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Form **990**

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.

OMB No 1545-0047

Open to Public

Department of the Treasury

Inter	nal Reven	ue Service	<u> </u>	ation about Forr	n 990 and its instrւ	ctions is at	www.irs.g	ov/form990		Inspection			
Α	For the	2013 cale	ndar year, or tax yea	r beginning		, 2013, aı	nd ending		, 20				
В	Check if	applicable	C Name of organization	SPORTSMEN	S & FARMERS	ASSOICAT	TION		D Employ	er identification number			
	Address	change	Doing Business As						55-0583326				
	Name cl	nange	Number and street (or	PO box if mail is i	not delivered to street	address)	Room/suite		E Telepho	ne number			
\Box	Initial ret	-	PO BOX 3						304	-794-6408			
\equiv	Termina		City or town, state or p	province, country, a	ind ZIP or foreign post	al code							
$\overline{\Box}$	Amende		WELLSBURG					1	G Gross re	eceipts \$ 161577			
\vdash			F Name and address of							subordinates? Yes No			
ш	Applicat	ion pending	· Hame and address of	principal officer 1	CHALD I ENTOB					es included? Yes No			
_	-		,	∑ 501(c) (4) ◄ (insert no)	047(=)(1) == [527	-1 ' '		a list (see instructions)			
<u>!</u>		mpt status	501(c)(3)	E 501(c) (4) 4 (IIISert IIO) [] 2	947(a)(1) or L	52/	H(c) Group					
<u></u>	Website		Corporation X Trust		Other ▶	I Van	r of formation		т -	e of legal domicile WV			
_				Association	Other ►	L rea	ronormation		W State	or legal domicile VV V			
	art I	Summ				h 44							
	1	•	scribe the organiza		=								
Activities & Governance	l	PROMOTE	COMPETITIVE TRAP S	HOOTING AND PRO	OVIDE TRAINING IN	THE SAFE U	SE OF FIRE	EARMS					
<u>n</u>													
Š	2		is box ▶□ if the or				sposed of	more than	1	its net assets			
ගී	3		of voting members of	-	-				3				
త	4		of independent votil	-				•	4				
ţ	5	Total nun	nber of individuals e	employed in ca	lendar year 2013 (Part V, line	2a)		5				
:≩	6		nber of volunteers (•		6				
Ă	7a	Total unr	elated business rev	enue from Part	VIII, column (C), I	ne 12 .			7a				
	b	Net unrel	ated business taxal	ole income from	n Form 990-T, line	34			7b				
								Prior Ye		Current Year			
o)	8	Contribu	tions and grants (Pa	art VIII, line 1h)			· L	12	7204	161577			
Ž	9	Program	service revenue (Pa	art VIII, line 2g)									
Revenue	10	Investme	nt income (Part VIII	, column (A), lır	es 3, 4, and 7d)				6				
Œ	11	Other rev	enue (Part VIII, colu	ımn (A), lines 5	6d, 8c, 9c 100,	and (e)							
	12	Total reve	enue-add lines 8 th	rough 11 (must	equal Part VIII, co	luman (A),IIIn	(<u>L</u>) (2)	12	7210	161577			
	13	Grants a	nd similar amounts	paid (Part IX, c	olumn (A), lines 1-	-3)	S						
	14	14 Benefits paid to or for members (Part IX, column 📆 lin 🕍 Y . 🥛 🤌 🤈 🐧 🖟 👢 👢 👢											
s	45	Salaries.	other compensation,	emplovee bene	efits (Part IX, colum	n (A), lines 5	5-10						
Expenses	16a												
per	b	Total fun	onal fundraising fees draising expenses (Part IX. columr	(D) tine 25)		r						
ŭ	17		penses (Part IX, col				·	15	6752	148105			
	18		enses. Add lines 13)	15	6752	148105			
	19		less expenses Sub					-2	9542	13472			
<u> </u>		110701100						ginning of Cui	rent Year	End of Year			
Net Assets or	20	Total ass	ets (Part X, line 16)					25	6780	270252			
Ass	21		ilities (Part X, line 2	 6)			-		6780	256780			
Set .	22		ts or fund balances		21 from line 20	• •	6			13472			
	art II		ture Block	. Odbirdot III o	21 110111 11110 20	· · · · · ·	····						
				vamined this return	neluding accompany	una schedules	and stateme	ents and to th	e hest of	my knowledge and belief, it is			
tru	ie, correc	et, and comp	lete Declaration of prepa	rer (other than offic	er) is based on all infor	mation of which	ch preparer h	as any knowle	edge	,			
		1	Roma Odico	Day					050	07-14			
Si	an	Sign	ature of officer	- / 34/	~~			Dat	e				
	ere	-	ONALD PENRO	D, PRESII	DENT								
			or print name and title										
_	• •		pe preparer's name	Pre	parer's signature		Date)	Check	PTIN			
	aid	TOT	HN BINE		Loka B	Bine	04	1/28/14	self-em				
	epare	∍r	TOE	BINE S T	X PREPARA				's EIN ▶	55-0697489			
U	se On				RIVE WEST 26070-				ne no	304-737-7011			
M	av the I		address ► 60 VIRG s this return with th			structions)		1110		X Yes No			
_			ction Act Notice, see				<u>-</u> <u>-</u> -			Form 990 (2013)			
QN		work near	ction Act Notice, Set	s uie separate li	isa ucaons.					2 222 (22)			

