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Form **990**

Return of Organization Exempt From Income Tax

4

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| 4 | For t | ne 2012 cale | endar year, or tax year | beginning 9-1 | , 2012 | 2, and endi | ng 8 | -31 | , 20 13 | |
|----------|-------------------------|---------------|--|--|------------------------|----------------|-------------------|-------------------|----------------------|--------------------|
| E | Check | if applicable | C Name of organization (| Canadian County Farm Bu | reau | | | D Employ | er identification | number |
| | Addre | ss change | Doing Business As | | | | | | 73-0628951 | |
| [| Name | change | Number and street (or F | O. box if mail is not delivered | to street address) | Room/si | uite | E Telepho | ne number | |
| [· | _ | • | P.O. Box 1148 | | | | | | 405-262-1295 | ; |
| Ē | Termir | | City, town or post office | e, state, and ZIP code | ····· | | | | 100 202 1200 | |
| Ē | _ | ded return | El Reno, OK 73036 | | | | | G Gross re | eceints \$ | 350,013.00 |
| r | _ | ation pending | 1 | nncipal officer David VonT | ungoln | | M/o) to thus | | for affiliates? Y | |
| _ | J Applic | ation pending | 120 S. Heatston Rd., | | ungem | | H(b) Are al | | | es 🗆 No |
| - | Tay a | cempt status | 501(c)(3) | | no) 4947(a)(1) o | or 527 | | | a list (see instruct | |
| <u> </u> | Webs | | | 501(c) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 10 / L_1 4947(a)(1) 0 | J LJ 327 | | | | |
| <u> </u> | | | Corporation Trust | Association ☐ Other ▶ | Tit | Year of forma | | | n number ► | 1480 |
| _ | Part I | Summ | | AssociationOther > | | Teal Of IOIIIa | tion 1942 | IM State | of legal domicile | <u>OK</u> |
| | 1 | | | ion's mission or most sis | puficant activitie | 201 8 | | 1: 0 | | |
| | ' | briefly de | sscribe the organizati | ion's mission or most sig | mineam activitie | es: Agrici | iltural Membe | rship Or | ganization | |
| | සු | | | | | | | | | |
| | ᇣ | | | | | | | | | |
| | Activities & Governance | Ob 1- 41- | :- L - N - C - C - C - C - C - C - C - C - C | | | | | | ·- - | |
| | 2 | | | anization discontinued it | | | | | its net assets | - |
| | 8 3 | | - | f the governing body (Pa | | | | 3 | | 9 |
| | s 4 | | · | g members of the goverr | • • • | | | 4 | | 9 |
| * | 5 | | | mployed in calendar year | | | | 5 | | -0- |
| 20% | 5 6 • | | | stimate if necessary) . | | | | 6 | | |
| | 7a | | | nue from Part VIII, colum | | | | 7a | | 272,649.6 <u>6</u> |
| e3 - | <u> </u> | Net unre | ated business taxabl | le income from Form 990 |)-T, line 34 . | | · · · · | 7b | | -0- |
| | | | | | | | Prior Ye | ar | Current ' | Year |
| FEB | <u>u</u> 8 | | - | t VIII, line 1h) | | [| 6 | 5,159.00 | | 53,138.50 |
| | 로 9 | Program | service revenue (Par | t VIII, line 2g) | | [| | | | |
| | 9 10 | | | column (A), lines 3, 4, an | | | | 316.91 | | 233.65 |
| 띟' | ⁻ 11 | Other rev | /enue (Part VIII, colur | mn (A), lines 5, 6d, 8c, 9d | , 10c, and 11e) | [| 24 | 9,476.65 | | 273,603 47 |
| <u> </u> | 12 | Total rev | enue-add lines 8 thro | 4,952.56 | | 326,975.62 | | | | |
| SCANNED | 13 | Grants a | nd simılar amounts p | | | | | | | |
| 8 | 14 | Benefits | paid to or for member | ers (Part IX, column (A), li | ne 4) | [| 1 | 0,305.68 | | 8,878.24 |
| | ໘ 15 | Salaries, | other compensation, e | employee benefits (Part IX | , column (A), line | es 5–10) | 21 | 3,301.56 | | 208,039.81 |
| | sexpenses 16a b | Profession | onal fundraising fees | (Part IX, column (A), line | 11e) | [| | | | |
| | g b | Total fun | draising expenses (P | art IX, column (D), line 25 | 5) ▶ | | | - | | |
| ı | ii 17 | Other ex | penses (Part IX, colu | mn (A), lines 11a-14d,-1, | f-24ρ) / Ε | | 9 | 6,568.29 | | 102,685.66 |
| | 18 | Total exp | enses. Add lines 13- | -17 (must equal Part 🗓, | entimit (A), time | 25) . | | 0,175.53 | | 319,603.71 |
| | 19 | | | ract line 18 from line 12 | | ا ایر | | ,222.97) | | 7,371.91 |
| - | Se | • | | ်င္က FEB | 0 3 2014 | löl [| Beginning of Cu | | End of Y | |
| \$ | [20 | Total ass | sets (Part X, line 16) | | 0 0 2014 | | 65 | 2,463.91 | | 668,526.93 |
| ¥ | 9 21 | Total liab | olities (Part X. line 26) |) | | IRS | | 6,610.85 | | 205,301.97 |
| 2 | 20 21 22 | Net asse | ts or fund balances. | Subtract line 21 from line | MON. LIT | | | 5,853.06 | | 463,224.96 |
| | Part II | | ture Block | | 7 11 11 11 11 11 11 11 | | <u>:</u> | | , <u></u> | 100,227.00 |
| _ | | | | amined this return, including ac | companying schedu | ules and state | ments, and to the | ne best of r | nv knowledge ar | id belief, it is |
| | | | | er (other than officer) is pased or | | | | | ., | |
| _ | | 1 k | pure h | - 21 | | | | 1-6 | - 14 | |
| S | ign | Sign | ature of officer | | | | . Dai | te | | |
| | lere | | David Vos | lunceln | \rbres | sides | it- | | | |
| | | Type | e or print name and title | | 1 | 9166 | | | | |
| - | | | pe preparer's name | Preparer's signatu | ire / | a | ate . | Τ | PTIN | |
| | Paid | 1 26/ | Calaa at () | wo darway | UL. | | 1/77/12 | Check self-emp | | |
| | repar | 1 | | The second second | w www | | ILL I KI | | | 001 |
| ι | Jse O | | | | 105 | - | | 's EIN ▶ | 73-0382 | |
| 7 | lay the | | | es, Oklahoma City, OK 731 preparer shown above? | | s) | Pho | ne no | 405-523-2 | 300 es □ No |
| • | . , | | | | , | -, | | | | 170 |

