,820.18
ĺ	2	Savings and temporary cash investments			103,958.06	2	116,500.02
- 1	3	Pledges and grants receivable, net				თ	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers,	12				
		employees, and highest compensated employ Schedule L	5				
	6	Receivables from other disqualified persons (a	as defined under se	ection		31 -	
	U	4958(f)(1)), persons described in section 4958				() 3	1. Mar 25 1 1 1 1 1
ı		employers and sponsoring organizations of se	ection 501(c)(9) volu	intary			1973 () Section 1
60		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	-
3	8	Inventories for sale or use		•		8	
	9			•	3,500.00	9	2,300.00
1	9 10a	Land, buildings, and equipment: cost or		•	1325%: 7 57 7%	الدين أريا	2,000.00
-	IUa	other basis. Complete Part VI of Schedule D	100	2,391.87		1 -	
		·	· · · ·	-	778,981.89	40-	750,661.85
Ì	b	Less: accumulated depreciation	L	,730.02	1/8,961.09		/30,001.03
	11	,,				11	
ŀ	12	Investments—other securities. See Part IV, line				12	
1	13	Investments-program-related. See Part IV, line				13	
- 1	14	Intangible assets		· · · · <u>-</u> · · ·	14		
	15	Other assets. See Part IV, line 11				15	-
	16	Total assets. Add lines 1 through 15 (must equ			913,468.09		892,282.05
	17	Accounts payable and accrued expenses			518.00		370.00
	18	Grants payable	•		18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	•		20		
	21	Escrow or custodial account liability. Complete		21			
Liabilities	22	Payables to current and former officers, employees, highest compensated employees, Complete Part II of Schedule L		22			
-22	23	Secured mortgages and notes payable to unrela	ated third parties .			23	
	24	Unsecured notes and loans payable to unrelate	•		706,758.56	+	684,889.27
	25	Other liabilities (including federal income tax,					
	2.0	parties, and other liabilities not included on line of Schedule D			25		
	26				707,276.56	+-	685,259.27
-	20	Organizations that follow SFAS 117, check h	ere D and con	nnlete	707,270.30	7. 7. 7. 7.	11 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
1C83		lines 27 through 29, and lines 33 and 34.		iipicto			
100	27	Unrestricted net assets		•		27	
ã	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets			of a final to a gray taken and the same	29	<u></u>
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, complete lines 30 through 34.	neck here ► 🕜	and			
\$	30	Capital stock or trust principal, or current funds	· • • • • • • •			30	
စ္တ	31	Paid-in or capital surplus, or land, building, or e	quipment fund .			31	
₹	32	Retained earnings, endowment, accumulated in	come, or other fund	ls .	206,191.53	32	207,022.78
<u>ه</u> ا	33	Total net assets or fund balances			206,191.53	33	207,022.78
_	34	Total liabilities and net assets/fund balances .	<u></u>		913,468.09	34	892,282.05
							Form 990 (2011)

Page	1	2
ı ayı	•	-

A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	
Total expenses (must equal Part IX, column (A), line 25)	
Total expenses (must equal Part IX, column (A), line 25)	3.06
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1.81
5 Other changes in net assets or fund balances (explain in Schedule O)	1.25
Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1.53
Column (B))	
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	
Check if Schedule O contains a response to any question in this Part XII	2.78
1 Accounting method used to prepare the Form 990: 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?	
1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ☐ 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?	
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?	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant?	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b	
b Were the organization's financial statements audited by an independent accountant?	
	<u>/</u>
	<u> </u>
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?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	# *
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:	
Separate basis Consolidated basis Both consolidated and separate basis	
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?	✓
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	
Form 990 (2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

00.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

	•	that have filed Form 5768 (election und		*	
		that have NOT filed Form 5768 (election		* **	•
	▼	" to Form 990, Part IV, line 5 (Proxy 1	ax) or Form 990-E	Z, Part V, Ilne 35c (Proxy Ta	x), then
	ction 501(c)(4), (5), or (6) orga of organization	nizations: Complete Part III.		Employer iden	tification number
	Igee County Farm Bureau			• •	73-0770880
	•	organization is exempt und)	
Part		he organization's direct and indire			rgamzauon.
1	· ·	——————————————————————————————————————		- · · · · · · · · · · · · · · · · · · ·	
2					
3	volunteer nours			• • • • • • • • •	
Part	I-B Complete if the	organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file For	m 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 und			(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
2		filing organization's funds contrib	_		
		vities			
3	•	expenditures. Add lines 1 and 2.		*	
				· · · · · · · · · · · · · · · · · · ·	
4	Did the filing organization	file Form 1120-POL for this year	?		☐ Yes 🗸 No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount mptly and directly	paid from the filing organi delivered to a separate p	zation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount pald 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)					
(6)					

