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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the		endar year, or tax year beginning November 1 , 2012, and endin	9 Octo	<u>ber 31</u>	, 20 ₁₃							
В	Check if	f applicable:	C Name of organization Oklahoma Farm Bureau		D Employe	er identification number							
	Address	s change	Doing Business As			73-0382001							
	Name c	•	Number and street (or P.O box if mail is not delivered to street address) Room/sui	ite	E Telephone number								
\Box	Initial re	-				405 500 0000							
			2501 N STILES AVE City, town or post office, state, and ZIP code			405-523-2309							
	Termina		City, town or post onice, state, and zir code		•								
님	-		Oklahoma City_OK_73105-3126		G Gross re								
Ш	Applicat	tion pending	F Name and address of principal officer. Tom Buchanan			for affiliates? Yes V No							
			3009 Learly Lane. Altus. OK 73521			cluded? Yes No							
<u></u>	Tax-exe	mpt status	☐ 501(c)(3)	If "N	lo," attach a	list. (see instructions)							
J	Website	e: ► okfa	armburau.org	H(c) Group	p exemption	number ► 1480							
K	Form of		☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format	ion 1942	M State	of legal domicile. OK							
P	art I	Summ	nary										
	1		escribe the organization's mission or most significant activities: Agricul	Itural membe	ership ora	anization							
_													
Governance	}	to promote the betterment of the conditions of those engaged in agricultural pursuits.											
Ē													
ě		Chook th	nis box ▶ ☐ if the organization discontinued its operations or disposed o	of more than	25% of	ite not accore							
Ĝ	2		· · · · · · · · · · · · · · · · · · ·		1 1								
	3					10							
ë	4		of independent voting members of the governing body (Part VI, line 1b)										
₹	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)			28							
Activities &	6	Total nur	mber of volunteers (estimate if necessary)		6	775							
	7a	Total unr	related business revenue from Part VIII, column (C), line 12		7a	105,112							
_	Ь	Net unre	lated business taxable income from Form 990-T, line 34	<u></u>	7b	-0-							
				Prior Y		Current Year							
Revenue	8	Contribu	itions and grants (Part VIII, line 1h)	1,742,8	79	1, 437, 705							
	9	Program	service revenue (Part VIII, line 2g)	-0	_	-0-							
Š	10	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)	135.5	33	113, 183							
Œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	593.5		820,697							
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,472,		2,371,585							
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	- 0 -		-0-							
	14		paid to or for members (Part IX, column (A), line 4)	-0-	,	-0-							
10	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,290,		1,515,425							
ě	16a		onal fundraising fees (Part IX, column (A), line 11e)	-0	- 1.0 J	-0-							
Expenses	l loa					MANAGES .							
ă	b		· · · · · · · · · · · · · · · · · · ·										
	17		spenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,167,		1,143,227							
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,458,		2,658,655							
	19_	Revenue	e less expenses. Subtract line 18 from line 12	13,	000	(287,070)							
Net Assets or	2	_	 -	Beginning of C		End of Year							
SSet	20		sets (Part X, line 16)	<u>4,759,</u>	080	6,405,680							
₹\$	21		oilities (Part X, line 26)	1,657,	914	1,507,765							
			ets or fund balances. Subtract line 21 from line 20	5,101.	166	4,897,915							
P	art II	Signa	ture Block										
			ury, I declare that I have examined this return, including accompanying schedules and state			ny knowledge and belief, it is							
	Je, correc	ct, and comp	lete Declaration of preparer (other trian officer) is based on all information of which prepare	r has any know	rledge.	<i></i>							
				,,	4/2/	14							
Si		6 ign	nature of officer		ate								
He	ere		MONTEA WILKE, EXECUTIVE DIRECTO	OR									
		Тур	e or print name and title			· · · · · · · · · · · · · · · · · · ·							
P-	aid	Print/Ty	ype preparer's name Preparer's signature Da	ate	Check	PTIN							
		<u></u>			self-em								
	repare se On		name ▶	Fire	m's EIN ▶	<u> </u>							
U:	se On	עיי ר	address >		one no.								
_				lo. 11282Y		Yes No Form 990 (2012)							
	•		• • • • • • • • • • • • • • • • • • • •			<i>,</i> .							