Form **990** (2012)

| orm 99 | 0 (2012) Page 2 |
|--------|--|
| Part | |
| | 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? |
| 3 | 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? |
| | If "Yes," describe these changes on Schedule O. |
| | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4 | (Code: \/Evnences t \/Daves - t |
| 4c | (Code:) (Expenses \$) (Revenue \$) |
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| | |
| 4d | Other program services (Describe in Schedule O) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶ |

Form 990 (2012)

| art | Checklist of Required Schedules | | | |
|------|--|-----------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | | Yes | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 1 |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | ✓ | |
| 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? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> | 7 | | 1 |
| 8 | complete Schedule D, Part III | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | | ✓ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | • | \$./ ~ | · . |
| 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 | √ | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| 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 | | <i>'</i> |
| 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 | | ✓ |
| f | 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 | 11f | | 1 |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | 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 | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| 14 a | , , , , , | 14a | | ✓ |
| 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 | | ✓ |
| 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 | | √ |
| 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 | | ∀ |
| 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 | | | |
| 20 a | | 19 20a | | ✓ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | L | ▼ |

| , 0,,,,, 0, | 3 (23.2) | | | raye |
|-------------|---|-------------|--------|----------|
| Part | Checklist of Required Schedules (continued) | | V | 1 31- |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | \ \ \ |
| 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 | | V |
| 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 |
| b c | 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 | | √ √ |
| 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 | | ✓ ✓ |
| 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 | | √ |
| 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 | | √ |
| 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): | 1. E. J. \$ | (1.9g) | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| С | 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 | 30 | | √ √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <i>'</i> |
| 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? <i>If "Yes," complete Schedule R, Part I </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 | | √ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 | 35b 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, | 33 | | |
| | Part VI | 37 | | ✓ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | 38 | | 1 |
| | | _ | 000 | |

| Form 99 | 0 (2012) | | 1 | Page 5 |
|----------|---|--|----------|---------------------------------------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response to any question in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a .o- | | 70 | 3 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b .o- | Š. | | 14.30. |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | : | 3 |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 10 m | 源、 |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | - 22.55 | -5-7211 |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | 170 3 | **** |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | √ | , EELOLAN |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | · | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 1 | • | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | 1 |
| b | If "Yes," enter the name of the foreign country: ▶ | | 1 A | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| _ | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. | | . 2.0 | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | المستشدا |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | ' |
| 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 | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | <u> </u> |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 2.5 | er ig | **** |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | -3 - 14 |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 缝: | * . | <u></u> |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | 33 | 7. | 3 |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | 25.4 | | 200 |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | * | | ا بن |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | المه مر | · * |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | , Pr. 1 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 1 | | 1 |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | , |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | - | | i |
| | against amounts due or received from them.) | | | |
| 12a b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| 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 | | | |
| С | Enter the amount of reserves on hand | | į | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