Page	2
rauo	-

Schadula	C (Form	990 00	990-F7	2011

~~.~	20.0 0 (1 01111 000 01 000 224 2011					rayo 🖦
•	t II-A Complete if the organiza section 501(h)).	-			•	
A	Check ► ☐ if the filing organization name, address, EIN, ex					oup member's
В	Check ► ☐ if the filing organization	checked box A	and "limited con	trol" provisions	apply.	
	Limits on Lo	obbying Expendi	tures		(a) Filing	(b) Affiliated
	(The term "expenditures"	means amount:	s paid or incurred	.)	organization's totals	group totals
18	Total lobbying expenditures to influer	nce public opinior	grass roots lobb	/ing)		
k	Total lobbying expenditures to influer	nce a legislative b	ody (direct lobbyin	g)		
c		_				
c		•				
e			1ď)			
f			•			
	columns.			9		
	If the amount on line 1e, column (a) or (b) is: The lobbying	nontaxable amour	t is	OEX 8. 14 8 -	33 50 30
	Not over \$500,000		mount on line 1e.			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		is 5% of the excess of			
	Over \$17,000,000	\$1,000,000.	13 0 70 OI 010 6XC638 C			
					Top School Street	**************************************
t h	` <u>.</u>	•				
1	Subtract line 1f from line 1c. If zero o					
í	If there is an amount other than ze		th or line 1, die	the organization	file Form 4720	<u> </u>
J	reporting section 4911 tax for this ye			· · · · · ·		☐ Yes ☐ No
	(Some organizations that	made a section		not have to com		e
			actions for lines 2 s During 4-Year A		age 4.)	
		ang Expenditure.	S During Treat A	veraging Feriou	1	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2ε	Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))				建	
	Total lobbying expenditures					
C	Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(£	3)	(b)		
	f the lobbying activity.		No		Amoun	rt
1	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:	5.4		. 5.	و پاهدايو. د د د د	
а	Volunteers?	*		F. 5		ا مد
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			 -		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	_				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	· · · ·				
j			تنتثنا	1	<u> </u>	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	*#/- > 1 ¹	er ike		E da	ۋ ــــــــــــــــــــــــــــــــــــ
b	· · · · · · · · · · · · · · · · · · ·		45			
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?		·	12,3	.	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or se	ction	l	
_				_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		ļ
3_	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		1
Part	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."					3, is
1	Dues, assessments and similar amounts from members		1			
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	3 3 3 3 3 3 3 3 3 3 3 3			
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 lobby	the				
	and political expenditure next year?		4	1		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	 		-0-
Par			. -			<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; for complete this part for any additional information.	Part I	I-A; a	nd Pa	ırt II-B	, line

