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# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury

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.

			e service   Information about Form 990 and its instructions is at www.i/s.c	פפווווטווישטן	<u>v.</u>	opeceji. =						
	A	For the	2013 calendar year, or tax year beginning 9-1 , 2013, and ending	8	-31	, 20 14						
	В	Check if a	applicable C Name of organization Rogers County Farm Bureau		D Employer identification number							
		Address (	change Doing Business As			73-0660293						
		Name ch	Ange Number and street (or P.O. box if mail is not delivered to street address) Room/suite	3	E Telephone number							
	7	initial retu	m 1126 W. Will Rogers		9	918.341.5112						
	$\overline{\Box}$	Terminate										
i	=	Amended		G Gross rec	eipts \$ 141,442.15							
	_		on pending F Name and address of principal officer E.J. Snider		bordinates? Yes Vo							
		repriicatio	24205 E. 340 Rd., Chelsea, OK 74016									
			subordinates included? Yes No o," attach a list. (see instructions)									
			npt status	-		,						
		Website:	rganization ☑ Corporation ☑ Trust ☑ Association ☑ Other ► L Year of formation		exemption n							
			M State o	f legal domicile OK								
	Part I Summary  1 Briefly describe the organization's mission or most significant activities. Agricultural Membership Organization											
	V. 1	1	ership Orga	inization								
	Activities & Governance											
	a l											
	<b>ĕ</b>		Check this box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of	more than	า 25% of it	s net assets						
	ပ္ပိ	3	Number of voting members of the governing body (Part VI, line 1a) .		3							
	مع	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7						
	98	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	-0-						
	Ξ	6	Total number of volunteers (estimate if necessary)		6							
	AC	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	121,130.78						
		ь	Net unrelated business taxable income from Form 990-T, line 34		7b	58,688,11						
				Prior Y	ear	Current Year						
		8	Contributions and grants (Part VIII, line 1h)		15,878 00	14,536 50						
	Revenue		Program service revenue (Part VIII, line 2g)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	ž		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		648.12	442.70						
	æ.	i	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1.	12,280.43	121,130.78						
. —			Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,806 55	136,109.98						
2015			Grants and similar amounts paid (Part IX, column (A), lines 1–3)		20,800 55	130,109.90						
38						10.007.00						
			Benefits paid to or for members (Part IX, column (A), line 4)	<del></del>	18,524.32	18,265 60						
<b>E</b>	88		Salaries, other compensation, employee benefits (Part IX, column A) lines 5-101		34,114.79	41,336.09						
Z	ĕ	l	Professional fundraising fees (Part IX, column (A), line 11e)	<b>→</b>								
Jan 2	æ	1	Total fundraising expenses (Part IX, column (D), line 25)	⊮ഹ								
<i>-</i>	ш		Other expenses (Part IX, column (A), lines 11a-11d, 11 24e) JAN 12 2015	7 - 71	41,272 22	46,805 84						
		l	Total expenses Add lines 13-17 (must equal Part IX, chumn (A), line 25)		93,911 33	106,407 53						
			Revenue less expenses Subtract line 18 from line 12		34,895 22	29,702 45						
CHANG.	Net Assets or Fund Balances		OGUEN, 98	eginning of Ci	urrent Year	End of Year						
ريق آ	85	20	Total assets (Part X, line 16)	7:	37,675 40	766,386.35						
(A)	\$8	21	Total liabilities (Part X, line 26)		1,226 50	235 00						
ري	\$2	22	Net assets or fund balances Subtract line 21 from line 20	7:	36,448 90	766,151 35						
		art II	Signature Block									
	Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to t	the best of my	knowledge and belief, it is						
	true	e, correct	, and complete Declaration of preparer (other than officer) is based on all information of which preparer t	nas any know	fedge							
			1 Joenny Chu									
	Sig	ın	Signature of officer	Da	ate							
	He	re	TOMMUCORR //11 1		1-6	-15						
			Type or print name and tyle									
	_		Print/Type preparer's name Preparer's signature Date	e. ,		PTIN						
	Pa		$('', R; S \mid \neg \neg$	9/29/14	I Chack ! I of I							
		epare		/ / /		<del></del>						
	Us	e Onl	y Firm's name ► Oklahoma Farm Bureau		m's EIN ▶	73-0382001						
	N.4.0	u tha IC	Firm's address ► 2501 N. Stiles, OKC, OK 73105  IS discuss this return with the preparer shown above? (see instructions)	Ph	one no	405.523.2300						
						· V Yes No						
	For	Paperv	rork Reduction Act Notice, see the separate instructions. Cat No	11282Y		Form <b>990</b> (2013)						