| FOIII 33 | | | | Page U |
|----------|--|------------|----------|--|
| 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 | | | . 🗆 |
| Secti | 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 9 | | | 15 |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 138 | | |
| 2 | any other officer, director, trustee, or key employee? | 2 | 200.7 | ✓ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the pnor Form 990 was filed? | 4 | | ✓_ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | ✓ |
| 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 |
| _ | stockholders, or persons other than the governing body? | 7b | W (.). | ļ <u>,</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. | | | 5 25 |
| _ | The governing body? | 2 | | |
| a b | Each committee with authority to act on behalf of the governing body? | 8a 8b | V | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 00 | _ | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | ode.) |) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 | ✓ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 3.00 | 12. The | لتنقا |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ✓ |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| 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 | | ✓ |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | - | ✓ |
| 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? | 4 S.D. | * | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | ✓ |
| b | Other officers or key employees of the organization . | 15b | | ✓ |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 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 | | ✓ |
| þ | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 1 | | |
| | 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 | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma | | _ | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply | า 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 and financial statements available to the public during the tax year. | of inter | rest p | olicy, |
| 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, Oklahoma City, OK 73105 405-523-2300 | | | |

| Page 7 |
|--|
| mployees, and |
| |
| vith or within the |
| ess of amount of |
| or key employee) 100,000 from the |
| eived more than |
| or trustee of the |
| ployees, highest |
| or trustee |
| (F) Estimated amount of other compensation from the organization and related organizations |
| |
| |
| |

Form 990 (2012)

| | · | uge . |
|----------|--|-------|
| 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 nor any related organization compensated any current officer, director, or trustee | | | | | | | | | | , or trustee |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours per | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation | (E) Reportable compensation from | (F) Estimated amount of |
| | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Schedule attached | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | - | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mploy | yees | | | lighes | st C | ompensated E | mployees (c | ontinued | <u>) </u> | |
|---------|--|-------------------------------------|--|-----------------------|---------|--------------|------------------------------|-------------|--|-----------------------------|-----------|--|---|
| | | | | | • | C) ition | | | | | | | |
| | (B) | Position (do not check more than or | | | | | | (D) | (E) | • | (F) | | |
| | Name and title | Average hours per | box, unless person is both officer and a director/truste | | | | | | Reportable compensation | Reportable compensation | | Estimat amount | |
| | | week (list any | reek (list any | | | | | <u> </u> | from | related | | othe | г |
| | | hours for related | r div |)Strtı | Officer | eye | ng ig | Former | the organization | organization (W-2/1099-M | | compens from to | |
| | | organizations | ecto | ıt or | 4 | in pi | st c | 4 | (W-2/1099-MISC) | , | | organiza | ation |
| | | below dotted line) | Individual trustee or director | Institutional trustee | l | Key employee | Highest compensated employee | i | } | | | and rela | |
| | | | stee | atsu. | | ۳ | ensa | | | | ŀ | 3 | |
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| (16) | | | | | | | | | _ | | | | |
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| (17) | | | | | | | | | | | | | |
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| (18) | | | | | | 1 | ŀ | | | | ŀ | | |
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| (19) | | ļ | | | | ŀ | | | | | | | |
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| (23) | | | l | | | <u> </u> | | | | | | • | |
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| (25) | | | | | | | | | | | 1 | | |
| | | <u> </u> | | | | | <u> </u> | <u> </u> | | | | | |
| 1b | Sub-total | | | | • | | | | | | | | |
| С | Total from continuation sheets to Part | | | | | - | • | > | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | <u>.</u> | <u>. </u> | | | | |
| 2 | Total number of individuals (including bu | | d to th | nose | e lis | ted | abov | e) w | tho received m | ore than \$10 | 00,000 o | t | |
| | reportable compensation from the organ | ization | | | | | | | | | | — | es No |
| 3 | Did the organization list any former of | fficer direc | tor (| or ti | ruet | 66 | kev i | emr | alovee or high | nest compe | nsated | | 62 140 |
| 3 | employee on line 1a? If "Yes," complete | | | | | | | | | | iouted | 3 | |
| 4 | For any individual listed on line 1a, is the | | | | | | | ากล | and other com | nensation fro | om the | | |
| 7 | organization and related organizations | greater th | an \$ | 150 | ,000 |)? [| f "Ye | s," | complete Scl | nedule J for | r such | | |
| | individual | | | | | | . , | | , | | | 4 | - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 5 | Did any person listed on line 1a receive of | or accrue c | ompe | nsa | tion | fro | m an | y ur | related organi | zation or ind | ıvıdual | | |
| | for services rendered to the organization | | | | | | | | | | | 5 | 1 |
| Section | on B. Independent Contractors | - | | | | | | | | | | | |
| 1 | Complete this table for your five highest | compensa | ted in | dep | enc | lent | cont | ract | ors that receive | ed more tha | n \$100,0 | 00 of | |
| | compensation from the organization Re | port compe | ensatı | on f | or t | he c | calend | dar | year ending wi | th or within t | the organ | nization' | 's tax |
| | year | | | | | | | | | | | | |
| | (A) | | _ | | | | | | (B) | | _ | (C) | |
| | Name and business ad | oress | | | | | | 1 | Description of s | services | C | mpensati | un |
| | | | | | | | | +- | | | | | |
| | | | | | | | | + | | | | | |
| | | | | | | | | \vdash | | | | | |
| | | | | | | | | - | | - | | | |
| | Total number of independent contract | ore lingled | ınc b | .,+ - | 201 | lım: | tod + | <u> </u> | hose listed sh | ovel who | | | |
| 2 | received more than \$100,000 of comper | | | | | | | U (| nose iisteu ac | ove, who | | | |
| | received more man \$100,000 or comper | isatiOH HOH | 1116 | Ji ya | 111126 | וטווג | | | | | | | |