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

Schedule C (For	m 990 or 990-EZ) 2011	Page 4
Part IV	m 990 or 990-EZ) 2011 Supplemental Information (continued)	
•		
	^	

	~~~~~~~~~~~ <del>~</del>	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

Okmu	Igee County Farm Bureau				73-0770880
Par		or Advised Funds or Other Similar Fun	ds or	Acco	ounts. Complete if the
	organization answered "Yes" to F				
		(a) Donor advised funds		(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year) .				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5		donor advisors in writing that the assets heat to the organization's exclusive legal control			
6	only for charitable purposes and not for the	enors, and donor advisors in writing that grange benefit of the donor or donor advisor, or for the control of t	or any	other	
Par	Conservation Easements. Comp	olete if the organization answered "Yes"	to For	m 99	0, Part IV, line 7.
1	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 his	storica	illy important land area
	☐ Protection of natural habitat	☐ Preservation of	a cert	ified h	nistoric structure
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	ation held a qualified conservation contribution	n in th	e forn	n of a conservation
				1	Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation ea	sements		2b	
c	Number of conservation easements on a ce	rtified historic structure included in (a)		2c	
đ	Number of conservation easements include historic structure listed in the National Regis	ded in (c) acquired after 8/17/06, and not ster	on a	2d	
3	Number of conservation easements modifie tax year ▶	d, transferred, released, extinguished, or term	ninated		ne organization during the
4 5		conservation easement is located licy regarding the periodic monitoring, insultion easements it holds?	•		_
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservation	easen	nents	
7	Amount of expenses incurred in monitoring,	, inspecting, and enforcing conservation ease	ements	durin	g the year
8		on line 2(d) above satisfy the requirements of	of secti	ion 17	′0(h)(4)(B) · · · ☐ Yes ☐ No
9		eports conservation easements in its revenue e text of the footnote to the organization's fin easements.			se statement, and
Par		ections of Art, Historical Treasures, or vered "Yes" to Form 990, Part IV, line 8.	Othe	r Sim	ilar Assets.
1a	If the organization elected, as permitted un works of art, historical treasures, or other	der SFAS 116 (ASC 958), not to report in its similar assets held for public exhibition, ec of the footnote to its financial statements that	lucatio	n, or	research in furtherance of
b	If the organization elected, as permitted u works of art, historical treasures, or other public service, provide the following amoun	under SFAS 116 (ASC 958), to report in its similar assets held for public exhibition, ed ts relating to these items:	revenu Jucatio	ue sta on, or	tement and balance shee research in furtherance o
	(i) Revenues included in Form 990, Part VII	l, line 1			▶ \$
	(ii) Assets included in Form 990, Part X .			!	▶ \$
2	If the organization received or held works	of art, historical treasures, or other similar under SFAS 116 (ASC 958) relating to these it	asset	s for	financial gain, provide the
a		ne 1		1	▶ \$
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		1	\$

_		_	_	
۲	а	a	8	4

Part										
3,	Using the organization's acquisition, a collection items (check all that apply):	accession, and	other reco	rds, chec	k any of the	follow	ing that are a s	ignificant	use	of its
a	☐ Public exhibition		d	Loan	or exchange	e progra	ams			
b	☐ Scholarly research		е	☐ Other	·					
C	☐ Preservation for future generations									
4	Provide a description of the organizat XIV.	ion's collection	s and expl	ain how ti	hey further t	he orga	anızation's exer	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							•		•
18	Is the organization an agent, trustee,	custodian or o	other intern	nediary fo	or contribution	ons or	other assets n	ot	-	
	included on Form 990, Part X?								es 🗌	No
ь	If "Yes," explain the arrangement in Pa	art XIV and com	plete the fo	ollowing to	able:					
			•				Α	mount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e	 			
f	Ending balance					1f				
2a	Did the organization include an amour								98	No
b	If "Yes," explain the arrangement in Pr		•					_		
Par		ete if the organ	nization ai	nswered	"Yes" to Fo	orm 99	0, Part IV, line	e 10.		
		(a) Current year		or year	(c) Two years		(d) Three years bac		years	back
1a	Beginning of year balance							235.75	Charles .	§* 1
b	Contributions							\$20 5 C	200	7 58
c	Net investment earnings, gains, and							30.00	20.7	3
_	losses					j				
d	Grants or scholarships							200		578,739
e	Other expenditures for facilities and	_						77	200	
_	programs					}				
f	Administrative expenses							S.S.C.O	A STATE OF	## 254827
	End of year balance							2 150	47. 4	200 P
9 2	Provide the estimated percentage of t	he current year	and balance	o /line 10	column (a)	held a		**************************************	\$119 50	4 2 4 3 4 3
2 8	Board designated or quasi-endowmen	_		ye (mile ilg	, column (a)) Heid a	.o.			
b	Permanent endowment	%	/0							
C	Temporarily restricted endowment		4							
C	The percentages in lines 2a, 2b, and 2		-							
3а				ization the	at are held s	nd adr	ministered for t	30		
00	organization by:	possosion o	i inc organ	200011 011	at are neig b	and dan	iningtored for the		Van	No
	(i) unrelated organizations							3a(i)	Yes	No
	(ii) related organizations							3a(ii)	 	
b	If "Yes" to 3a(ii), are the related organi	izations lietod a	e required :	nn Schad	 ule 82			3b	<u> </u>	
4	Describe in Part XIV the intended uses		•					30	l	
Pari										
r ai	Description of property			, 	or other basis	40) 6	vccumulated	/d\ Pa		
	Description of property		r other basis stment)		ther)		preciation	(d) Boo	ok value	3
