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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. By law,
the IRS generally cannot redact the Information on the form.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Ā	For th	е 2013	calendar year, or tax	year beginnin	9	OCT	01,	2013	and e	nding	SE	P 30) , 20 13	
В	Check if applicable	le	C Name of organization	n GRAND	FORKS CO	OUNTY F	ARM	1 BU	JREA	D Employer Id	entificat	ion nuπ	ber	
	Address		Doing Business As							45-	-023	5538	}	
	Name cha	ange	Number & street (or I	O box if mail is	not delivered to stre	eet address)	Ro	oom/su	ite	E Telephone nu				
	Initial retu	nw	1287 22ND	ST NE_							L-77	<u>2-72</u>		
	Terminate	ed	City or town, state or	•	and ZIP or foreign	postal code				G Gross receipts	\$		4446	<u>7.</u>
Ш	Amended		EMERADO N							H(a) Isthisa	group re	tum	_ =	_
	Application pending	on	F Name and address							for subo	rdinates'	?	$lue{}$ Yes $lue{}$	No
			601 CRESEN			ND 5	827	8		H(b) Are all s			ded?	,
1	Tax-exen	npt status	501(c)(3)	X 501(c)(5)	(insert no)	4947(a)((1) or		527	(see instr			Yes	No
	Website:		- 		 			т—		H(c) Group ex	1		>	_
	Form of or			rust X Associa	lion Other ▶			L Ye	ear of form	mation	M Sta	te of legal	I domicile N	ט
L	Part I		ımary				DOM	<u> </u>	ONI	OF ACDIC	יח דוזי	IDE	7\NID	
	1 6	Briefly d	escribe the organization	on's mission or r	nost significant a	ictivities	ROM	1011	OIN	OF AGRIC	,ОГТ	OKE	AND	
e	1	DFT A	TED ACTIVIT	TFC			——							
Governance	-	VE TV	IED ACIIVII	100										
Ver	2 (Chack th	is box ▶ ☐ if the oi	raanization diec	ontinued its oner	ations or dis	nocad	of mo	re than	25% of its not	accate			
Ó			of voting members of	-	•						3		6	
8	1		of independent voting								4			
ties			mber of individuals em						• •		5			
Activities &	1		mber of volunteers (es		- ·		o,	• •	• •		6		 -	
Ac	1		related business reven		• -		•	• • •			7a		1440	0.
	ł		lated business taxable								7b			
	 '	101 01110	iatoa babiirood taxabic	moonie nomi	01111 000 17 11110 0		· · ·	<u> </u>	Ť	Prior Year	.1	Cun	rent Year	
)) ₀	8	Contribu	tions and grants (Part	VIII. line 1h)							_		2859	2.
Revenue	1		service revenue (Part	•										0.
eve	+	-	ent income (Part VIII, c	-	3, 4, and 7d)								138	5.
ď			venue (Part VIII, colum			nd 11e) .							1440	0.
			enue - add lines 8 thro				ne 12)						4446	7.
			nd similar amounts pa											
	14 E	Benefits	paid to or for member	s (FattiX, colur	ην (A) Hing (3)4.									
S	15 8	Salaries	other compensation,	employee bene	fits (Part IX, colu		s 5-10)	١					197	7.
Expenses	16a F	Professi	onal fundraising fees (Part IX, column	(A) the 11a) IT	· .								
xbe	ь	Total fur	draising expenses, (P	art IX, column (0)-1ne-25)					ne of Cineman	神经	4.7		
ш	17 (Other ex	penses (Part IX, colun	nn (A), lines 11a	i-11d, 11f-24e) .								3213	
	18 7	Total exp	penses Add lines 13-1	7 (must equal F	Part IX, column (/	A), line 25)					_		3411.	
		Revenue	less expenses Subt	ract line 18 from	line 12	<u></u>	<u></u>		——————————————————————————————————————			_	1035	<u>5.</u>
5 or										ginning of Curre Year	j	Enc	of Year	
sset: 3afar	20 1		sets (Part X, line 16)							24295	<u> </u>		23614	<u>5.</u>
Net Assets or Fund Balances	21 7		olities (Part X, line 26)					•	· -	24295	7		23614	
20	22 N ari		ts or fund balances S ature Block	ubtract line 21 t	rom line 20	• • • •	- : - :	<u>···</u>	<u></u>		<u>' </u>		23014	.
							2011000				of many lens			
			jury, I declare that I have prrect, and complete Dec											
_			fame	form						1 05	/11	/201	4	
Si	an		Signature of officer							Date	•			
He	_		JANICE SAUE	R		S	ECR	ETA	RY/	TREASURE	R			
		│	ype or print name and titl	e	_		_							
Pa	id		Type preparer's name		Preparer's s	ygpatue/		Date		Check	X ıf	PTIN	1	
Pro	eparer		ANCIS L OPH	AUG	Thou	TOpen	P	05/	10/2	2014 self-em	ployed		25643	4
Us	e Only	Firm's			KKEEPING	& TAX				Firm's EIN		-032	4892	
		Firm'		BOX 67						Phone no				
			ARV	ILLA ND	58214-					701-34	3-23		_	
Ма	y the IR	S discus	s this return with the p	oreparer shown	above? (see inst	ructions) .	<u>.,</u> .			<u></u>		X Y	es No	>
Fo	Papen	work Re	duction Act Notice,	see the separa	te instructions.							Form	n 990 (20	113)