9-13 3

Pagt I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		,
•	complete Schedule A	1 2	├—	1
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	 	V
-	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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
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	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
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? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	 	✓
ь	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	İ	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		▼
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	_	+

Part	Checklist of Required Schedules (continued)			
			Yes	' No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			73 v 2= 34
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	67		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		🗆
4		\ 	res No
าa b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b $-o$ -		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		
	reportable gaming (gambling) winnings to prize winners?	1c ,	/
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
ь	Statements, filed for the calendar year ending with or within the year covered by this return 2a 28 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b 1	/
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial		}
	account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ▶		
5a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a \	-
	gifts were not tax deductible?	6b ,	/
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
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	Ì
d	· · · · · · · · · · · · · · · · · · ·		
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? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		10 1g 15
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
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	Para Paraga
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		
11	Section 501(c)(12) organizations. Enter:		
a b	Gross income from members or shareholders		
U	against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
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 14а	Enter the amount of reserves on hand	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	- * -
-		Form	990 (2012)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See								
	Check if Schedule O contains a response to any question in this Part VI								
<u>Secti</u>	ion A. Governing Body and Management		14	 .					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1					
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	√	√					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1						
а b 9	The governing body?	8a 8b	√						
Section	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ion B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ada l	✓					
<u> </u>	On B. Policies This Section B requests information about policies not required by the internal neven	<u> </u>	Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1					
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13		14. A.						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 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		1					
13 14 15	Did the organization have a written whistleblower policy?	13 14	✓ ✓	٠, ٠					
a b	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a 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								
b	with a taxable entity during the year?	16a		√					
	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							
	List the states with which a come of this Form 000 is required to be filled								
17 18	List the states with which a copy of this Form 990 is required to be filed Oklahoma 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.	501(c)(3) s	only)					
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o and financial statements available to the public during the tax year.			olicy,					
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Amy Wilson, Oklahoma Farm Bureau, 2501 N Stiles Ave. Oklahoma City, OK 73105, 405-523-2309	of the	•						

Form 990 (2012)

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0)					
(A)	(B)	١		Posi				(D)	(E)	(F)
Name and Title	Average		(do not check mor box, unless persor					Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익콧	2	Q	₩.	em H	F _O	from the	related organizations	other compensation
	related	Individual trustee or director	훒	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	증트	g		g	9 6]]	(W-2/1099-MISC)		organization and related
	line)	, S	3		уөө	mpe mpe				organizations
		8	Institutional trustee			Highest compensated employee				
			L			ě.				
(1) Tom Buchanan	11_									
Director	5	✓						241	909	0-
(2) Rodd Moesel	11									
Director	5_	1						1386	5214	9778
(3) Jimmy Wayne Kinder	11									
Director	5	1					乚	1827	6273	13076
(4) Gary Crawley	11						1			
Director	5	✓	Ш	L			<u> </u>	1596	6004	-0-
(5) Charles Sloan	11								ŀ	
Director	5	1	_			L	_	2226	8374	10316
(6) John Grundwann	11_	1			İ I	ĺ	l	1	1	
Director new11-12	5	/	Ш		L		<u> </u>	-0-	-0-	-0-
(7) Mike Spradling	5									
President	19	✓		✓			<u> </u>	8662	32588	-0-
(8) Roland Pederson	11				ŀ		İ			
Vice - President	5	1	Щ	✓				1974	7426	5028
. (9) Phyllis Halcomb	11					ŀ		Í	1	
Secretary	5	✓	<u> </u>	1			<u> </u>	1827	6873	-0-
(10) Alan Jett	1	↓ .		_				}		
Treasurer	5	1	<u> </u>	✓				1533	5767	11519
(11) Monica Wilke	44	ļ			١.					
Executive Director	36	<u> </u>	_	<u> </u>	1			23706	213351	26694
(12) Ericka McPherson	4	ļ	i			١.				
General Counsel	36		Ļ.,		_	✓	\vdash	10360	93246	7602
(13) Billy Gibson	1	1						1		
Former Director	5	ļ	<u> </u>	<u> </u>	_	<u> </u>	✓	2646	9954	<u>-0-</u>
(14) Rodney Dyorak	·	ł	}	1	1	1	١,	i		
Former Director	<u> </u>	L	L_			<u> </u>	✓	-0-	-0-	14988