Part III

, 0 (2013		FARMERS ASSOICATION OF	55-0583326	5 Page 2
Ш	Statement of Program Service			
TO	y describe the organization's miss	E TRAP SHOOTING AND PROVIDE		
		nificant program services during the year which		Yes ⊠ No
If "Ye	es," describe these new services o	n Schedule O.	_	
Did servi		ng, or make significant changes in how it co		Yes X No
	es," describe these changes on Sc			I lea Wildo
Desc	ribe the organization's program sonses. Section 501(c)(3) and 501(c)	ervice accomplishments for each of its three la (4) organizations are required to report the am for each program service reported	rgest program services, as ount of grants and allocat	s measured by lons to others,
(Cod	e.) (Expenses \$	including grants of \$ NCE FOR TRAP SHOOTING AND E) (Revenue \$)
TO GU	PROVIDE AN EXPERIENT AND HOW TO HANDLE	E THEM SAFELY		
	·			
(Cod	e.) (Expenses \$	including grants of \$) (Revenue \$)
			\ /D==	
(Coc	le) (Expenses \$	including grants of \$) (Revenue \$	'
	·			

b	(Code.) (Expenses \$	including	grants of \$) (Revenue \$)			
C	(Code) (Expenses \$	including	grants of \$) (Revenue \$)			
d	Other program services (Describe in Sc (Expenses \$ including of) (Revenue \$)				
-	Total program service expenses ▶							
Δ,					Form 990 (20			

Part	Checklist of Required Schedules		V	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	 -	Yes	NO
•	complete Schedule A	1		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		х
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 98-197 If "Yes," complete Schedule C,	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		
•	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		Х
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		х
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,	3	***	· ';
а	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	ž		
	complete Schedule D, Part VI	11a		Х
	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		х
	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_
	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		x
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>x</u> _
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate	441		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	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		х_
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		X
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		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	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		х
22	Did the organization report more than \$5,000 of grants or 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		x
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		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 24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
	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		x
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		x
26	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? If so, complete Schedule L, Part II	26		x
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1	41.7	نائنا
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
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	29		X
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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.	35b		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		х
QNA		For	n 99 0	(2013)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		X.	
0-	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		-
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
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, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		х
L	organization solicit any contributions that were not tax deductible as charitable contributions?	Ua	-	
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	37	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	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		Х
0	Sponsoring organizations maintaining donor advised funds.			
у a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	}		·
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	1		1
р	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	12a		x
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			<u> </u>
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	1		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	000	\ \
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction									
	Check if Schedule O contains a response or note to any line in this Part VI									
Section	on A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year.									
	If there are material differences in voting rights among members of the governing body, or									
	If the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		\mathbf{x}^{-}						
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? .									
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						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?	7a		X						
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		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
_	The governing body?	_ 8a	-	X						
a b	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						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	·								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
b	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? <i>If "No," go to line 13 </i>	12a		x ·						
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
•	describe in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		X						
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?									
а	The organization's CEO, Executive Director, or top management official	15a		X						
þ	Other officers or key employees of the organization .	15b		X						
160	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		:							
16a	with a taxable entity during the year?	16a		-x -						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100								
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the]]	ļ ,							
	organization's exempt status with respect to such arrangements?	16b	- '	_						
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)						
	available for public inspection. Indicate how you made these available. Check all that apply.									
40	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 of int	orest :	nolic:	, 224						
19	financial statements available to the public during the tax year.	CICOL	poncy	, and						
20		of the	:							
	State the name, physical address, and telephone number of the person who possesses the books and records organization:									
			000							