Form	990 (2013) GRAND FORKS COUNT	TY FARM BUREA	45-0235538 Page 2
Pa	Statement of Program Service Ad	complishments	
1	Briefly describe the organization's mission PROMOTION OF AGRICULTUR	ponse or note to any line in this Part III RE	····
2	the prior Form 990 or 990-EZ?	program services during the year which were not liste	
3		ce significant changes in how it conducts, any program	services? Yes X No
4		ccomplishments for each of its three largest program s are required to report the amount of grants and alloca	
4a	(Code 611430) (Expenses \$	6950. including grants of \$) (Revenue \$
	PROMOTION OF AGRICULTURE FOR MEMBERS	RE, ENCOURAGEMENT OF ADEQUA	TE INSURANCE COVERAGE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$
4c	(Code) (Expenses \$	including grants of \$) /Dougras &
70	(Code) (Expenses #	Including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule	O.)	
40	(Expenses \$ including Total program service expenses ▶	g grants of \$)(Revenue \$ 6950 .	<u> </u>
BCA	Fredient certified outbounded		Form 990 (2013)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	i	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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		
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	Х	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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			ĺ
	services? If "Yes," complete Schedule D, Part IV	9		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	7		
	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	X	
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		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statement 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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance			ļ
	to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		<u> X</u>
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States X 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 X 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 X **b** 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? . Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a 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 25a 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? X 26 If so, complete Schedule L. Part II 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 X 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х 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 29 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 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II X 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 X 33 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Х 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 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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

ĽĆ	Check if Schedule O contains a response or note to any line in this Part V			
_	Check is deficultied of contains a response of note to any line in this Falt V	Ť	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	3		ŀ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 over,		ľ	
		4a		X
þ	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
		5a	\longrightarrow	<u>X</u>
		5b	-	
	├	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	3a	\longrightarrow	
		3b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
		7a		
		7b	$\neg \uparrow$	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	T		
	required to file Form 8282?	7c		
d	if "Yes," indicate the number of Forms 8282 filed during the year			
		7e		
		rf _		
		'g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
		'h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,			
		8		
	Sponsoring organizations maintaining donor advised funds.		انصم	Ė
		a		
		b		
	Section 501(c)(7) organizations. Enter		الجري	
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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		السط	
		2a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	22		
	Note. See the instructions for additional information the organization must report on Schedule O	3a		
	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			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	ia		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	ib		
A		Form	990	(2013)