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	/ees		nd H >)	lighe	st C	ompensated E	mployees (d	continu	ied)
	(A) Name and title	(B) Average	Position (do not check more than of box, unless person is both						(D) Reportable	(E) Reportable		(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	office of Individua or directo				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-M	n from ons	amount of other compensation from the organization and related organizations
	e.Mayer							/				44770
	Director	l. ————						\ <u> </u>			-0-	11778
											-	
			ļ	Щ								
Tial												
(20)												
(21)												
(22)												
(23)							-					
(24)				-								<u>-</u> -
(25)												
1b	Sub-total		<u> </u>	L		L		>	57,984	395,9	79	110,779
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-						>	57.984	395.9	79	110,779
2	Total number of individuals (including bur reportable compensation from the organic	t not limited										
				4	4		1					Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or nigi · · · · ·	· · · ·	nsate 	d 3 √
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re greater th	portal an \$1	ble (150,	con 000	npe:)? <i>[</i>	nsation f "Ye	on a s,"	and other complete Sci	pensation from the second period of the second peri	om th	e h
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	dividu:	
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	iress							(B) Description of s	services		(C) Compensation
None								-				
,								<u> </u>				
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who		

I GIR	SVIII:	Check if Schedule O		reenor	nse to any dues	tion in this Part \	/III .		
		Oneon in Ochedule O	Cornail is a	eapol	iso to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated campaigns	rated campaigns 1a -0						2.7
Contributions, Gifts, Grants and Other Similar Amounts	ь	· -		1b	1,437,705				
G, E	С	Fundraising events		1c	-0-	^ .	± ',	,	, 4
ar #	d			1d	- 0 -			,	
°, E	е			1e	-0-		,		
io Si	f	All other contributions, gi							-
‡ £]	and similar amounts not inc	cluded above	1f	-0-				
E O	g	Noncash contributions includ	led in lines 1a-	-1f: \$	- 0 -				- z
လ ရ	h	Total. Add lines 1a-1	f		🕨	1,437,705			
e					Business Code				
Ven	2a			[
Se Se	ь								
ýć	C					l		 	
Sen	d								
E	е			L			·		
Program Service Revenue	f	All other program sen				<u> </u>	a en la granta de la compania de la compania de la compania de la compania de la compania de la compania de la	<u></u>	
<u>~</u>	g	Total. Add lines 2a-2				-0-		Sign of the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3	Investment income				91.661			6 1 7 1
			and other similar amounts) ▶ Income from investment of tax-exempt bond proceeds ▶						91,661
	4		t of tax-exer	npt boi	nd proceeds ►				215 00
	5	Royalties	(i) Real		(ii) Personal	715,585	The state of the state of the state of	2 C C C C C C C C C C C C C C C C C C C	715,585
			(I) Neal		(II) Personal	第一、			Sugar Sugar
	6a	Gross rents		+			以 1967年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1968年 1	4 2 4 6	
	b	Less: rental expenses				1			And the second
	C	Rental income or (loss)				-0-	1141 W 5 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
	d 7a	Net rental income or (Gross amount from sales of	(i) Securit	ies T	(ii) Other	10 31 50 00 00 00	1 6 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	रा स्टास्ट्र	11-27
	1 "	assets other than inventory	(,) 0000.118		184,725	(高村と)	Company of the control of the contro		
	ь	Less: cost or other basis	 -	+	104, 123	140 S			
	"	and sales expenses .		}	163,203				
	c	Gain or (loss)			21,522		يَّ دُدُو وَ أَدُّ		
	ď	Net gain or (loss)	·			21,522			21,522
	-	violiganii ov (loco)		֓֞֝֞֝ <u>֓</u>	<u></u>	*		U.,	
E E	8a	Gross income from fu	ındraising	ĺ		ļ,			,
Jen /		events (not including \$		1				•	'-
æ		of contributions reporte	ed on line 1	c).		4.			
Other Revenue						tag .		5	, ,
돌		Less: direct expenses							
		Net income or (loss) for			events . 🕨	-0-			
	9a	Gross income from ga						a	
						}		1	,
	b	Less: direct expenses				ļ			
	C	Net income or (loss) f			rities 🕨	-0-	ļ		
	10a	Gross sales of in				k .		3	, ,
		returns and allowance		- I-				,	
	b	Less: cost of goods s			nton.		 		
	c	Net income or (loss) f		ווועפּ	ntory ▶ Business Code	-0-		,	
	445			7-0		19.492		79,492	
	1.	MAGAZINE ADVERTI			900004		 	25, 620	
	Ь	AG RECORDS		}	541200	25,620	 	23,020	
	ď	All other revenue .		}		 			
	e	Total. Add lines 11a-		٠ ـ ـ		105,112	,	-	<u> </u>
	12	Total revenue. See in				2,371,585		105,112	828,768
	_ <u></u> _			· · ·		1-1-11-00	<u> </u>		Form 990 (2012)

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).