| Par | t VIII | Statement of Reve | enue | | <u></u> | | | |
|--|-----------------------------|---|---------------------------------------|--------------------|----------------------|--|---|--|
| | | Check if Schedule O | contains a respo | onse to any ques | tion in this Part V | III | | <u></u> . 🗆 |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e | Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, gi | 1b 1c s 1d atributions) 1e | 53,138.50 | | A AĴis | in the second | 700 T |
| | g | and similar amounts not inc Noncash contributions includ Total. Add lines 1a–1: | cluded above 1f | | 50.100.50 | g galant an | i constant | and the second s |
| | <u> </u> | Total. Add lines Ta-T | <u> </u> | Business Code | 53,138 50 | 38ks 1 | ., , , , , , , , , , , , , , , , , , , | |
| Program Service Revenue | 2a b c d e f | All other program serv | | Dusiliess Code | | | § | |
| <u> </u> | g | Total. Add lines 2a-2 | | | | , , , , , | 18,1 | is pr |
| | 3 | Investment income and other similar amo | ounts) . t of tax-exempt be | ► ond proceeds ► | 233.65 | | | 233 65 |
| | 5 | Royalties | (i) Real | (ii) Personal | | | 5. ms, 12. s. | |
| | 6a b | Gross rents . Less: rental expenses Rental income or (loss) | 25,841.97 23,037.38 | | | | | |
| | d | Net rental income or (| | L | 2 904 50 | 950.42 | 1.025.46 | |
| | 7a b | Gross amount from sales of assets other than inventory Less: cost or other basis | (i) Securities | (II) Other | 2,804.59 | 869 43 | 1,935.16 | |
| | c | and sales expenses Gain or (loss) | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| enue | d 8a | Net gain or (loss) . Gross income from fu | ndraising | • | - | | marine y | |
| Other Rever | : | events (not including \$ of contributions reported See Part IV, line 18 | | | | | | |
| ð | С | Less: direct expenses Net income or (loss) fi Gross income from ga See Part IV, line 19 | rom fundraising iming activities. | events > | | _ | | |
| | С | Less. direct expenses Net income or (loss) fi Gross sales of in | o . b rom gaming activentory, less | vities . ▶ | | | | |
| | b | returns and allowance Less: cost of goods s Net income or (loss) fi | old b | | | | | |
| | | Miscellaneous R | evenue | Business Code | 1 | | | |
| | 11a | Office Commissions | | 524113 | 174,303 44 | | 174,303 44 | |
| | b | Office Commissions | | 524126 | 78,087 36 | | 78,087 36 | |
| | d | Salary Reimbursement All other revenue | | 524126 | 18,323.70 84.38 | | 18,323 70 | 84 38 |
| | 12 | Total. Add lines 11a- Total revenue. See in | | | 270,798.88 | F4 007 CC | 070 040 | |
| | 1 | Total levellae. Occ 11 | | | 326,975.62 | 54,007 93 | 272,649 66 | 318 03 |