Sec	tion A. Governing Body and Management			1
4-	File at a simple of color manhamatic and the source had at the and of the toronto.	المحددا	Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	1		
	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			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	3		
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
_	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	Х	İ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons	- -		\vdash
_	other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.		
•	the year by the following			١.
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			l
	describe in Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Χ
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?			v
	The organization's CEO, Executive Director, or top management official	15a		$\frac{X}{X}$
U	Other officers or key employees of the organization	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4		į
· va	with a taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	7.3		
_	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	_	
ecti	ion C. Disclosure	_100		
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 501(c)(3)s only			
-	available for public inspection. Indicate how you made these available. Check all that apply	,		
	Own website Another's website X 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			
	policy, and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶JANICE SAUER RR 1 BOX 2 EMERADO ND 58228 701-594-	419	0	

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

Check if Schedule O contains a response or note to any line 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

|X| Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

Onesk tills box if heliter tile organization	1		94	(C			-		, director, or tracted	
				Posit						
		/do n				nan one				
(A)	(B)	1 -				both ar		(D)	(E)	(F)
Name and Title	Average			•		trustee		Reportable	Reportable	Estimated
Name and Title	hours per			1	Τ.			compensation	compensation	amount of
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1)PAUL GALEGHER								_	_	_
PRESIDENT	2	X		X				0	0	0
(2)BRENT NESDAHL										
VICE-PRES	1	Х		X				0	0	0
(3) JANICE SAUER										
SEC/TREAS	3	Х		X				0	0	0
(4)KRIS BATEMAN										
DIRECTOR	1			X				0	0	0
(5)JOHN FICHTNER										
DIRECTOR	1			X				0	0	0
(6)BRENT SCHMITZ										
DIRECTOR	1			X				0	0	0
(7)	-									
(8)										
(9)										
(10)										
(11)										
(12)			-							
(13)	-	_								
(14)										<u> </u>

GRAND FORKS COUNTY FARM BUREA 45-0235538 Form 990 (2013) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (do not check more than one (A) (B) (D) (E) (F) box, unless person is both an Name and title Average officer and a director/trustee) Reportable Reportable Estimated hours per Individual t or director Officer Former compensation compensation amount of Key employee employee Highest compensated Institutional week from from related other (list any the organizations compensation hours for trustee related (W-2/1099-MISC) organization trustee from the organiza-(W-2/1099-MISC) organization tions below and related dotted line) organizations (15) (16)(17)(18)(19)(20)(21) (22)(23)(24)(25)0 0 1b Sub-total 0 0 0 c Total from continuation sheets to Part VII, Section A 0 0 0 0 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > No Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . Χ 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual X 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A)	(B)	(C)
	Name and business address	Description of services	Compensation
_			
2	Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
	\$100,000 in compensation from the organization ▶		企業

		Check if Schedule O contains a res		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 2 Fundraising events 1c Related organizations Government grants (contributions) 1d All other contributions, grits, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$	8592.		1		
<u> </u>	h	Total. Add lines 1a-1f	▶	28592.	1)		
Program Service Revenue	2a b	UTILITY REFUND	221000	90.	90.	· · ·	
n Se	c						
aran Seve	ď						
roc R	θ_						
_	f a	All other program service revenue		90.			15544.555
	3	Investment income (including dividends, in:	► terest and	50.		<u> </u>	
	4	other similar amounts)	>	1385.	1385.		
	5	Royalties	▶				
	6a b	Gross rents Less rental expenses . Rental income crofes in 14400.	Personal	3			- 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	d	di (loss)		14400.		14400.	100
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales	ı) Other	111000	1	11100.	
	С	expenses . Gain or (loss)			' •		
		Net gain or (loss)	▶				
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a Less' direct expenses b			,		
0		Net income or (loss) from fundraising event Gross income from gaming	is▶				15 The Parison
	b	activities See Part IV, line 19 a Less direct expenses b Net income or (loss) from gaming activities					
:	10a b	Gross sales of inventory, less returns and allowances a Less cost of goods sold b Net income or (loss) from sales of inventory					
ł			Islness Code				- 有一种
Ì	11a						77.
	þ						
	C						
		All other revenue					A Marie (
	42	Total myonus Soc patrioticas		11167	1475	14400	