36000	in 30 (c)(0) and 30 (c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question	in this Part IX .	<u> </u>	<u> </u>
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, o, 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	72,071			
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	886,510 291,022			
9 10 11	Other employee benefits	188,510 77,312			
a b	Management				
d e f	Lobbying				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	18,227			
14 15	Information technology	21,003			
16 17	Occupancy	52,766 368,511			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	220, 702			
21 22	Depreciation, depletion, and amortization Insurance	121,172			
23 24	Other expenses. Itemize expenses not covered	7, 6			
	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 f	ADMIN, PUBLIC RELATY PUBLIC POLICY DIV	(253, 9267			
b	FIGLD SERVICES DIV YOUNG FARMERSY RANKHERS + WOMEN'S COM	7,687			
_				† · · · · · · · · · · · · · · · · · · ·	<u> </u>
d	LIVESTOCK JUDGING + PREMIUMS	22, 434	<u> </u>	+	
e 25	All other expenses CARTHE+ MAZOR REP Total functional expenses. Add lines 1 through 24e	12,194			
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)				

Form 990 (2012)

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 9.127 10,857 1 122,907 2 2 1,320, 488 3 3 1,343,657 4 1.087.440 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 6 **Assets** 7 1,000,000 1.000,000 8 8 9 Prepaid expenses and deferred charges . . . 28.602 9 56. 608 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 324.8*50* Less: accumulated depreciation 10c 11 11 12 12 Investments—other securities. See Part IV. line 11 2.710,626 13 13 Investments—program-related. See Part IV, line 11 14 14 15 15 Other assets. See Part IV, line 11 6,405,680 6.759.080 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 397, 583 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, _iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 260.331 Total liabilities. Add lines 17 through 25 1,657.914 26 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 5,101,166 4.897 33 33 5,101,166 Total liabilities and net assets/fund balances 6.405.680

_	4	•
Page	- 1	-

Part	XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response to any question in this Part XI		<u> ′ [</u>	<u>]</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	2,37		_
2	Total expenses (must equal Part IX, column (A), line 25)		8,655	_
3	Revenue less expenses. Subtract line 2 from line 1	< 28	7,070	2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1,166	_
5	Net unrealized gains (losses) on investments	8	<u>3, 819</u>	_
6	Donated services and use of facilities	<u> </u>		_
7	Investment expenses	ļ		_
8	Prior period adjustments			_
9	Other changes in net assets or fund balances (explain in Schedule O) 9			_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	l		_
	33, column (B))	4,8	97,915	2
Part	XII Financial Statements and Reporting		_	_
	Check if Schedule O contains a response to any question in this Part XII			1
		<u> সিংক্ষর</u>	Yes No	_
1	Accounting method used to prepare the Form 990: Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain	In Page	新 秦	;]
_	Schedule O.	1/12/2	12.00 m	
2 a	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	. 2a	3.3.5 (3.5.5)	_
	reviewed on a separate basis, consolidated basis, or both:	U		1
				ا
ь	tana ang katalang at ang a	. 2b	/ / /	لـ
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on		2.3 2%	7
	separate basis, consolidated basis, or both:			, 1
	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 oversig	iht 2532.5	122. Car 1 - 23.	
·	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	h	127	
	Schedule O.		1 2	- {
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in		
	the Single Audit Act and OMB Circular A-133?	. 3a	🗸	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	he		_
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
_		For	m 990 (201	2)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 20**12**

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

Oklahoma Farm Bureau 73-0382001 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . Addregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 48×1 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