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). | | | | | | | | | | |
|--|--|------------------------|------------------------------------|---|--------------------------------|--|--|--|--|--|
| Check if Schedule O contains a response to any question in this Part IX | | | | | | | | | | |
| 8b, 9b, | 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 | | | | | | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | | | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . | | | | | | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 8,878.24 | | \$17 my \$1200 | | | | | | |
| 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 | 192,064.28 | | | | | | | | |
| 9 10 11 | Other employee benefits | 15,975.53 | | | | | | | | |
| a b c d e f | Management Legal | 480 00 | , 5%+ by | Tolk 1.5 | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 4 222 22 | | | | | | | | |
| 12 13 14 | Advertising and promotion | 1,388.93 23,189 82 | | | | | | | | |
| 15 16 17 18 | Occupancy Travel | 42,526.69 | | | | | | | | |
| 19 | for any federal, state, or local public officials Conferences, conventions, and meetings | | | | | | | | | |
| 20 21 | Interest | | | | | | | | | |
| 22 23 | Depreciation, depletion, and amortization Insurance | 13,852 33 12,701.29 | | | | | | | | |
| 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) | | | | | | | | | |
| a b | Rent Expense Postage | 7,200 00 850.10 | | | | | | | | |
| c | Misc Expense | 496 50 | | | | | | | | |
| d e | All other expenses | | | | | | | | | |
| 25 26 | Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720) | 319,603 71 | | | | | | | | |

| Р | art X | Balance Sheet | | | |
|-----------------------------|----------|---|--------------------------|--|--------------------|
| | | Check if Schedule O contains a response to any question in this Part 2 | X | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 218,196.12 | 1 | 257,409 05 |
| | 2 | Savings and temporary cash investments | 114.59 | 2 | 114.70 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 2,073.73 | 4 | -0- |
| S | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ÿ | 8 | Inventories for sale or use | = . | 8 | |
| | 9 | Prepaid expenses and deferred charges | 1,401.17 | 9 | 1,000.00 |
| | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 804,120.22 | | 1 | |
| | ь | Less accumulated depreciation 10b 394,117 04 | 430,678.30 | 10c | 410,003.18 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 652,463.91 | 16 | 668,526 93 |
| | 17 | Accounts payable and accrued expenses | 575 50 | 17 | 34,263 14 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D. | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | ــــــــــــــــــــــــــــــــــــــ | in was fire |
| ā | 00 | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties . | | | |
| | 24 25 | Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X | 196,035 35 | 24 | 171,038 83 |
| | 1 | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 196,610.85 | 26 | 205,301.97 |
| Net Assets or Fund Balances | | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. | , | 7.4 | - |
| | 27 | Unrestricted net assets | | 27 | |
| | 28 | Temporarily restricted net assets | | 28 | |
| P | 29 | Permanently restricted net assets | | 29 | |
| 5 | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 📝 and | | 1 | , |
| ř | | complete lines 30 through 34. | | | |
| S | 30 | Capital stock or trust principal, or current funds | | 30 | |
| set | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds | 455,853 06 | | 463,224 96 |
| <u>let</u> | 33 | Total net assets or fund balances | 455,853 06 | 1 | 463,224 96 |
| _ | 34 | Total liabilities and net assets/fund balances | 652,463.91 | | 668,526 93 |