Part <sup>2</sup>		ent of Program Service A f Schedule O contains a re		ine in this Part II	II	· ·
1		be the organization's missio		o uno y art i	·····	
2	Did the organ	nization undertake any signi	icant program services of	during the year w	hich were not listed on th	
		00 or 990-EZ?			·	☐ Yes ☑ No
_		ribe these new services on				
3	bid the orga	inization cease conducting		nanges in how	it conducts, any program	n ☐ Yes ☑ No
		cnbe these changes on Sche				Lites MINO
4		organization's program ser		r each of its thre	e largest program service	s, as measured by
	expenses Se	ection 501(c)(3) and 501(c)(4	) organizations are requi	red to report the	amount of grants and all	ocations to others.
	the total expe	enses, and revenue, if any, for	or each program service	reported		
40	(Codo	) (Expenses \$	including grants	of ¢	) /Dayanya ¢	
40	(Code	) (Expenses Φ			) (ueveriue à	)
		* *************************************				
	(Codo	) (Evnences f	including groups	of ¢	\/Dava==va.e.	
4b	(Code	) (Expenses \$				
					<del></del>	
				<del></del>		
					**************************************	
		\		-4.0	\/D	
4C	(Code	) (Expenses \$	ncluding grants	or \$	) (Revenue \$	)
			<b></b>			
						<b>-</b>
			~ <b>~~~</b>			
		<u> </u>	-44-0)			
4d	Other progra (Expenses \$	m services (Describe in Sch including gi		) (Revenue \$	1	
		n service expenses >	απ3 UI φ	) (nevenue a		
	i otal prograf	II 30 NO GADOI 303 P				

Form 99	0 (2013)		1	Page 3
Part	Checklist of Required Schedules			г <del></del>
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		1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>√</b>
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		<b>√</b>
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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	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		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		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	Did the organization maintain an office, employees, or agents outside of the United States?	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20 a	If "Yes," complete Schedule G, Part III	19 20a		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part	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		1
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		<b>√</b>
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		<b>✓</b>
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 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		<b>√</b>
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	-	·
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		
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		<b>→</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Schedule L, Part IV	28a 28b		1
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		<b>√</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<i>'</i>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N. Part II	32		<u>·</u>
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		<b>√</b>
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		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	50		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	, QQ(	(2013)
		For	コップし	, (ZU13)

Part	Statements Regarding Other IRS Filings and Tax Compliance			rage
r air.	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a		-	
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		
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	-		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
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	1	
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		1
b	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	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		ļ
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ _		Ì
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	-	
	······································			
	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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	30		<del> </del> -
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	† !		
11	Section 501(c)(12) organizations. Enter:	† !		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	<b>†</b>		
	against amounts due or received from them )			İ
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.	]		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			[
	the organization is licensed to issue qualified health plans	] !		
С	Enter the amount of reserves on hand 13c			]
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

14b

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Si Check if Schedule O contains a response or note to any line in this Part VI							
Secti	on A. Governing Body and Management	,		·				
4 -			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.							
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 7	]						
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		<b>✓</b>				
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		<b>✓</b>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓_				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	1	<b>/</b>				
6 7a	• •							
b	the state of the s							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	1					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	L,	✓				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	oae ) Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	,,,,	<b>√</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		<b>V</b>				
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	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>✓</b>				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c						
13	Did the organization have a written whistleblower policy?	13		<b>/</b>				
14 15	Did the organization have a written document retention and destruction policy?  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?	14		<b>/</b>				
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b		✓				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	44					
Secti	ion C. Disclosure	1,00	<b></b>	ь—				
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	n 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 of in financial statements available to the public during the tax year	terest	polic	y, and				
20	State the name, physical address, and telephone number of the person who possesses the books and records organization Poklahoma Farm Burgau 2501 N. Stiles, OKC, OK, 73105, 405 523 2300	of the	е					

	(2013ì	

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if heither the organization no	r arry relate	u orga	anız	atio	n c	ompe	ensa	ited any curren	t onicer, airectoi	r, or trustee
	1			(0	C)					
(4)	/B)	Position						(7)	100	m
(A)	(B)	(do not check more than one				than o	one	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per			d a d	irect	or/trus	tee)	compensation	compensation from	amount of
	week (list any hours for	익호	₹	Q	<u>چ</u>	9.≖	굿	from the	related organizations	other compensation
	related	육불	#	Officer	\ <u>*</u>	물물	Former	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional trustee	14	Key employee	8 ¥	<b>1</b>	(W-2/1099-MISC)	(** 2 1000 (00)	organization
	below dotted	일품	1 2		ğ	m g		]		and related
	line)	<u> </u>	2		RE	₹				organizations
	1	8	Ste			38	1			
	ļ		9		ļ	Highest compensated employee		ļ		
						_				
(1) Schedule Attached										
		1								
(2)					T					
X	<b></b>	İ								
(3)			<u> </u>				<del> </del>	<u> </u>		
	<del> </del>	t				}				
(4)			<del> </del>		<del>                                     </del>		<del> </del>	<del>                                     </del>		
_(4)	<del> </del>	1								
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	<del>                                     </del>	<del> </del>	$\vdash$				+-	ļ		
(14)	<del></del>	1		l				Į.		
	1		1	1	1	1	1	1	1	1