	land			 	86,884.04				96 0	24 D4
18	Land	•		 	763,638.10	<u> </u>	, ú ,			84.04
b	Buildings	·		 	103,036.10		100,656.25		002,9	81.85
C	Leasehold improvements	·		 	11 000 70		44.070.77			05.00
d	Equipment	•	····	 	11,869.73		11,073.77			95.96
Tetal		nunt onuni Es	000 00-	V notions	2 (D) (ma 10	(0))			750.0	C4 CF
ı otal.	. Add lines 1a through 1e. (Column (d) n	iusi equal rom	і ээч, гап	A, CUIUINI	ı (¤), iine 10((<i>U).)</i> .			/ aU, 6	61.85

Part VII	Investments-Other Securities	. See Form 990, Part X,	line 12.		
	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma		
(1) Financia	d derivatives			-	
(2) Closely-	held equity Interests				
(3) Other					
(A)					
(B)					
(C)					
(D)	***************************************				
(E)					
(F)					
(G)					
(H)					
(1)			ا د د کا کا کا کا کا کا کا کا کا کا کا کا کا	3 1	
	(b) must equal Form 990, Part X, col. (B) line 12.)	10 5 200 5 17		His or the time.	
Part VIII	Investments-Program Related				
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1)					
(2)					
(3)					
(4)				·	
(5)					
(6)					
(7)					
(8)					
(9)	1.				
(10)	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. See Form 990, Pa	art X line 15	[1] 10 10 10 10 10 10 10 10 10 10 10 10 10	way with the control of the control	
FaitiA	· · · · · · · · · · · · · · · · · · ·	a) Description		(b) Book value	
(1)					
(2)				····	
(3)		*****			
(4)					
_(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	lumn (b) must equal Form 990, Part X, o	col. (B) line 15.)			
Part X	Other Liabilities. See Form 990	, Part X, line 25.			
1.	(a) Description of liability	(b) Book value			
(1) Federa	al income taxes				
(2)					
(3)					
(4)					
(5)					
(6)				,	
(7)				,	
(8)		 	The state of the state of	e e e e e e e e e e e e e e e e e e e	
(9)				Service Servic	
(10)			7	· .	
(11)				r de Service	
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
	(ASC 740) Footpote In Part XIV provid		the organization's financial states	nents that reports the	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedul	e D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial Stateme	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	H	3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities	L.	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	<u> </u>	9
10	Excess or (deficit) for the year per audited financial statements. Combine	e lines 3 and 9	10
Part	Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	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:		1 to 6
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)		1 *: 1
е	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:		35.40
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120 % 1
b	Other (Describe in Part XIV.)		14.7 mg 1 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2
C	Add lines 4a and 4b		1 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part			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	2a	
b	Prior year adjustments		
c	Other losses	2c	
d	Other (Describe in Part XIV.)		1,469
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:		100 A
а	Investment expenses not included on Form 990, Part VIII, line 7b	49	
b	Other (Describe in Part XIV.)		
Ç	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5
Part			-
Part V	ete 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 ditional information.		

Schedule D (For	m 990) 2011	Page 3
Part XIV	Supplemental Information (continued)	
,	depprending members (commed)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

effic questions on 20

OMB No 1545-0047

Open to Public

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.

Inspection
Employer Identification number

Okmulgee County Farm Bureau	73-0770880
The Organization does not have stockholders but it does have members. There are two types of mem	bers. One is an Associate member
and the other is a Voting member. An Associate member includes someone who runs or operates a f	arm but whose average gross
the set in a second in the set the set to be set to be set in a second as the second as a	
agricultural income is less than half their total income. An Associate member also includes someone	working in Agriousiness. Someone
who is not directly related to Agriculture is an associate member. Lastly, an Associate member can h	old their membership through a
church, FFA chapter, an association, or by a corporation not producing agriculture products. A Votin	g member can be a family that gets the
majority of its average gross income from the sale of agricultural products. A Voting member can als	o be held by a retired agricultural
person living on an income or social security accrued and not employed full time in another occupati	on. A Voting member can also be held
by a partnership or corporation receiving the majority of income from the sale of agricultural product	e
by a partiership of corporation receiving the majority of medical from the sale of agricultural product	
	~
· · · · · · · · · · · · · · · · · · ·	

NAME: TAX NO. TAX YEAR ENDING Okmulgee County Farm Bureau 73-0770880 8/31/2012

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
Larry Harvey	PRESIDENT	NONE	NONE	NONE
2230 Grimes Rd Beggs 74421	4 HRS A MONTH			
James Pittman	VICE-PRESIDENT	NONE	NONE	NONE
4599 Bixby Rd, Okmulgee 74447	4 HRS A MONTH			
Philip Siberts	SECRETARY	NONE	NONE	NONE
212 Clegern St Henryetta 74437	4 HRS A MONTH			
Philip Siberts	TREASURER	NONE	NONE	NONE
212 Clegern St Henryetta 74437	4 HRS A MONTH			
Larry Coker	DIRECTOR	NONE	NONE	NONE
27855 S. 170 Rd Henryetta 74437	4 HRS A MONTH			
James (Buz) Henson	DIRECTOR	NONE	NONE	NONE
445 Herrick Rd Beggs 74421	4 HRS A MONTH			
Bill Dillsaver	DIRECTOR	NONE	NONE	NONE
16285 Banyan Rd Morris 74445	4 HRS A MONTH			
John Duncan	DIRECTOR	NONE	NONE	NONE
21951 Howard Rd Morris 74445	4 HRS A MONTH			
Jim Meek	DIRECTOR	NONE	NONE	NONE
20260 S 150 Rd, Okmulgee,Ok 74447	4 HRS A MONTH			