| | | _ |
|------|---|---|
| Page | 1 | 2 |

| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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 | 330 | (2012) | | | _ · u | 90 |
|--|-----|---|-------------|-------------|---------|--------------|
| 1 Total revenue (must equal Part VIII, column (A), line 12) | rt | XI Reconciliation of Net Assets | | | | |
| Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 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 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 or reviewed 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 on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. If the organization of its financial statements and selection of an independent accountant? If the organization compilation of its financial statements and selection of an independent accountant | | Check if Schedule O contains a response to any question in this Part XI | | <u> </u> | | |
| Revenue less expenses Subtract line 2 from line 1 | | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 326,9 | 75 62 |
| A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)). 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 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 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis b 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 on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set fo | | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 319,6 | 03 71 |
| Net unrealized gains (losses) on investments | | Revenue less expenses Subtract line 2 from line 1 | 3 | | 7,3 | 71.91 |
| 6 Donated services and use of facilities | | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 455,8 | <u>53 06</u> |
| 7 Investment expenses | | Net unrealized gains (losses) on investments | 5 | | | |
| 8 Prior period adjustments | | Donated services and use of facilities | | | | |
| 9 Other changes in net assets or fund balances (explain in Schedule O) | | Investment expenses | 7 | | | |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII. 1 Accounting method used to prepare the Form 990 | | · · · · · · · · · · · · · · · · · · · | | | | |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 | | | 9 | | | |
| Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 | | | | | | |
| Check If Schedule O contains a response to any question in this Part XII | | | 10 | | 463,2 | 24.96 |
| 1 Accounting method used to prepare the Form 990 | t) | · · · · · · · · · · · · · · · · · · · | | | | |
| 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 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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 on a 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 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. 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | _ | Check if Schedule O contains a response to any question in this Part XII | | | <u></u> | |
| 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 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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 on a 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 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. 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | Yes | No |
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| Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? | | | lied or | 1,1 | ٠. ا | 35.3 |
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| □ Separate basis □ Consolidated basis □ Both consolidated and separate basis 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. 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? | | | u on a | | . 786 | |
| 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. 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 | | • | | | 3 - | , T. C. S. |
| 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. 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 | | | ersiaht | -3 | | |
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| Schedule O. 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 | | • | | | | |
| the Single Audit Act and OMB Circular A-133? | | · · | | ₹~ | | |
| the Single Audit Act and OMB Circular A-133? | | | forth in | | | ق ســــ |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | 3a | | 1 |
| | | · · · · · · · · · · · · · · · · · · · | rgo the | | | |
| | | | | 3b | | |
| F | | | | Form | 990 | (2012) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2012

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

| Name o | f the organization | | Employer ident | ofication number |
|--------|---|---|----------------|---|
| Canad | ian County Farm Bureau | | | 73-0628951 |
| Par | Organizations Maintaining Dono | or Advised Funds or Other Similar Fund | ds or Acco | unts. Complete if the |
| | organization answered "Yes" to F | orm 990, Part IV, line 6. | | |
| | | (a) Donor advised funds | (b) Fund | Is and other accounts |
| 1 | Total number at end of year | | | <u>, </u> |
| 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 he | eld in donor | advised |
| | funds are the organization's property, subject | ct to the organization's exclusive legal control | 19 | Yes No |
| 6 | Did the organization inform all grantees, do | nors, and donor advisors in writing that gran | t funds can I | be used |
| | | benefit of the donor or donor advisor, or fo | | |
| | conferring impermissible private benefit? | | | · 🗌 Yes 🗌 No |
| Par | Conservation Easements. Comp | lete if the organization answered "Yes" t | o Form 990 | , 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 historical | ly important land area |
| | Protection of natural habitat | ☐ Preservation of | a certified hi | storic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organiza | ition held a qualified conservation contribution | n in the form | of a conservation |
| | easement on the last day of the tax year. | | | |
| | | | ,2,33 H | leld at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | · |
| b | Total acreage restricted by conservation eas | sements | 2b | |
| С | Number of conservation easements on a cer | | 2c | |
| d | Number of conservation easements include | led in (c) acquired after 8/17/06, and not of | on a | |
| | historic structure listed in the National Regis | ter | 2d | |
| 3 | Number of conservation easements modifie | d, transferred, released, extinguished, or term | inated by the | e organization during the |
| | tax year ▶ | | | |
| 4 | Number of states where property subject to | conservation easement is located ▶ | | |
| 5 | | icy regarding the periodic monitoring, insp | ection, han | dling of |
| | violations, and enforcement of the conserva | | | · 🗌 Yes 🖺 No |
| 6 | Staff and volunteer hours devoted to monitor | ring, inspecting, and enforcing conservation | easements d | uring the year |
| | > | | | |
| 7 | | inspecting, and enforcing conservation ease | ments during | the year |
| | ▶ \$ | | | |
| 8 | | on line 2(d) above satisfy the requirements o | f section 170 | (h)(4)(B) |
| | (i) and section 170(h)(4)(B)(ii)? | | • | 🗌 Yes 🗌 No |
| 9 | | ports conservation easements in its revenue | | |
| | | e text of the footnote to the organization's fina | ancial statem | ents that describes the |
| | organization's accounting for conservation of | | | ··· |
| Par | | ections of Art, Historical Treasures, or | Other Simi | lar Assets. |
| | | vered "Yes" to Form 990, Part IV, line 8. | | |
| 1a | | der SFAS 116 (ASC 958), not to report in its | | |
| | | similar assets held for public exhibition, ed | | |
| | | of the footnote to its financial statements that | | |
| b | | nder SFAS 116 (ASC 958), to report in its r | | |
| | | similar assets held for public exhibition, ed | ucation, or r | esearch in furtherance of |
| | public service, provide the following amount | · · | | |
| | (i) Revenues included in Form 990, Part VIII | , line 1 | . ▶ | · \$ |
| | (ii) Assets included in Form 990, Part X . | | • | · \$ |
| 2 | - | of art, historical treasures, or other similar | assets for f | mancial gain, provide the |
| | tollowing amounts required to be reported to | inder SFAS 116 (ASC 958) relating to these ite | ems | |
| а | Revenues included in Form 990, Part VIII, Iir | ne 1 . | > | · \$ |
| h | Accete included in Form 000 Part V | | _ | A |