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 or note to any line in this Part IX (B) Program service expenses Do not include amounts reported on lines 6b, (C) Management and general expenses (A) Total expenses (D) Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the US See Part IV, line 21 Grants and other assistance to individuals in See . the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 1977. Other employee benefits 1977. 10 Payroll taxes 11 Fees for services (non-employees) а Management Legal 710. 234. 476. Accounting C Lobbying Prof fundraising services See Part IV. line 17 1697. 1697. f Investment management fees . Other (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Sch O) 6876. 2269. 4607. 12 Advertising and promotion 337. 112. 225. 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 2473. 2473. 17 . . . Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6806. 6806. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 4303. 4303. 22 Depreciation, depletion, and amortization 1032. 344. 23 688. Insurance 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) JANITORIAL 952. 317. 635. PROPERTY TAX <u> 2869.</u> 2869. b c UTILITIES 480. 480. RENT 3600. 3600. All other expenses 34112. 6950. 27162. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ If following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in th	is Part X	<u></u>
_		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·	1 623.
2	Savings and temporary cash investments		2 23552.
3	Pledges and grants receivable, net		3
4	Accounts receivable, net		4
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees. Comple	ete .	
	Part II of Schedule L		5
6	Loans and other receivables from other disqualified persons (as defined		
1	under section 4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd	1
	contributing employers and sponsoring organizations of section 501(c)(s	l.	
	voluntary employees' beneficiary organizations (see instructions) Comp		
र्घ	Part II of Schedule L		6
Assets	Notes and loans receivable, net	· · · · —————————————————————————————	7
⋖ 8	Inventories for sale or use	· · · — — — — — — — — — — — — — — — — —	В
9	Prepaid expenses and deferred charges	· · · · · — — — — — — — — — — — — — — —	9
102		***************************************	9
104		323.	,
	· · · · · · · · · · · · · · · · · · ·		0c 60061.
b			
11	Investments - publicly traded securities	405000	151000
12	Investments - other securities See Part IV, line 11		151909.
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)	242951. ·	236145.
17	Accounts payable and accrued expenses	· ` ` 	17
18	Grants payable	· · · · 	18
19	Deferred revenue		19
20	Tax-exempt bond liabilities		20
္က 21	Escrow or custodial account liability Complete Part IV of Schedule D		21
≝ 22	Loans and other payables to current and former officers, directors,		
Liabilities 22	trustees, key employees, highest compensated employees, and	2.63	
=	disqualified persons. Complete Part II of Schedule L		22
23	Secured mortgages and notes payable to unrelated third parties		23
24	Unsecured notes and loans payable to unrelated third parties		24
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part	x	
	of Schedule D		25
26	Total liabilities. Add lines 17 through 25		26
	Organizations that follow SFAS 117 (ASC 958), check here ▶ a	and Committee of the Co	
ဖွ	complete lines 27 through 29, and lines 33 and 34.		
Net Assets or Fund Balances 22 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Unrestricted net assets		27
<u>e</u> 28	Temporarily restricted net assets		28
© 29	Permanently restricted net assets		29
Š J	Organizations that do not follow SFAS 117 (ASC 958), check here	V W	
֡֡֡֡֡֡֡֡֡֡֡	and complete lines 30 through 34.		
र्ह्म 30	Capital stock or trust principal, or current funds		30
988 31	Paid-in or capital surplus, or land, building, or equipment fund		31
ا کے ا 32 ا	Retained earnings, endowment, accumulated income, or other funds.	0.40051	236145.
S 32		242051	236145.
_ 33	Total net assets or fund balances		236145.
	Total liabilities and net assets/fund balances	4 272331.	Form 990 (2013)

. .

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

3a

3b

Form 990 (2013)

the Single Audit Act and OMB Circular A-133?

