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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)

OMB No 1545-0047

Department of the Treasury

enization may have to use a copy of this return to setisfy state reporting requirements.

HILL	mai neven	ue Service	P The organization may have to doe a copy of the retent to dately dis										
<u>A</u>	For the	2012 cale	ndar year, or tax year beginning 9-1 , 2012, and e	nding	8-31	, 20 13							
В	Check if	applicable	C Name of organization Custer County Farm Bureau		D Empl	loyer identification number							
	Address	change	73-0581050										
	Name ch	ange	hone number										
	Initial reti	um	2700 W. Modelle			580.323.1270							
	Terminat	ed	City, town or post office, state, and ZIP code		1								
$\overline{\Box}$	Amended	d return	Clinton, OK 73601		Q Gross	s receipts \$ 233,502.55							
$\overline{\Box}$		Application pending F Name and address of principal officer: Bill Sawatzky H(a) is this a group return											
_	RR 1, Box 72, Custer City, OK 73639												
	Tay-avar	npt status	☐ 501(c)(3)			h a list. (see instructions)							
<u>'</u>	Website				roup exempl	tion number ▶ 1480							
K			Corporation			ate of legal domicile. OK							
_	art l	Summ		12	772	The stringer control of the st							
			escribe the organization's mission or most significant activities: Ag										
	1	Brielly u	escribe the organization's mission of most significant activities.	Incultural Mei	mbersnip (rganization							
9			,										
Activities & Governance													
톭													
٥	į		his box $ ightharpoonup \square$ if the organization discontinued its operations or dispos		1 -								
25	1												
8	4		of independent voting members of the governing body (Part VI, line	•	_								
葁	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)										
যু	6	Total nui	mber of volunteers (estimate if necessary)		. 6								
4	7a	Total uni	related business revenue from Part VIII, column (C), line 12		. 7	a 185,301.93							
	b	Net unre	lated business taxable income from Form 990-T, line 34		. 71	55,870.98							
				Pric	or Year	Current Year							
) ·M	8	Contribu	itions and grants (Part VIII, line 1h) JAN A		34,730.0	30,332.00							
ي ا	9		service revenue (Part VIII, line 2g)										
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		198.0	05 69.90							
	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		193,462.3								
Ä	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12		228,390								
-	13		and similar amounts paid (Part IX, column (A), lines 1-3)		220,000	220,232.30							
	14		paid to or for members (Part IX, column (A), line 4)	•	10,714.3	27 10,184.79							
≥	15		other compensation, employee benefits (Part IX, column (A), lines 5–10	, 	69,539.								
288			· · · · · · · · · · · · · · · · · · ·		09,339.:	72,025.57							
9 6 80	16a		onal fundraising fees (Part IX, column (A), line 11e)	· · · · · · · · · · · · · · · · · · ·		The Mark the Court of							
	b		ndraising expenses (Part IX, column (D), line 25)	2 ° . 60 024 \$76 14 13									
∑ _	17		spenses (Part IX, column (A), lines 11a-11d, 11f-24e)		85,360.								
01/4	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	•	165,614.								
	19	Revenue	e less expenses. Subtract line 18 from line 12		62,776.								
Net Assets or	3			Beginning (of Current Ye	ear End of Year							
8	20	Total as	sets (Part X, line 16)	·	822,860.	07 798,012.75							
× 2	21	Total lial	bilities (Part X, line 26)		370,229.	24 299,166.64							
Žů	22		ets or fund balances. Subtract line 21 from line 20	·	452,630.	83 498,846.11							
P	art II	Signa	ture Block										
			ury, I declare that I have examined this return, including accompanying schedules and			of my knowledge and belief, it is							
tru	ie, correc	t, and comp	plete Declaration of preparer (other than officer) is based on all information of which pro-	eparer has any k	nowledge.								
		\			1-	2-14							
Si	gn	Sign	nature of officer		Date								
He	ere		Laurence Sawataky,	Preside	ent-								
		Тур	e or print name and title										
<u> </u>		Print/T	ype preparer's name, Preparer's signature	Date	/ 0:	PTIN							
	aid		heis tours of fun Luna	9/12		ck if if employed							
	repare			·····/									
U	se Oni	ly Firm's		-	Firm's EIN								
M	av the II		address ► 2501 N. Stiles, OKC, OK 73105 ss this return with the preparer shown above? (see instructions).		Phone no	405.523.2300							
_				<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · Yes · No							
Fo	r Papen	work Redi	uction Act Notice, see the separate instructions.	Cat No 11282Y		Form 990 (2012)							