| Pa | ne | 2 |
|----|----|---|
| | | |

| Part | Organizations Maintaining | Colle | ections of | Art, Hist | torical T | reasures | , or Ot | her Similar As | sets (continued) | <u></u> |
|--------|--|----------|------------------|-----------------|--|---------------------------|-------------|--------------------------|----------------------|---|
| 3 | Using the organization's acquisition, collection items (check all that apply): | | sion, and of | ther recor | ds, chec | k any of th | e follov | wing that are a s | ignificant use of it | ts |
| а | ☐ Public exhibition | | | | | or exchang | | | | |
| b | ☐ Scholarly research | | | e | Other | · | | | | |
| С | ☐ Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization XIII | tion's | collections | and expla | un how ti | hey further | the org | ganization's exer | npt purpose in Pa | rt |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | | o |
| Part | IV Escrow and Custodial Arra | anger | nents. Co | mplete i | f the org | anization | answe | red "Yes" to Fo | orm 990, Part IV, | _ |
| | line 9, or reported an amour | nt on F | orm 990, | Part X, II | ne 21. | | | | | _ |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | , custo | odian or oth | | | or contribut · · | tions o | r other assets no | ot Ves Ne | 0 |
| b | If "Yes," explain the arrangement in Pa | art XIII | and compl | ete the fo | llowing ta | able [.] | | | | |
| | | | | | | | | A | mount | _ |
| С | Beginning balance | | | | | | 10 | | | |
| d | Additions during the year | | | | | | 10 | j | | _ |
| е | Distributions during the year | | | | | | 16 | ; | | |
| f | Ending balance | | | | | | 11 | f | | _ |
| 2a | Did the organization include an amount | nt on f | Form 990, P | art X, line | 21? . | | | | 🗌 Yes 🗌 No | 0 |
| | If "Yes," explain the arrangement in P | art XIII | Check her | e if the ex | kplanatioi | n has been | provid | ed in Part XIII . | 🗆 | _ |
| Pari | V Endowment Funds. Compl | | | | | | | | | _ |
| | | (a) (| Current year | (b) Pri | or year | (c) Two year | rs back | (d) Three years back | (e) Four years back | <u>. </u> |
| 1a | Beginning of year balance | | <u>.</u> | ļ <u>.</u> | | | | | | |
| þ | Contributions | | | | | | | | | _ |
| С | Net investment earnings, gains, and | | | į | | | | | | |
| | losses | ļ | | | | | | | | |
| d | Grants or scholarships | | | ļ | . | ļ | | | | _ |
| e | Other expenditures for facilities and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | L | | | | <u></u> | | | | |
| 2 | Provide the estimated percentage of | | | | e (line 1g | j, column (a | a)) held | as: | | |
| а | Board designated or quasi-endowme | nt ▶ | | % | | | | | | |
| b | Permanent endowment ▶ | % | | | | | | | | |
| С | Temporarily restricted endowment | | % | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2 | | | | | | | | _ | |
| За | Are there endowment funds not in the | e pos | session of t | ne organi | zauon in | at are neio | and ac | irninistered for ti | | _ |
| | organization by. | | | | | | | | Yes No | <u>, </u> |
| | (i) unrelated organizations | | | | | • • | | - | 3a(i) | _ |
| | (ii) related organizations | | · · · · | · roquirod i | on Cabad | ulo P2 | - | • • • | 3a(ii) 3b | _ |
| ь 4 | Describe in Part XIII the intended use | | | • | | | • | • | 30 | _ |
| Pari | | | | | | | | | | _ |
| T CIT | Description of property | | (a) Cost or o | ther basis | (b) Cost of | or other basis | | Accumulated depreciation | (d) Book value | |
| 1a | Land | | 4 | · | | 42,118 62 | ž | ·黄芩· ·黄季· | 42,118 (| 62 |
| b | Buildings | • | | | | 659,040.09 | 1 | 292,994 69 | 366,045.4 | |
| C | Leasehold improvements | | | - | | 200,040.03 | ļ | 202,007 00 | 300,043. | |
| d | Equipment | | · | | | 102,961 51 | | 101,122.35 | 1,839. | 16 |
| e | Other | | _ | | | . 02,001 01 | | 10.1,122.00 | 1,000. | |
| | Add lines 1a through 1e. (Column (d) | must e | egual Form 9 | 990, Part | X, columi | n (B), line 1 | 0(c)) | . • | 410,003. | 18 |
| | <u> </u> | | | | | ···· | | | | _ |