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 	n 501(c)(3) organizatior	ns that have NOT filed Form 5768 (ele	ection under section 5	501(h)) Complete Part II-B	Do not complete Part II-A
If the orga	anization answered "Y	es," to Form 990, Part IV, line 5 (Pr	oxy Tax) or Form 99	90-EZ, Part V, line 35c (Pro	xy Tax), then
 Section 	n 501(<u>c)(4),</u> (5), or (6) o	rganizations: Complete Part III			
	rganization				oyer identification number
		ITY FARM BUREAU			5-0235538
Part I-A		the organization is exempt			27 organization.
		organization's direct and indirect poli-			
		,			
3 Volu	nteer hours				••
Part I-B	Complete if	the organization is exempt	under section 5	01(c)(3)	
	- Complete II	the enganization to exempt		<u> </u>	
1 Ente	r the amount of any exc	cise tax incurred by the organization i	inder section 4955		≻ \$
		cise tax incurred by organization man-			
		a section 4955 tax, did it file Form 47			
	es," describe in Part IV				
Part I-C	Complete if	the organization is exempt	under section 50	01(c), except section	501(c)(3).
				-	
1 Ente	r the amount directly ex	pended by the filing organization for	section 527 exempt for	unction activities	▶ \$
2 Ente	r the amount of the filing	g organization's funds contributed to	other organizations fo	or section 527	
exem	npt function activities .				\$
	•	nditures Add lines 1 and 2 Enter here			
		e Form 1120-POL for this year?			
		and employer identification number (
		rganization listed, enter the amount p			· · · · · · · · · · · · · · · · · · ·
		vere promptly and directly delivered to		-	arate segregated fund
or a p	political action committe	ee (PAC) If additional space is neede	d, provide information	n in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's If none, enter -0-	contributions received and promptly and directly
				ii riono, antai -o-	delivered to a separate
					political organization If
				 	none, enter -0-
(1)			4		
	· · · · · · · · · · · · · · · · · · ·	 		 	ļ
(2)					
(3)					
(4)					
(5)					
· -	-··· <u>-</u>			 	
(6)			-		

	ule C (Form 990 or 990-EZ) 2013 GRAND FORKS COUNTY FARM BUREAU			235538	<u>;</u> Р	age
Par	II-B Complete if the organization is exempt under section 501(c)(3) and has 5768 (election under section 501(h)).	NOT	filed	I Form		
For ea	ich "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the	(:	a)	((b)	
obbyi	ng activity.	Yes	No	Am	ount	
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					
а	Volunteers?		X	,		
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	2.0		
C	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		X			
0	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X	l	}	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Χ			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities? `		X			
j	Total Add lines 1c through 1i					
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	12		
þ	If "Yes," enter the amount of any tax incurred under section 4912		1			
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?		X		120° 1 94	and the
Part	Complete if the organization is exempt under section 501(c)(4), section 5 section 501(c)(6).	501(c)(5),	or		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	-	X
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No line 3, is answered "Yes."	_				
1	Dues, assessments and similar amounts from members.		. 1	28	, 59	2.
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	••••	Ë		,	
_	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year			 		
c	Total					
3			-	- 1		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess do					
•	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			Į		
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (see instructions)	• • • •	. 5			
Part						
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); I	Dart II	A line	- 2: and Pau	+ II D	
ne 1	Also, complete this part for any additional information BERSHIP DUES 28592	ait ii	-2-1, III N	s z, and r ar	t 11-15,	
					<u></u>	

SCHEDULE D (Form 990)

Supplemental Financial Statements
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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization GRAND FORKS COUNTY FARM BUREAU	Employer identification numbe 45-0235538
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fund	
Complete if the organization answered "Yes" to Form 990, Part IV, line 6	o or Adodanta.
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	(2)
2 Acceptate and the time to (divine upper)	
2 Agreement county from (dispressions)	
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 advise	d funds
are the organization's property, subject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u	ised only
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose compermissible private benefit?	onferring X Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" to	
1 Purpose(s) of conservation easements held by the organization (check all that apply)	
	of an historically important land area
	of certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	f a conservation easement on the
last day of the tax year	
	Held at the End of the Tax Y
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	
structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the	L
the tax year	organization during
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of vice	plations
and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements duri	🗀
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	·
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h	
and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense s	
include, if applicable, the text of the footnote to the organization's financial statements that describes the	•
conservation easements	o organization o docodning for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement	ent and balance sheet works of art
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
in Part XIII, the text of the footnote to its financial statements that describes these items.	or parameter provide,
b If the organization elected, as permitted under SEAS 116 (ASC 958), to report in its revenue statement a	and halance sheet works of art
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	
historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items	ce of public service, provide the
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	ce of public service, provide the
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	ce of public service, provide the
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial of the organization received.	ce of public service, provide the
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	ce of public service, provide the \$ \$ gain, provide the following amounts