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office or directo	ot ch	Pos neck ss pe	C) intion more irson	than of the both so or the both so or the solution of the solu	one 1 an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organizatic (W-2/1099-N	ole n from	Esti arno o comp fro orgai and	(F) mated bunt of ther ensation in the nization related izations	
(15)				8			ated	_						_
								_						
(16)								_						
(17)														
(18)														
(19)														
(20)														
(21)								_			-	<del></del> -		-
(22)						-								
(23)								_						
								_					_	
(24)														
(25)														
1b c d 2	Sub-total	not limited		ose	list	led	above	> > > e) w	ho received mi	ore than \$1	000,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:									est compe	ensated		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual .	sum of regreater the	portal	ble (	con	npei )? <i>I</i> :	nsatio f "Ye	on a s,"	nd other comp			3		<b>√</b>
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	-			fro	m any	un un	related organiz	ation or inc	dividual	5		<b>▼</b>
	on B. Independent Contractors										4400		· 1	
1	Complete this table for your five highest compensation from the organization. Repyear													IX
	(A) Name and business address								(B) Description of s	ervices	C	(C) compens	ation	
								_						
								+-	<del></del>					
2	Total number of independent contractor received more than \$100,000 of compensations.							o th	nose listed abo	ove) who				

Palr	VIII	Check if Schedule O contains a r	esponse or note to	any line in this f	Part VIII		<u>[</u> ]
		Officer if Scriedule O Coffiairis a f	esponse of note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business ravenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1	а				
ira Dun	b	Membership dues . 1	b 14,536.50			1	
B, G	С	Fundraising events . 1	С				
ar /	d	Related organizations . 1	d		Í	Į	
S, E	e	Government grants (contributions)	e				
pp r	f	All other contributions, gifts, grants,				ſ	
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above	f		i		
	g	Noncash contributions included in lines 1a-1f	\$			i	
	h.	Total. Add lines 1a-1f	. >	14,536 50			
Revenue			Business Code		İ	ļ	
≪	2a						
o. ZE	ь						
Š	С						
8	d						
Ē	e						
Program Service	1	All other program service revenue				I	
	3	Total. Add lines 2a-2f Investment income (including directions)	udends interest				*
	3	and other similar amounts)	vidends, interest,	442 70			442.70
	4	Income from investment of tax-exemp	t hand proceeds	442 70			442.70
	5	Royalties	b l				
		(i) Real	(ii) Personal				
	6a	Gross rents . 27,699	96				
	ь	Less rental expenses 5,332	17				
	С	Rental income or (loss) 22,367					
	d	Net rental income or (loss)	•	22,367 79		22,367 79	
	7a	Gross amount from sales of (i) Securities	(ii) Other				A
		assets other than inventory			1		
	b	Less cost or other basis			i		
		and sales expenses		·			
	С	Gain or (loss)					
	ď	Net gain or (loss) .	<u> •                                 </u>				
еппе	8a	Gross income from fundraising events (not including \$					
Other Rev		of contributions reported on line 1c). See Part IV, line 18	а				
춫	b	Less direct expenses .	b	1			
O	c	Net income or (loss) from fundraisi					
	9a	Gross income from gaming activitie					
		See Part IV, line 19 .	a				
	b	Less direct expenses .	b				
	С	Net income or (loss) from gaming a	activities				
	10a	Gross sales of inventory, les	ss				
		returns and allowances	а				
	b	Less cost of goods sold .	b				
	С	Net income or (loss) from sales of	<del></del>				
		Miscellaneous Revenue	Business Code				
	11a	Office Commissions	524113	2,686.47		2,686.47	
	b	Office Commissions	524126	95,218.77		95,218 77	
	C .	Salary Reimbursement	524126	857 75		857.75	
	d	All other revenue					
	12	Total revenue See instructions		98,762.99			

Part IX	Statement of Fund	ctional Expense	es				
Section 501	(c)(3) and 501(c)(4) org	anizations must o	complete all columns.	All other organizations	must compi	ete column (A.	)