| Part VII | Investments-Other Securities | . See Form 990, Part X | (, line 12. | |
|------------------------|---|---------------------------------------|--|---------------------------------------|
| | a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year man | |
| | derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | , | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | · · · · · · · · · · · · · · · · · · · |
| (H) (I) | | | | |
| | (h) must equal Form 000, Part V, col. (P) (no. 12.) | | | |
| Part VIII | (b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related | See Form 990 Part | V line 13 | 2. 平型设置 |
| Part VIII | (a) Description of investment type | (b) Book value | · | |
| | (a) Description of investment type | (b) Book value | (c) Method of valua Cost or end-of-year mar | |
| _(1) | <u> </u> | | | |
| (2) | | - | | |
| (3) | | | | · · · · · · · · · · · · · · · · · · · |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
| (9) | | | | |
| (10) Total, (Column | (b) must equal Form 990, Part X, col (B) line 13) | | · · · · · · · · · · · · · · · · · · · | |
| Part IX | Other Assets. See Form 990, Pa | rt X. line 15. | | and the second second |
| | |) Description | | (b) Book value |
| (1) | | | | |
| (2) | | · · · · · · · · · · · · · · · · · · · | | |
| (3) | | | | |
| (4) | | | | · . |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | 41 | | | |
| | umn (b) must equal Form 990, Part X, co | | | |
| Part X | Other Liabilities. See Form 990, | | | 200 (B m |
| 1. (1) Foderal | (a) Description of liability | (b) Book value | | |
| | Income taxes | | _ | |
| (2) | | | \dashv , | |
| (3) | | | | The grand of the 31 4 |
| (5) | · · · · · · · · · · · · · · · · · · · | | | , |
| (6) | | | | , |
| (7) | · | · | | |
| (8) | | | ┦ "` | |
| (9) | | <u> </u> | \dashv | 1 |
| (10) | | | ⊣ | . [|
| (11) | | | - | |
| <u></u> | (b) must equal Form 990, Part X, col (B) line 25) | | - | } ! |
| | SC 740) Footnote In Part XIII, provide the | text of the footnote to the c | prognization's financial statements that w | ports the organization! |
| liability for u | ncertain tax positions under FIN 48 (ASC 7 | 40) Check here if the text | of the footnote has been provided in Par | t XIII . |

| Pane | 4 |
|------|---|
| | |

| Schedule | D (Fo | rm 9901 | 12012 |
|----------|-------|---------|-------|

| Part | XI Reconciliation of Revenue per Audited Financial Stateme | 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 | | , |
| а | Net unrealized gains on investments | 2a | 2 |
| b | Donated services and use of facilities | 2b | 16. s l |
| c | Recovenes of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | 435S |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII) | 4b | - |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12) | 5 |
| | XII Reconciliation of Expenses per Audited Financial Statem | | |
| 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 | | 14.4 |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| C | Other losses | 2c | |
| - | Other (Describe in Part XIII) | 2d | 700 |
| d | Add lines 2a through 2d | | 2e |
| e | Subtract line 2e from line 1 | | 3 |
| 3 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| 4 | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| a | • | 4b | - <u>f. </u> |
| b | · · · · · · · · · · · · · · · · · · · | 40 | 144 |
| с 5 | Add lines 4a and 4b | | 4c 5 |
| | XIII Supplemental Information | | 3 |
| | lete this part to provide the descriptions required for Part II, lines 3, 5, and | 0 Port III lines 1a and 4 E | Part IV lines 1b and 2b: |
| | , line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b | | |
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| Schedule D (For | edule D (Form 990) 2012 Page 5 | | | | |
|-----------------|---------------------------------------|---|--|--|--|
| Part XIII | Supplemental Information (continued) | | | | |
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number

| Canadian County Farm Bureau | 73-0628951 |
|---|--------------------------------------|
| | |
| 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 | ırm 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 h | old their membership through a |
| church, FFA chapter, an association, or by a corporation not producing agriculture products. A Voting | member can be a family that gets the |
| majority of its average gross income from the sale of agricultural products. A Voting member can also | be held by a retired agricultural |
| person living on an income or social security accrued and not employed full time in another occupation | n. A Voting member can also be held |
| by a partnership or corporation receiving the majority of income from the sale of agricultural products | · |
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