orm 99	990 (2012)		Page 2
Part	Statement of Program Service Accomplishme	ents question in this Part III	[<u>]</u>
1		question in this Part III	<u>. v</u>
•	- · · · · · · · · · · · · · · · · · · ·		
2	Did the organization undertake any significant program s prior Form 990 or 990-EZ?		∑ No
3	J	nificant changes in how it conducts, any program	∕ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplish expenses. Section 501(c)(3) and 501(c)(4) organizations the total expenses, and revenue, if any, for each program	nments for each of its three largest program services, as measurare required to report the amount of grants and allocations to conservice reported.	red by others,
4a	a (Code:) (Expenses \$includin	ng grants of \$) (Revenue \$)
4b	b (Code:) (Expenses \$includin	ng grants of \$) (Revenue \$)
4=	c (Code:) (Expenses \$includin	on areato of C	
4c	C (Code) (Expenses \$miclidan	ig grants of \$) (nevenue \$)
			-
4d	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	

4e Total program service expenses ▶

art	Checklist of Required Schedules	T	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	105	√
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		<u>√</u>
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		<u>·</u>
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		✓
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		✓
9	complete Schedule D, Part III	8		✓
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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.	10	, y, y	√
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	√	
	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		✓
С	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	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		∀
14 a b		14a		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 b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		1
		1202	<u> </u>	

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		1
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 24c		1
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, highest 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):	, , , , , , , , , , , , , , , , , , ,		
	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 30		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		√
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, Part II, III, or IV, and Part V, line 1	34		1
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,	30		
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			'
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	[′		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	-	
2a	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 -0- If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-24		,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		<u> </u>	
10	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: ▶	F		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	7		
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 as charitable contributions?	6a	ļ	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- CL		
-	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	''''		, ,
	and services provided to the payor?	7a		1
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			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7		7
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		ļ	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1:-		'
_	organization, have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	1	′
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	35		
а	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	, ~	. '	
11	Section 501(c)(12) organizations. Enter:	(°>		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	7	`	
	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	<u> </u>	
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	ļ	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which	,		
b	the experience to licensed to seem qualified beauth place			
С	100	4		
14a	Enter the amount of reserves on hand	14a	 	-
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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	ons.		
Section	on A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8					
	If there are material differences in voting rights among members of the governing body, or		ı			
	if the governing body delegated broad authority to an executive committee or similar	1				
	committee, explain in Schedule O.		ł			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			ĺ		
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 prior Form 990 was filed?	4		1		
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	\			
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			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1		
8	stockholders, or persons other than the governing body?	7b		ļ ·		
0	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					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	✓_		
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C				
4.0	District the second of the sec	40-	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>		
þ	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	<u> </u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			٠ .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>		
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	<u> </u>		
С	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					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ŀ		i '		
а	The organization's CEO, Executive Director, or top management official	15a	!	1		
b	Other officers or key employees of the organization	15b				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
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					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Secti	on C. Disclosure	4 · · ·	l			
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)		
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)					
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest of the conflict of the						
	and financial statements available to the public during the tax year.			y,		
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•			
	organization: ► Oklahoma Farm Bureau, 2501 N. Stiles, OKC, OK 73105 405.523.2300					