Pa	Organiza (continu		Collections of Art	, Historical Treasu	res, or Other Simila	ar Assets	;	
3	Using the organization	n's acquisition, accession	n, and other records, che	eck any of the following ti	nat are a significant use of	of its collect	on item	ıs
	(check all that apply)			•	•			
а	Public exhibition			d Loan or exchan	ge programs			
b	Scholarly researc	h		e Other				
c	Preservation for fi	uture generations						
4	Provide a description	of the organization's coll	ections and explain how	they further the organiza	ation's exempt purpose in	Part XIII.		
5				historical treasures, or o				
				s collection?			8	N
Pa				lete if the organizati			90,	
	Part IV,	line 9, or reported a	an amount on Form	990, Part X, line 21.				
1a	Is the organization an	agent, trustee, custodia	n or other intermediary f	or contributions or other	assets not included			
	on Form 990, Part X?					🗌 Ye	s 🗌	No
b	If "Yes," explain the ai	rrangement in Part XIII a	nd complete the following	ig table [.]				
						Am	ount	
С	Beginning balance				1c			
								
8	Distributions during the	e year			1 0			
	Ending balance							
								No
				ation has been provided i				
Pa	nt V Endowm			on answered "Yes"	to Form 990, Part IV			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year							
	balance							
b	Contributions							
C	Net investment earnings, gains,							
	and losses				,			
	Grants or scholarships		<u> </u>	·				
8	Other expenditures							
	for facilities and							
_	programs							
T	Administrative							
	expenses							
_	End of year balance			<u> </u>				
2	Provide the estimated	percentage of the currer	nt year end balance (line	1g, column (a)) held as				
		uasi-endowment ▶						
	Permanent endowmen		%					
C	Temporarily restricted							
3-		es 2a, 2b, and 2c should	•				,	
Ja				nat are held and administ			Yes	No
	(i) unrelated organiza					3a(i)	 	
_	(ii) related organizatio						4	
4			•	edule R?		3b	$\perp \perp$	
201		e intended uses of the o		t tunas.	 -			
r al				orm 990, PartIV, line	0 110 Soo Form 00	O Bod V	lina 1	^
	Description of							
	Description of	property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(a) Bo	ok value)
12	Land		basis (investment)	basis (other) 37,091.	Depreciation	37	,091	
		••• • •••• • • • • • • • • • • • • • • •	<u>-</u>	119,540.	95,068.		, 472	
	Leasehold improvement	i		110,040.	55,000.		, 1/2	
	•			77,692.	79,194.	71	, 502	- 1
		• • • • • • • • • • • • • • • • • • • •		11,002.	10,199.	1 1	, 502	<u>. •)</u>
			ial Form 990 Part Y an	lumn (B), line 10(c).)		60	,061	·
	inco in inough i	Committee (a) must equ	an oni 330, Fait A, CO	(D), mie 10(C).)			, , , , ,	<u>·</u>

Schedule D (Form 990) 2013 GRAND FORKS COUNT	Y FARM BUREAU	J 45-	0235538 Pag
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Y			
	(a) Description of security or category	(b) Book value	(c) Method of	
(1) Emponeral	(including name of security) derivatives		Cost or end-of-yea	r market value
. ,	eld equity interests	•		
(3) Other	eid equity interests		<u> </u>	
(A)			 	<u></u>
(B)				
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)			The second	
	in (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>	A MANAGEMENT	74 8
Part VIII	Investments - Program Related.		+ 0 / En - 44 - O - F 6	000 D. AV 15 46
	Complete if the organization answered "Y			
	(a) Description of investment type	(b) Book value	(c) Method of	
<u>/1)</u>			Cost or end-of-year	market value
(1)			 	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13)	·		
Part IX	Other Assets.	!! to Form 000 De	# 11/ 1/ma 44 d Can Farms (000 Dark V. Small 45
	Complete if the organization answered "Y		m IV, line 11d See Form S	
(1)	(a) Descrip	tion		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u></u> .▶	·L
Part X	Other Liabilities.	Voc" to Form 000 D	artivitina 11a ar 11f Cas	Form 000 Bod V
	Complete if the organization answered " line 25.	res to Form 990, P	artiv, line the or thi. See	FOITH 990, Part A
1	(a) Description of Liability	(b) Book value	and the second s	
(1) Federal In		(2) 2000 12.00		
(2)				
(3)		-		
(4)				
(5)				
(6)	·			
(7)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8) (9)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 **2013**