QNA

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RONALD PENROD PRESIDENT				x				0	0	0
(2) JOSEPH MORRIS VICE PRESIDENT				Х				0	0	0
(3) JASON KOKOSINSKI SECRETARY TREASURER				х				0	0	0
(4)										
(5)										
(6)										
(7)									,	
(8)										
(9)										
(10)										
(11)										
(12)		-								
(13)										
(14)										
							_		·	000

Form 990 (2013)

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (conti	nued)		
						C) ition							
	(A)	(B)	(do n	ot ch			than o	one	(D)	(E)		(F)	
	Name and title	Average hours per					is both or/trus		Reportable compensation	Reportable compensation from		imated ount of	
		week (list any						_	from	related		ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)		ensation)n
		organizations	dual	nt on	~	mple	st co	"	(W-2/1099-MISC)	·		nizatio	
		below dotted line)	T tr	altr		oyee) mp					related rization	
			tee	uste			ensa]				
				o l			e e				ļ <u>.</u>		
(15)													
(16)		ļ											
			ļ	ļ			<u> </u>	-	-				
11.0													
(18)			 			├	<u> </u>	\vdash					
7.1.97		 											
(19)		 		-		<u> </u>			 				
Y. 71													
(20)													
3						L							
(21)													
				_	<u> </u>	<u> </u>							
(22)													
				-		<u> </u>		-	<u> </u>				
(23)		‡	-										
(24)						 - -	-	╁					
(24)		 											
(25)				ļ				1					
35.77		† 	•										
1b	Sub-total							>					
С	Total from continuation sheets to Part	VII, Section	n A										
d	Total (add lines 1b and 1c)							<u> </u>		.,			
2	Total number of individuals (including bu		d to th	nose	e list	ted	abov	e) w	ho received m	ore than \$100,00	00 of		
	reportable compensation from the organ	ization ►										Vas	1.41-
•	Did the eventuation list only former of	fficer direc	tor c	sr +1	a ict	00	kov	omr	alovee or high	neet compensate	ad [—	Yes	No
3	Did the organization list any former or employee on line 1a? If "Yes," complete									iest compensati	3	-	x
4	For any individual listed on line 1a, is the									nensation from t	ļ <u></u> .	 	
7	organization and related organizations	areater th	an S	150.	.000)? [f "Ye	s."	complete Sch	nedule J for su	ch .		
	individual							·	·		4		X
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m an	y ur	related organi	zation or ındıvıdı	ıal		
	for services rendered to the organization	ን If "Yes," (comp	lete	Scl	hed	ule J	for s	such person	<u> </u>	5		X
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ted in	dep	end	lent	conti	ract	ors that receive	ed more than \$1	00,000 0	f	
	compensation from the organization. Re	port compe	ensatio	on f	or t	he c	alend	dar y	year ending wif	th or within the c	organizati	on's i	ax
	year.							1					
	(A) Name and business add	dress							(B) Description of s	services	(C) Compen		
								-	·				
	· · · · · · · · · · · · · · · · · · ·							-					
								+					
								1	-				
2	Total number of independent contract							o th	nose listed ab	ove) who	. —	_	_
	received more than \$100,000 of compen	sation from	the c	rga	niza	tior							
QNA							· <u></u>				For	m 99 0	0 (2013)