_		
F	'age	-/

Form	990	1201	2)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
					C)			Ì	Ì	
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average		lo not check mor ox, unless persor					Reportable	Reportable	Estimated
Hairo and Thio	hours per					is doir or/trust		compensation	compensation from	amount of
	week (list any	⊢—					<u></u>	from	related	other
	hours for	일표	3	≌	<u> </u>	글을	8	the	organizations	compensation
	related	3 8	Ē	Officer	9	ुं इंड	Former	organization	(W-2/1099-MISC)	from the
	organizations	용률	3	-	Key employee	8 2]	(W-2/1099-MISC)		organization
	below dotted	ੋ ਭੋ	82.		ş	Į	l		Ì	and related organizations
	4710)	Individual trustee or director	Institutional trustae	ŀ	•	Highest compensated employee	ł		1	Organizations
			8	1	1	👺				
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Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	box,	(C) Position not check more than or the unless person is both to the cer and a director/truste					(D) Reportable compensation from	(E) Reportable compensation from related	rom	Esti amo		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		composition from congain	ensation the nization related	n t
(15)														
(16)														
(17)									1					
(18)						-						-		
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(24)				-										
(25)			-		ļ <u>.</u>	<u> </u>								
1b c	Sub-total	VII, Section		•	•			 						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited					abov	e) w	ho received m	ore than \$10	0,000 o	f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest compen	sated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npe	nsatio	on a s,"	and other comp complete Sci	pensation fro nedule J for	m the	4	,	1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ındi	vidual	5		1
Section	on B. Independent Contractors										· · · · · · · · · · · · · · · · · · ·		l	1
1	Complete this table for your five highest compensation from the organization. Re year.													lax
	(A) Name and business add	dress							(B) Description of s	services	Co	(C) empens		
		/				lu-	٠ ام ـ ٨		المحادم المحاد					
2	Total number of independent contract received more than \$100,000 of comper							o ti	nose listed ab	ove) who				

Part	: VIII	Statement of Reve				At:- At B1			
	,	Check if Schedule O	contains a	respo	onse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1 st	1a	Federated campaigns	3	1a		1271	,		
iran Ocu	b	Membership dues .		1b	30,332.00	And the second s			
9, E	С	Fundraising events .		1c		1			
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d		1.7	l		
S, (е	Government grants (con	tributions)	1e		1398			,
g g	f	All other contributions, gi	ifts, grants,			1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
the the		and similar amounts not inc	cluded above	1f	<u> </u>	l-, ` ;			
FO	g	Noncash contributions includ	led in lines 1a-	1f \$		\$2.72\\delta \chi \chi \chi \chi \chi \chi \chi \chi		*	,
Se	h	Total. Add lines 1a-1	f		>	30,332.00] '	'	
					Business Code				
E	2a					į '	ŀ		
Æ	ь							•	
<u>8</u>	С								·
Ş.	d								
E	•	***************************************			· · · · · · · · · · · · · · · · · · ·				
Program Service Revenue	1	All other program sen	vice revenu	е.					
Æ	g	Total. Add lines 2a-21	f		•			^	;
	3	Investment income	(including	dıvid	ends, interest,				
		and other similar amo	unts) .		•	69.90			69.90
	4	Income from investment	t of tax-exer	npt b	ond proceeds				
	5	Royalties			•				
			(i) Real		(ii) Personal	100	, , « , y'		
	6a	Gross rents	42,2	46.00			, ' ;		
	b	Less: rental expenses	7,2	69.65			,		
	С	Rental income or (loss)	34,9	76.35			13		,
	d	Net rental income or (<u></u> >	34,976.35	10,492.9	91 24,483.44	ı
	7a	Gross amount from sales of	(i) Secunti	es	(ii) Other				
		assets other than inventory					, ,	;	
	ь	Less: cost or other basis					298		,
		and sales expenses .					3,4-7 3-1		' -
	С	Gain or (loss)	h.'				1. (1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	3	
1	đ	Net gain or (loss) .							
_						~ *,,	,		
휠	8a	Gross income from fu	ndraising			, , , ,	7	• '	· · ·
Ş		events (not including \$				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	,	1	,
Other Reve		of contributions reporte	ed on line 1d	>).			k,		,
ğ		See Part IV, line 18 .		· a			* ~~		'
ਰ	ь	Less: direct expenses		. b			,		
	C	Net income or (loss) fr			events . >			,	
	9a	Gross income from ga	ming activit	ties.			; , · · · ,		,
		See Part IV, line 19 .	• •	· a		PROMETER SECTION	-		
		Less: direct expenses		. b		1			
	C	Net income or (loss) fr			vities . ►	,			
	10a	Gross sales of in	•			4,41			
		returns and allowance		. a					
	b	Less: cost of goods so		Ь	L				
-	C	Net income or (loss) fr		T INV		<u> </u>			
ļ		Miscellaneous Re	evenue		Business Code	- 2021			,
	11a	Office Commissions			524113	9,617.45		9,617.45	i
	b	Office Commissions			524126	148,295.54		148,295.54	
	C	Phone Reimbursement			524126	2,905.50		2,905 50	
	ď			•	L	36.16			36.16
	e 12	Total Add lines 11a-		•		160,854.65			
	12	Total revenue. See in	istructions.		<u>, , , , </u>	226,232.90	40,824.9	91 185,301.93	106.06