Employer identification number

Open to Public Inspection

GRAND FORKS COUNTY FARM BUREAU	45-0235538
RECORDS AND FINANCIAL STATEMENTS ARE REVIEWED ANUALLY BY	THE
BOARD OF DIRECTORS AND RESULTS MADE AVAILABLE TO ALL MEM	IBERS
	
	<u> </u>

Form 4562

Department of the Treasury Internal Revenue Service (99) Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions. ➤ Attach to your tax return.

OMB No 1545-0172 2013

Attachment

Attachment Sequence No 179

45-0235538

Name(s) shown on return

Business or activity to which this form relates

GRAND FORKS COUNTY FARM BUREAUFORM 990

Identifying number

	•	Property Under S			- D		
1 Maximum amount (see in		roperty, complete P	art v before y	ou complet	e Part I.	1	500,000.
2 Total cost of section 179	•					2	300,000.
3 Threshold cost of section		•	•			3	2,000,000.
4 Reduction in limitation. S			*	J		4	2,000,000.
5 Dollar limitation for tax ye			•		• • • •		
filing separately, see instr		7 11 0111 11110 11 11 2010 (5	
6 (a) Description of		(b) Cost (bus	siness use only)		cted cost	_	
(4) 200011911011 01		(2) 550. (550		(0) 2.0			
7 Listed property. Enter the	e amount from line	29		7		\neg	
8 Total elected cost of sect			mn (c), lines 6	and 7		8	
9 Tentative deduction. Ent						9	
10 Carryover of disallowed d	leduction from line	e 13 of your 2012 Forr	m 4562			10	
11 Business income limitation	Enter the smaller of	business income (not le	ess than zero) or	line 5 (see ins	tructions)	11	
12 Section 179 expense ded	luction Add lines	9 and 10, but do not	enter more tha	n line 11		12	
13 Carryover of disallowed ded	uction to 2014 Add	lines 9 and 10, less line	12 .▶ 1	13			一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的
Note: Do not use Part II or	Part III below for I	isted property. Instea	ad, use Part V.				
Part II Special Deprecia	tion Allowance and	Other Depreciation (D	Do not include li	sted property	(See instr	uctio	ns)
14 Special depreciation allow	vance for qualified	property (other than	listed property)	placed in se	rvice		
during the tax year (see in	nstructions)					14	
15 Property subject to section	n 168(f)(1) electio	n				15	
16 Other depreciation (include		<u> </u>	· · · <u>·</u> · · ·	· ·	<u> '</u>	16	<u> </u>
Part III MACRS Depre	eciation (Do not	t include listed prop	erty.) (See in:	structions.)			·
		Section Section	n A				_
17 MACRS deductions for as	-		_	013		17	4,303.
18 If you are electing to grou	• •	~	ne tax year				
into one or more general			· · · · · ·	<u> </u>	. ▶	<u></u>	
Section B-Ass		rvice During 2013 Ta	ax Year Using	the Genera	Deprecia	atio	n System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Metho	od	(g) Depreciation deduction
19 a 3-year property							
b 5-year property							
c 7-year property				Ĺ <u> </u>			
d 10-year property	,		ļ				
e 15-year property							
f 20-year property					ļ		
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	MM	S/L_	\Box	
property			27 5 yrs	MM	S/L	_	
i Nonresidential real			39 yrs	MM	S/L		
property				MM	S/L	\perp	
	ts Placed in Serv	vice During 2013 Tax	K Year Using t	he Alternativ	T	iati	on System
20a Class life					S/L		
b 12-year			12 yrs.	<u> </u>	S/L]	
c 40-year	<u> </u>		40 yrs.	MM	S/L		
Part IV Summary (Se				 			
21 Listed property. Enter a					1	21	
22 Total. Add amounts from Enter here and on the app.						22	4,303.
23 For assets shown above							Age Control
the portion of the basis	attributable to sect	tion 263A costs	-	23		ļ	200