Form 99	י יינותני חו	SPORTSMENS & FA	KMEKS ASSO	ICATION O	-		Page 9
Part		Statement of Revenue					
Fait		Check if Schedule O contains a res	sponse or note to	any line in this	Part VIII	<u> </u>	<u> </u>
		Official in Confederation Continued in Conti		(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	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f. \$ Total. Add lines 1a-1f	151665	161577			
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a-2f	>				
	3 4 5 6a b c	Investment income (including dividend other similar amounts)	🟲				
<u>o</u>	7a b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss)	(ii) Other				
Other Revenue	9a b	events (not including \$ 151665 of contributions reported on line 1c). See Part IV, line 18 Less. direct expenses Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19 Less. direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances . Less: cost of goods sold Net income or (loss) from sales of Miscellaneous Revenue	activities				
	t c	d All other revenue		161577	7		Form 990 (2013)

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										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21										
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										
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees)										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17 Investment management fees										
f g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion	2864	2864								
13	Office expenses	731	731								
14	Information technology										
15	Royalties										
16	Occupancy										
17 18	Travel . Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings .										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization .	2025	2935								
23	Insurance	2935	2933								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	UTILITIES	8929	8929								
	PRIZES	45515	45515								
c	REPAIR AND MAINTENANCE	10631	10631								
d	PURCHASES AND SUPPLIES	68403	68403								
е	All other expenses Total functional expenses. Add lines 1 through 24e	8097	8097								
25		148105	148105								
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** (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 43118 56590 1 Cash - non-interest-bearing . 124743 124743 2 2 Sayings and temporary cash investments . 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . 9 Land, buildings, and equipment. cost or 10a other basis Complete Part VI of Schedule D 88919 10a 88919 88919 Less accumulated depreciation . 10c 10b 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 270252 256780 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 17 17 Accounts payable and accrued expenses 18 18 19 19 Deferred revenue . 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 256780 256780 25 256780 256780 26 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 13472 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 13472 33 33 270252 256780 Total liabilities and net assets/fund balances 34 34

Form 990 (2013)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1615	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1481	
3	Revenue less expenses Subtract line 2 from line 1	3		134	172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		134	172
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· ·	· · · ·	· · · ·	X
				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," ex	piain in			
	Schedule O.			X	نـ ـــــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X_	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were com	pilea or			
	reviewed on a separate basis, consolidated basis, or both.				
			٠.,	X	
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis	(orolah)			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account	versigni intant?	2c	х	
				_^	
	If the organization changed either its oversight process or selection process during the tax year, ex	piaiii III			
_	Schedule O	forth in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorui III	3a		x
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ran the		 -	
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
	required addit of addits, explain why in deficultie of and describe any steps taken to undergo such a			m 990) (2013)
QNA			1-01	000	(2013)

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SPORTSMENS & FARMERS ASSOICATION OF 55-0583326 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject 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 Conservation Easements. Part II 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) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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: (i) Revenues included in Form 990, Part VIII, line 1 . . . (ii) Assets included in Form 990, Part X 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 .

Part		Collections of A	Art, His	torical T	reasures,	or Ot	her Similar Ass	sets (contii	าued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	ner reco	rds, chec	k any of th	e follov	ving that are a sig	gnificant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	☐ Scholarly research		е	☐ Other	·				
С	☐ Preservation for future generations								
4	Provide a description of the organizate XIII.	on's collections a	nd expl	ain how ti	hey further	the org	janization's exem	pt purpose	ın Part
5	During the year, did the organization	colleit or receive	donation	ne of art	historical tr	eacure	s or other similar	•	
	assets to be sold to raise funds rather	than to be mainta	ined as	part of the	e organizati	on's co	ollection?	☐ Yes	□ No
Part	Complete if the organization 990, Part X, line 21.	answered "Yes"							rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or othe	er interr	nediary fo	or contribut	ions or	other assets not	t 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	ollowing ta	able:		An	nount	
С	Beginning balance					10	;		
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f		-	
2a	Did the organization include an amoun							☐ Yes	No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xolanatio	n has been	provide	ed in Part XIII		ī
	V Endowment Funds.	are Am Check hore	<i>,</i> ,, ,,,,,,	pianatio		p. 0			
ı an	Complete if the organization	answered "Yes'	to For	m 990 F	Part IV. line	10.			
	Complete it the organization	(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four yea	rs back
4	Reginaling of year balance	(4) ************************************							
1a	Beginning of year balance				1				
b	Contributions							 	
С	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs					_			
f	Administrative expenses								
g	End of year balance				<u> </u>]	
2	Provide the estimated percentage of t	he current year en	d balan	ce (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowmer	nt 🕨	%						
b	Permanent endowment ▶								
c	Temporarily restricted endowment ▶								
_	The percentages in lines 2a, 2b, and 2	c should equal 10	0%.						
3a	Are there endowment funds not in the	possession of th	e organ	ization th	at are held	and ad	Iministered for the	€	
	organization by:	•	-					Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi	zations listed as re	eaured	on Sched	lule R? .			3b	
4	Describe in Part XIII the intended uses	of the organization	n's end	owment f	unds			<u> </u>	
	Land, Buildings, and Equip								
1 (21)	Complete if the organization		" to For	m 990. F	Part IV. line	11a.	See Form 990. F	Part X. line	10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book va	
	Description of property	(investm			other)		epreciation	(2) 2001.12	
	Lond	 	5000	 		1 2 8	S S the Specific	75	5000
1a	Land		3919	 					919
b	Buildings	.	. 3 7 1 7	+				13	719
C	Leasehold improvements			 		ļ ——-			
d	Equipment	•		-					
ее	Other			<u> </u>	(D) 1	2(-))			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part	X, columi	n (B), line 10	J(C).)	<u> ▶ </u>	88	3919