	0 (2012) X Statement of Functional Expenses				Page 10
Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	VI other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respons				
Do no 8b, 9b	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			ζ.	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				ew P
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	10,184.79			
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	66,444.93			
9	Other employee benefits				
10	Payroll taxes	5,580.64			
11	Fees for services (non-employees):				
8	Management				
b c	Accounting	420.00			
d	Lobbying	420.00			
e	Professional fundraising services. See Part IV, line 17			VA 9/20 - 27	
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	561.45			
13	Office expenses	10,791.85			
14	Information technology				
15	Royalties	25 600 00			
16 17	Occupancy	25,680.28			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	9,601.95		ļ	
21	Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	18,778.43	·		
23	Insurance	11,708.89	Bagerati - 1999 x 1	The state of the s	1 a.g.: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If		Kiristi		
	line 24e amount exceeds 10% of line 25, column		The state of the s	,	·, ·,
	(A) amount, list line 24e expenses on Schedule O.)	. A. 23 ()			į į į
а	Federal Income Tax	9,928.17	,		
b	State Income Tax	3,583.00			
C	Postage	1,602.51			
d	Rent Expense	5,150.73			
e	All other expenses Total functional expenses. Add lines 1 through 24e			<u> </u>	
25 26	Joint costs. Complete this line only if the	180,017.62			
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