. Form 8868

(Rev January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No 1545-1709

Internal Revenu	ue Service ► Information about For	m 8868 and its	instructions is atww	rw.irs.gov/form8868.				
If you a	re filing for an Automatic 3-Month Extension,	complete only	Part I and check this	box			▶ [X]	
• If you a	re filing for an Additional (Not Automatic) 3-Mo	onth Extension	n, complete only Par	t II (on page 2 of this form).				
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
Electronic	Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation							
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension								
	le any of the forms listed in Part I or Part II with t							
	enefit Contracts, which must be sent to the IRS i							
form, visit w	wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	& Nonprofits	,			-		
Part I	Automatic 3-Month Extension of T		submit original (no	copies needed).				
A corporation	on required to file Form 990-T and requesting an				l onl	y		
	rporations (including 1120-C filers), partnerships					-		
	ne tax returns			Enter filer's identifying nu			instructions	
Type or	Name of exempt organization or other filer, se	e instructions		Employer identification num		_		
print	GRAND FORKS COUNTY FARM		r i	45-0235538	·	·		
File by the due date for	Number, street, and room or suite no. If a P (D. box, see inst	ructions	Social security number (SSI	<u>4)</u>			
filing your	1287 22ND ST NE			·				
return See instructions	City, town or post office, state, and ZIP code	For a foreign a	address, see instruction	ons				
	EMERADO ND 58228	•	,					
Enter the Re	eturn code for the return that this application is fo	or (file a separa	ite application for each	n return)			01	
Application	1	Return	Application	ation			Return	
is For		Code	ls For				Code	
Form 990 or	r Form 990-EZ	01	Form 990-T (corpor	ration)			07	
Form 990-B	L	02	Form 1041-A				08	
Form 4720 ((individual)	03	Form 4720 (other th	than individual)			09	
Form 990-P	F	04	Form 5227				10	
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T	(trust other than above)	06	Form 8870 12			12		
	oks are in the care of <a> JANICE SAUER	₹						
Telepho	one No. ▶ 701-59 4-4 190	Fax No. ▶						
 If the org 	ganization does not have an office or place of bu	usiness in the U	Inited States, check th	nis box			▶ □	
 If this is 	for a Group Return, enter the organization's fou	r digit Group Ex	kemption Number (GE	N) If this is fo	or the	whole	e group,	
check this b	ox ▶ ☐ If it is for part of the group, check this	box ▶ 🔲 an	d attach a list with the	names and EINs of all mem	bers	the ex	tension is for.	
		_						
1 reques	at an automatic 3-month (6 months for a corporate	tion required to	file Form 990-T) exte	nsion of time until				
	MAY 15 , 20 14 , to file t	he exempt orga	anization return for the	organization named above	The	extens	sion is for the	
organiza	ation's return for							
▶ 🔲 🤄	calendar year 20 or							
►X t	tax year beginning OCT	<u>01</u> , 20 <u>12</u>	, and ending	S	EΡ	30	, 20 <u>13</u> .	
_								
2 If the tax	x year entered in line 1 is for less than 12 month	s, check reasor	n. 🔲 Initial return	Final return				
Dha	inge in accounting period		_					
				_				
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069, en	ter the tentative tax, le	ess any nonrefundable				
credits See instructions.					3a	\$		
b If this ap	b If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments							
made Include any prior year overpayment allowed as a credit				_	3ь	\$		
	e due. Subtract line 3b from line 3a include you		this form, if required.		П			
	EFTPS (Electronic Federal Tax Payment Syste		•		3с	\$		
	you are going to make an electronic fund withdra			3, see Form 8453-EO and Fo			O for payment	
instructions		,	,					