Page	2
raye	6

Parl	III Organizations Maintaining	Collections of	Art, His	torical 1	Treasures	, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther reco	rds, chec	k any of th	e follow	ving that are a sig	mificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progr	ams	
b	☐ Scholarly research		е	☐ Other	r			
C								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization							
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,							
	line 9, or reported an amoun	t on Form 990,	Part X, li	ne 21.			_	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing to	able:		Am	nount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour							☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanatio	n has been	provide	d in Part XIII .	<u> </u>
Par	t V Endowment Funds. Comple							
		(a) Current year	(b) Pri-	or year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·					:	
b	Contributions		ļ					
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships				ļ			
е	Other expenditures for facilities and programs							
f	Administrative expenses	···						
g	End of year balance [<u></u>		l			
2	Provide the estimated percentage of t			e (line 1g	j, column (a	ı)) held a	as:	
а	Board designated or quasi-endowmer	nt 🕨	%					
b	Permanent endowment ►	%						
С	remporarily restricted endowment	%						
0-	The percentages in lines 2a, 2b, and 2	•		4! 4L.				
3a	Are there endowment funds not in the organization by:	e possession of ti	ne organi	zation tha	at are neid	and adi	ministered for the	
	•							Yes No
	(i) unrelated organizations (ii) related organizations	· · · · · · · ·						3a(i)
b	If "Yes" to 3a(ii), are the related organi							3a(ii) 3b
4	Describe in Part XIII the intended uses							30
Part							·-·-·	
, and	Description of property	(a) Cost or o		· ·	or other basis	(c) 4	Accumulated	(d) Book value
		(investm			ther)	de	preciation	(4) 2001. (4100
1a	Land	•				are straight.	A Carlotter of	
Ь	Buildings	•						
C	Leasehold improvements	•		9,1	1 00 1	, -	C 710	225152
d	Equipment	·		160	,871	60	25, 718	335,153
e Total	Other	ount name! Fame 0	00 0-4	L	(D) Eng 11	2(0))		225.52
otal.	Add lines 1a through 1e. (Column (d) m	iust equal Form 9	συ, raπ /	r, column	ו (ש), ווחפ זנ	ハ(C).) .		335,153

Part VII Investments—Other Securities	. See Form 990, Part >	K, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) OKLAHOMA FARM BUREAU BUELDING CORP	2,324,988	10/31/13 EQUITY 100% OWNED
(B) FARM BUREAU BANK	312, 420	10/31/13 MARKET VALUE
(C) FARM BUREAU LIFE FINANCIAL GROUP	157,037	10/31/13 MARKET VALUE
(D)		
(E) 		
(F)		
(G)		
(H)		
(1)	2 2011 1115	Per tale in city of the Late Co. Sec. 19 Sec.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,794,445	VIII-10
Part VIII Investments—Program Related	T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
_(3)		
_(4)		
(8)		
(9)		
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part IX	art X line 15	
	a) Description	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·	
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, c	ol. (B) line 15.)	<u> ▶ </u>
Part X Other Liabilities. See Form 990,	Part X, line 25.	
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) PRECOLLECTED MEMBERSHIP DUES	1,128,852	
(3)	,	
(4)		
(5)		
(6)		
(7)		
(8)	<u> </u>	
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,128,852	
	Anna of the fortunation to the	organization's financial statements that reports the organization's

Page	•

Parl	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	
b	Donated services and use of facilities	2b	1 62 60 60 60 60 60 60 60 60 60 60 60 60 60
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		7.2
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120
b	Other (Describe in Part XIII.)	4b	
С	A del Personale and Ale		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII Reconciliation of Expenses per Audited Financial Statem		er Return
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		4 2 4 2
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		The state of the s
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	A stat Process and a state of		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
Part	XIII Supplemental Information		<u> </u>
	ete this part to provide the descriptions required for Part II, lines 3, 5, and	9; Part III, lines 1a and 4; P	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		
nform	ation.		
•			

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
	······································	
		·
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		•
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Oklahoma Farm Bureau