1	art X	Balance Sneet					<u>—————————————————————————————————————</u>
		Check if Schedule O contains a response to	any c	uestion in this Part >		•	
					(A) Beginning of year	_	(B) End of year
	1	Cash-non-interest-bearing			87,996.53	1	120,703.46
	2	Savings and temporary cash investments			40,152.35	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[559.00	4	601.00
	5	Loans and other receivables from current and					,
		trustees, key employees, and highest co	mpen	sated employees.	,		
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	ions (as	defined under section	,	,	
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar	nd cont	nbuting employers and	· .		
		sponsoring organizations of section 501(c)(9) volum					, ,
\$		organizations (see instructions). Complete Part II of Sche	edule L.			6	
Assets	7	Notes and loans receivable, net				7	<u>-</u>
₹	8	Inventories for sale or use				8	
	9		· · ·		7,057.62	9	10,000.00
	10a	Land, buildings, and equipment: cost or				55.x .	, , , , , , , , , , , , , , , , , , ,
		other basis. Complete Part VI of Schedule D	10a	932,511.33	Service of the servic		
	b	Less: accumulated depreciation	10b		687,094.57	10c	666,708.29
	11	, , , , , , , , , , , , , , , ,				11	
	12	Investments—other securities. See Part IV, line				13	
	13	Investments—program-related. See Part IV, line				14	
	14	Intangible assets				15	
	15	Other assets. See Part IV, line 11			222 222 23	16	700 012 75
	16	Total assets. Add lines 1 through 15 (must equ			822,860.07		798,012.75
	17	Accounts payable and accrued expenses			372.00	18	956.00
	18 19	Grants payable				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ø,	22	Loans and other payables to current and f				3.0	٠ ٧
Liabilities		trustees, key employees, highest comper					
Ē		disqualified persons. Complete Part II of Sched				22	100
<u>=</u>	23	Secured mortgages and notes payable to unrela	ated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelate			369,857.24	24	298,210.64
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on line	s 17-2	4). Complete Part X		İ	
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	<u> </u>	370,229.24	26	299,166.64
60		Organizations that follow SFAS 117 (ASC 958		eck here 🕨 🔲 and		13	
8	1	complete lines 27 through 29, and lines 33 ar			12 1 1 miles 12 miles		
<u>a</u>	27	Unrestricted net assets				27	
Ba	28	Temporarily restricted net assets				28	
B	29	Permanently restricted net assets			£	29	
£	ļ	Organizations that do not follow SFAS 117 (ASC 9	158), cr	neck nere P 🕢 and			,
Net Assets or Fund Balances		complete lines 30 through 34.				200	
ets	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e				30	
8	31 32	Retained earnings, endowment, accumulated in			452 622 02	+	400.044.44
at a	33			, or other lunds .	452,630.83 452,630.83	+	498,846.11
ž	34	Total liabilities and net assets/fund balances			452,630.83 822,860.07	+	498,846.11
_	1 34	TOTAL HADRINGS AND THAT ASSETS/TUTIO DAIGHTES .	<u> </u>	<u> </u>	022,000.07	1 34	798,012.75

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nm 0	90 (2012)			₽≈	ge 12
	XI Reconciliation of Net Assets				90
- (31	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)	1		226,2	232.90
2	Total expenses (must equal Part IX, column (A), line 25)	2		180,0	17.62
3	Revenue less expenses. Subtract line 2 from line 1	3		46,2	15.28
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		452,6	30.83
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		498,8	346.11
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	Chook in Contradic C Contains a response to tary queens in time i a response to	· · ·	· · ·	<u> </u>	<u></u>
	Check it contidute a contained to any quotien in the fact in the	· · ·		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				No
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," exp				No
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," expended to the control of	plain in			No
1 2a	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," exp Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	plain in			No V
·	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," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled.	plain in			No ✓
·	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," exp Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?	plain in			No V
·	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," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	plain in	2a		No /
·	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," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	plain in Diled or	2a 2b		No /
2 a	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," expectedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	plain in Diled or	2a 2b		No /
2 a	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	plain in Diled or	2a 2b	Yes	No /
2 a	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	plain in biled or ad on a	2a 2b		No /
2 a	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	plain in biled or bid on a	2a 2b	Yes	No /
2 a	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow of the audit, review, or compilation of its financial statements and selection of an independent accounts.	plain in biled or ed on a versight ntant?	2a 2b	Yes	No V
2 a	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, expension of the section of the	plain in biled or ed on a versight ntant?	2a 2b	Yes	No V
2a b	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," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overous of the audit, review, or compilation of its financial statements and selection of an independent account fithe organization changed either its oversight process or selection process during the tax year, expected.	plain in piled or ed on a versight ntant? plain in	2a 2b	Yes	No V
2a b	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, exp. Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set in the organization of a federal award, was the organization required to undergo an audit or audits as set in the organization of a federal award, was the organization required to undergo an audit or audits as set in the organization of a federal award, was the organization required to undergo an audit or audits as set in the organization of a federal award, was the organization required to undergo an audit or audits as set in the organization of a federal award, was the organization required to undergo an audit or audits as set in the organization of a federal award, was the organization required to undergo an audit or audits as set in the organization of a federal award, was the organization or a undergo an audit or audits as set in the organization of a federal award, was the organization or a control or a federal award.	plain in piled or ed on a versight ntant? plain in	2a 2b 2c	Yes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2a b c c	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," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account fithe organization changed either its oversight process or selection process during the tax year, exp. Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	plain in Diled or Diled or don a versight ntant? plain in forth in	2a 2b	Yes	No /
2a b	Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both: Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, ex Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	plain in Diled or Diled or Diled on a versight ntant? plain in forth in Dirgo the	2a 2b 2c	Yes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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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 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047 201