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description a securally or sleeping with the security (b) Book value (c) Method or year market value (c) Method or year market value (c) Method or year market value (c) Form 990, Part IV, line 11c. See Form 990, Part X, line 12. (b) Book value (c) Form 990, Part X, cot (d) line 12) Part VIII (c) Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Description (c) Cost or end-of-year market value (c) Method of valuation (c) Me	Part VII	Investments - Other Securities.		
The Financial demonstratives Cost or end-of-year market value				
			(b) Book value	
(3) Other (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (1)	(1) Financial	derivatives		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-h	neld equity interests		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other			
(C)	(A)			
Discreption				
Fig.				
Fig.				
Gil Column (b) must equal Form 990, Part X, col. (b) line 12 ▶				
General Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII				
Treat Treatments				
Investments	-	h) must equal Form 990. Part X. col. (R) line 12.)		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Set or end-of-year market value				
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	r are viii	Complete if the organization answered "Yes" to	Form 990. Part IV. line	11c. See Form 990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)				(c) Method of valuation
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ Z. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
(6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ Part X Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) 1. (a) Description of habity (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
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Schedule D (Form 990) 2013 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a а Donated services and use of facilities 2b . Recoveries of prior year grants 2c Other (Describe in Part XIII.) d 2d Add lines 2a through 2d 2e е 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) . 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 ; , Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 Donated services and use of facilities 2a Prior year adjustments 2b b Other losses 2c C d Other (Describe in Part XIII.) e Add lines 2a through 2d . 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Part XIII Supplemental Information (continued)	Schedule D (For	rm 990) 2013	Page 5
	Part XIII	Supplemental Information (continued)	

QNA

Schedule D (Form 990) 2013

SCHEDULE J (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

55-0583326

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

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

Name of the organization

Employer identification number

S	PORTSMENS & FARMERS ASSOICATION OF 5.	5 - 0 <u>9</u>	833	326
Part	Questions Regarding Compensation			
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.		Yes	No
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	-	х
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		·	
	☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	_	_	
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	3, 1	X
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	:	-	
а	The organization?	5a		Х
b	Any related organization?	5b		X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
а	The organization?	6a		X
b	Any related organization?	6b		X
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		X
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			v
	ın Part III	8	-	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	-	-

Schedule J (Form 990) 2013

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

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 instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)—(ii) 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.

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:		Base (i)	(ii) Bonus & incentive	(m) Other	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(F) Compensation
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury

► Attach to Form 990 or 990-EZ.

Internal Revenue Service ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** 55-0583326 SPORTSMENS & FARMERS ASSOICATION OF PART VI, SECTION B, LINE 11 RETURN SUBMITTED TO PRESIDENT WHO ASK IF ANY MEMBER WANTED TO EXAMINE THE RETURN PART VI, SECTION C, LINE 19 PART XII, LINE 2 HAS NOT CHANGED