Employer Identification number

73-0382001

Part	Questions Regarding Compensation			,
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	ų.	-	٠.
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	- 1	-	
	☐ Travel for companions ☐ Payments for business use of personal residence	, ,		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	. 52		٠.
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	2	4.	
		1 1	- "	
L	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		·	
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
	скрант.	10		
_	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,		ءـــــــــــــــــــــــــــــــــــــ	
2	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		/	
	directors, trustees, and the OEO/Executive Director, regarding the items checked in line ration in the case of the control of	2	, , .	ļ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	- 1	-,,,,,,	,
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		- D - + 5	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	335	1	
	☐ Compensation committee ☐ Written employment contract			.*
	☐ Independent compensation consultant ☐ Compensation survey or study	7	, ,	
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee	14 1	"	1.
		13	1 62	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	-,		1.
	organization or a related organization:			<u> </u>
а	Receive a severance payment or change-of-control payment?	4a		/
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		/
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		/
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	يان پروپاڻي	, , ,	\$5.5°
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	31	1	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	, û] '
•	compensation contingent on the revenues of:			1-
а	The organization?	5a		
b	Any related organization?	5b		<u> </u>
D	If "Yes" to line 5a or 5b, describe in Part III.	1-5.	, f., .	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	95	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
0	compensation contingent on the net earnings of:	1.1	47 4	,, ,
а	The organization?	<u>6a</u>	<u> </u>	<u> </u>
b	Any related organization?	6b		<u> </u>
	If "Yes" to line 6a or 6b, describe in Part III.	ļ		ļ
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		1
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			Τ
-	Regulations section 53.4958-6(c)?	9		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Total Tile suill of Columnia (D/I/\mil) for each	caci	11010	שו בקשמו נווס נטנמו מוווכ	G 1 C 1 1 3 3 C 1 1 G	ני אוון ספסנוסוו רי, ווווס	a, applicable oblain		o ioi midi midi midi midi midi midi midi
			(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	/E) Componention
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred compensation	benefits	(B)(I)-(D)	reported as deferred in
			,	compensation				
MONICA WILKE	Ξ	90512	2,500	-0-	9441	1,223	26,375	101
1 EXECUTIVE DIRECTOR	(ii)	190,851	22,500	-0-	13,014	11,011	237,376	101
RODWEY DVORACK	(i)	- 0-	-0-	-0-	-0-	3,147	3,147	1 0 1
2 FORMER DIRECTOR	3	-0-	101	101	- 0-	11,841	11,841	70 /
JOE MAYER	Θ	-0-	-0-	-0-	-0-	2,473	2,473	-0-
3 FORMER DIRECTOR	3	· 0 /	-0-	-0-	-0-	9,305	9, 305	101
BILLY GIBSON	(i)	2,646	-0-	-0-	-0-	-0-	2,646	101
4 FORMER DIRECTOR	(ii)	9,954	-0-	-0-	-0-	-0-	9,954	-0-
	9							
5	(ii)							
	3		1					
6	3							
	3				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
7	3							
	3							
8	(ii)							
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	3							
15	3							
	3							
16	3							

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Schedule J (Form 990) 2012
Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a,
Also complete this part for any additional information.
, , , , , , , , , , , , , , , , , , ,

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

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

Oklahoma Farm Bureau	73-0382001			
990 Part VI Line 6: The organization has members. There are two types of members, voting and associated associated the control of the control	ciate. Voting members receive a			
majority of their 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 from agriculture and not employed full time in a	nother occupation. Associate			
members are all others that do not qualify as voting members.				
Line 7o. The state is divided into 0 districts with each district election a member of the Board of Disease	tore. Amuselly at the State			
Line 7a: The state is divided into 9 districts with each district electing a member of the Board of Direction (Control of the Board of Direction)	tors. Armuany at the State			
Convention, delegates comprised of the voting members, elect 3 directors. Directors serve a 3 year te	rm. All of the delegates vote			
on the President for a 2 year term.				
Line 10a: Each of the 88 County Farm Bureaus are separate corporations with their own Board of Dire	ectors. They have common			
articles of incorporation and are included in the organizations group exemption. All financial statement	nts and tax returns are			
completed by staff of the Oklahoma Farm Bureau and Oklahoma Farm Bureau Mutual Insurance Co. A	All counties have a Field			
Representative that is a employee of Oklahoma Farm Bureau assigned as a liaison.				
Line 19: Not to the general public, only by request. The year end financial statement is provided to Du	un & Bradstreet.			
Part VIIA: Oklahoma Farm Bureau owns Oklahoma Farm Bureau Building Corporation and is affiliated	l with Oklahoma Farm Bureau			
Mutual Insurance Company and AgSecurity Insurance Company by a common Board of Directors. Ok	lahoma Farm Bureau pays all			
expenses associated with the Board of Directors, Executive Director and General Counsel and bills a	percentage to the other companies.			
Below are the hours per week spent on the affiliated companies:				
Oklahoma Farm Bureau Mutual Insurance Co: President 14 hours, Directors 4 hours, Executive Director 24 hours, General Counsel 24 hours				
AgSecurity Insurance Co: President 4 hours, Directors .75 hours, Executive Director 10 hours, General Counsel 10 hours				
Oklahoma Farm Bureau Building Corp: President 1 hours, Directors .25 hours, Executive Director 2 hours, Executive Director 3 hours, Executive	ours, General Counsel 2 hours			
	······			