Inspection

Department of the Treasury Internal Revenue Service

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➤ 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. If the organization enswered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then · Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of organization 73-0581050 **Custer County Farm Bureau** Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. Volunteer hours . . . Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . No 4a Was a correction made? . . Yes No **b** If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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)				
(6)				

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Pэ	nα	7

	art II-A Complete if the orga section 501(h)).					
A	Check ► ☐ if the filing organization name, address, EIN	tion belongs to an af I, expenses, and shar	filiated group (ar	nd list in Part IV o bying expenditur	each affiliated groes).	oup member's
В	Check ▶ ☐ if the filing organiza	tion checked box A a	and "limited con	trol" provisions a	ipply.	
	Limits	on Lobbying Expenditures" means amounts	ures		(a) Filing organization's totals	(b) Affiliated group totals
	1a Total lobbying expenditures to i		·			
	b Total lobbying expenditures to i					
	c Total lobbying expenditures (ad					
	d Other exempt purpose expendit					
	e Total exempt purpose expenditu					
	f Lobbying nontaxable amount. columns.	Enter the amount fr	om the following	g table in both		
	If the amount on line 1e, column (a	or (b) is: The lobbying	nontaxable amour	nt is:	3,74	
	Not over \$500,000		nount on line 1e.			
	Over \$500,000 but not over \$1,000,	000 \$100,000 plus	15% of the excess	over \$500,000.		Marakiri a
	Over \$1,000,000 but not over \$1,50		10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	00,000 \$225,000 plus	5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount	(enter 25% of line 1f)				
	h Subtract line 1g from line 1a. If:	zero or less, enter -0-				
	I Subtract line 1f from line 1c. If z					
	j If there is an amount other the reporting section 4911 tax for the			d the organization		Yes No
	columns	4-Year Averaging I that made a section 5 below. See the instruc-	01(h) election do ctions for lines 2	not have to com a through 2f on p		e
	L	obbying Expenditures	During 4-Year A	veraging Period		·
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditure	res				

Part	[I-B] Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		•
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(4	1)		(b)	
desci	iption of the lobbying activity.	Yes	No	A	mount	t
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:			1 , 2 by	,	•
а	Volunteers?			. ,		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			*	-	
c d	Media advertisements?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
j	Other activities?					
j	Total. Add lines 1c through 1i	~,	2000			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			2 1	, ,	
b	If "Yes," enter the amount of any tax incurred under section 4912	75.55	, « '			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		~			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	\/ 6 \ /	25.60	otion		
Part	501(c)(6).	,,(J), ·	טו ספ	Cuon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	✓	<u> </u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	✓
Part	III-B 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," Canswered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1		30,	332.00
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).					
а	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 lobbe and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			-0
Par			· · ·			
Comp	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	Part I	I-A (a	ffiliatec	grou	p

Schedule C (For	m 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information (continued)	
		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

► 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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Custer	County Farm Bureau				73-0581050
Par	Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	inds or	Acco	unts. Complete if the
	organization answered "Yes" to Fe	(a) Donor advised funds		(b) Fun	ds and other accounts
1	Total number at end of year	(5)			· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year) .				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	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	ct to the organization's exclusive legal cont	trol?		· · · 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do only for charitable purposes and not for the	e benefit of the donor or donor advisor, or	for any	other	purpose
- Do-		olete if the organization answered "Yes	" to For	m 00	O Part IV line 7
Par	Purpose(s) of conservation easements held		IO FOI	יככ ווו	o, raitiv, iiil o 7.
1 2	 ☐ Preservation of land for public use (e.g., ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization 	recreation or education)	of a cert	ified h	istoric structure
	easement on the last day of the tax year.				
				 	Held at the End of the Tax Year
8				2a	
þ	Total acreage restricted by conservation eas			2b	
c d	Number of conservation easements on a cell Number of conservation easements include historic structure listed in the National Regis	ded in (c) acquired after 8/17/06, and no	ot on a	2c 2d	**
3	Number of conservation easements modified tax year ▶	d, transferred, released, extinguished, or te	erminated		ne organization during the
4 5	Number of states where property subject to Does the organization have a written polyiolations, and enforcement of the conserva	licy regarding the periodic monitoring, in			
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easen	nents (during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements	durin	g the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of sect	ion 17 	'0(h)(4)(B) · · ·
9	In Part XIII, describe how the organization re balance sheet, and include, if applicable, the organization's accounting for conservation of	e text of the footnote to the organization's	ue and e financial	xpens stater	se statement, and ments that describes the
Par		ections of Art, Historical Treasures, evered "Yes" to Form 990, Part IV, line 8		r Sim	ilar Assets.
1a	If the organization elected, as permitted un works of art, historical treasures, or other public service, provide, in Part XIII, the text	similar assets held for public exhibition,	educatio	on, 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 amount	similar assets held for public exhibition, its relating to these items:	educatio	on, or	research in furtherance of
	(i) Revenues included in Form 990, Part VIII				
	(ii) Assets included in Form 990, Part X .				▶ \$
2	If the organization received or held works following amounts required to be reported u	under SFAS 116 (ASC 958) relating to these	e items:		
а	Revenues included in Form 990, Part VIII, lir	ne1		1	\$
b	Assets included in Form 990, Part X	<u> </u>	<u>.</u>		▶ <u>\$</u> _

Part	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		sion, and o	ther recor	ds, chec	k any of th	e follov	ving that are a s	significant use of its
a	☐ Public exhibition			d l	Loan	or exchang	je prog	rams	
b	☐ Scholarly research			e	Other				
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	tion's	collections	and expla	in how ti	ney further	the org	janization's exer	npt purpose in Part
5	Dunng the year, did the organization assets to be sold to raise funds rather								
Part				•		_			
	line 9, or reported an amour								
1a	Is the organization an agent, trustee	, custo	odian or oth	ner interm	nediary fo				
	included on Form 990, Part X?								☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	an XIII	and compl	ete tne ro	llowing ta	ible:			mount
_	Desirates haloss						-		41100111
C	Beginning balance						10		
đ	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						11		
2 a	Did the organization include an amount								
	If "Yes," explain the arrangement in P								
Part	V Endowment Funds. Compl								
	•	(a) (Current year	(b) Pno	or year	(c) Two year	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and					-			
	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	the cu	rrent vear e	nd balanc	e (line 1a	. column (a	i)) held	as:	
	Board designated or quasi-endowme				,		,,		
b	Permanent endowment >	%		' -					
c	Temporarily restricted endowment ▶		%						
•	The percentages in lines 2a, 2b, and 2			00%					
3a	Are there endowment funds not in th				zation tha	at are held	and ad	ministered for the	ne
	organization by:	•							Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations	• •					•		3a(ii)
b	If "Yes" to 3a(ii), are the related organ		ne lietad se i	required o	n Sched	ule R2	•	• • • • • •	3b
4	Describe in Part XIII the intended use						• •		
Pari									
	Description of property		(a) Cost or o	ther basis	(b) Cost of	or other basis		Accumulated epreciation	(d) Book value
1a	Land				 	95,513.48	Age in	* "	95,513.48
	D. 1.1				 	789,571.87	*> *^		
b	•	. }				107,311.81		221,061.14	568,510.73
C	Leasehold improvements	•			 	47.402.00		44 744 75	4.004.55
d	Equipment					47,425.98		44,741.90	2,684.08
E Tabel	Other	·		200 0	Y 201:	(D) tr = 4	2611		
iotal.	Add lines 1a through 1e. (Column (d) r	nust e	quai romi s	esu, ran	<u>, columi</u>	1 (0), line 1	υ(C).)	<u> ▶ </u>	666,708.29

	es. See Form 990, Part	Λ, ΙΙΙΙΘ 12.	
of security or category name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
S	•		
interests			
			
			· · · · · · · · · · · · · · · · · · ·
			<u>., </u>
Form 000 Part Y col (R) line 12 l	_		V4.8
			· · · · · · · · · · · · · · · · · · ·
	(b) Book value	(c) Method of va	
			· · · · · · · · · · · · · · · · · · ·
Form 000 Part Y and /R1 (ing 13)	N	A Part of the Control	
		Extracting and the rest of the second	<u> </u>
3003 : 000 1 01111 000;	(a) Description		(b) Book value
	·		
	<u> </u>		
iabilities. See Form 9:		<u> </u>	
scription of liability	(b) Book value		
xes	L		
			1 Y N. Y. C. W. S
			San San San San San San San San San San
Form 990, Part X, col. (B) line 25.)			
	nents — Program Relation of investment type Form 990, Part X, col. (B) line 13)	Form 990, Part X, col. (B) line 13) ► Assets. See Form 990, Part X, line 15.	nents—Program Related. See Form 990, Part X, line 13. (c) Method of value (c) Method of value (d) Book value (e) Method of value (f) Method of value (g) Method of value (g) Method of value (g) Method of value (h) Book value (g) Method of value (h) Book value (h) Book value (h) Book value (h) Book value (h) Book value (h) Method of value (h) Method of value (h) Book value (h) Book value (h) Book value (h) Book value (h) Book value (h) Method of

Pari	XI 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:		
_	Net unrealized gains on investments	28	
b	Donated services and use of facilities	2b	- [: <u>.</u>]
c	Recoveries of prior year grants	- 	
ď	Other (Describe in Part XIII.)	 	┦ .┃
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	4a	1
b	Other (Describe in Part XIII)	4b	-
C	Add lines 4a and 4b	L	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			
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:		 •
a	Donated services and use of facilities	2a	•
b	Prior year adjustments		╡ ┃
	Other losses		
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
	Subtract line 2e from line 1		3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
4	Investment expenses not included on Form 990, Part VIII, line 7b	140	}
a	Other (Describe in Part XIII.)	4a 4b	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
b	· · · · · · · · · · · · · · · · · · ·	<u> </u>	→ = ⁽²⁾
С 5	Add lines 4a and 4b		4c 5
	XIII Supplemental Information	ie 16.)	5
art V	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation.		
		·····	

Schedule D (Fo	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
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### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Custer County Farm Bureau	73-0581050
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 fa	arm 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 be	old their membership through a church,
FFA chapter, an association, or by a corporation not producing agricultural products. A Voting members	er 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 employeed full time in another occupation	ion. A Voting member can also be held
by a partnership or corporation receiving the majority of income from the sale of agricultural products	. There is a relative of the President of
the Board on the Board of Directors.	
	·

NAME: TAX NO. TAX YEAR ENDING Custer County Farm Bureau 73-0581050 8/31/2013

### LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
Bill Sawatzky		NONE	NONE	NONE
PRESIDENT	4 HRS A MONTH			
Lawrence Sawatzky		NONE	NONE	NONE
VICE-PRESIDENT	4 HRS A MONTH			
Alveta Taylor		NONE	NONE	NONE
SECRETARY	4 HRS A MONTH		_	
Tommy Snider		NONE	NONE	NONE
TREASURER	4 HRS A MONTH			
James Robert Dozier		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Jerry Waltrıp		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Ken Hamar		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Howard Bartel		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			