Check if Schedule O contains a response or note to any line in this Part IX								
	ot include amounts reported on lines 6b, 7b, b, 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	16,265.60						
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	38,051 72						
9	Other employee benefits							
10	Payroll taxes	3,284.37						
11	Fees for services (non-employees)							
а	Management .	į						
b	Legal .							
С	Accounting ,	360 00						
d	Lobbying [							
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
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 .	1,393.30						
13	Office expenses	4,391.07						
14	Information technology							
15	Royalties							
16	Occupancy	12,505.33			·			
17 18	Travel							
	Payments of travel or entertainment expenses for any federal, state, or local public officials			T				
19	Conferences, conventions, and meetings							
20	Interest							
21 22	Payments to affiliates .							
23	Depreciation, depletion, and amortization	10,681 51						
23 24	Insurance	7,880 02			· · · · · · · · · · · · · · · · · · ·			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column	,	, , , ,	٠,	,			
	(A) amount, list line 24e expenses on Schedule O)		(					
а	Federal Income Tax	8,382.62						
b	State Income Tax	3,212.00						
c		3,212.00						
d								
e	All other expenses							
<b>2</b> 5	Total functional expenses. Add lines 1 through 24e	106,407.53		7				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	700,707.03						
	fundraising solicitation Check here In If following SOP 98-2 (ASC 958-720)							

34

Total liabilities and net assets/fund balances .

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . 1 176,048.86 114,107.69 2 Savings and temporary cash investments 2 283,542.66 383.836.08 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 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 organizations (see instructions). Complete Part II of Schedule L. 4.ssets ĸ Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 8,000.00 8,500.00 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D. 10a 500,661.29 Less: accumulated depreciation . 10b 240,718.71 10c 270,083.88 259,942.58 11 Investments—publicly traded securities 11 12 Investments-other securties. See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11. 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 737.675.40 766,386.35 17 Accounts payable and accrued expenses 1.226.50 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 1,226.50 235.00 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 Unrestricted net assets . . . 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets. 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 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 736,448.90 766,151.35 33 Total net assets or fund balances. 33 736,448.90 766,151.35

766,386 35

737,675.40

-arm	agan	1201	₹.

Page 12

Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				[ ]
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	•	136,1	109 98
2	Total expenses (must equal Part IX, column (A), line 25)	2		106,4	107 53
3	Revenue less expenses Subtract line 2 from line 1	3		29,7	702 45
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-	736,4	148 90
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		766,1	151 35
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	plain ir	١		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled oi	1		
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	۱		
	separate basis, consolidated basis, or both				
_	Separate basis Consolidated basis Both consolidated and separate basis	1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex		2c		
	Schedule O	фанти	'		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	.	i	
Ja	the Single Audit Act and OMB Circular A-133?	iorai ii	3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	eran the			<b></b>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	, , , , , , , , , , , , , , , , , , ,			n <b>990</b>	(0010)

#### SCHEDULE'C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

2013

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
➤ See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990.

Open to Public Inspection

OMB No 1545-0047

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

		organizations: Complete Part III			. A 14 <sup>2</sup> A 1
Name	of organization			Employer ide	ntification number
	s County Farm Bureau	<del></del>	1 1 2004		73-060293
Part		the organization is exempt ur		· · · · · · · · · · · · · · · · · · ·	organization.
1	·	of the organization's direct and ind	irect political campa	aign activities in Part IV	
2	Political expenditures				-0-
3	Volunteer hours	•			
Part	I-B Complete if	the organization is exempt ur	nder section 501(	c)(3).	
1	Enter the amount of a	ny excise tax incurred by the organ	nization under section		<b>3</b>
2		ny excise tax incurred by organizat	•		} 
3	If the organization inci	urred a section 4955 tax, did it file	Form 4720 for this y	ear?	. Yes No
4a	Was a correction mad				Yes _ No
b	If "Yes," describe in P				( ) (0)
حجمي		the organization is exempt un			(c)(3).
1		ectly expended by the filing orga	nization for section	_	
_	activities			<b>&gt;</b> \$	) 
2		the filing organization's funds conf	induted to other or	ganizations for section	
_	527 exempt function a		2 Enter here and		)
3	line 17b .	n expenditures Add lines 1 and	2. Enter here and	1 011 FOITH 1120-FOL,	•
			٠		. Yes ✓ No
4	0 0	tion file Form 1120-POL for this ye			
5		resses and employer identification yments. For each organization liste			
		I contributions received that were p			
	as a separate segrega	ted fund or a political action comm	ottee (PAC). If addition	onal space is needed, prov	vide information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					1

Condo	20:00 (10:00		<del></del>		(/=\(0) c==1 4!1-	d Cores F700 /-1-	tion under
	t II-A	Complete if the organization section 501(h)).					
<b>A</b> (	Check •	if the filing organization b	elongs to an a	iffiliated group (and	i list in Part IV	each affiliated grou	up member's
	a	name, address, EIN, expe					
<b>B</b> (	Sheck •	If the filing organization c			oi provisions		(h.) A46) -1
		The term "expenditures" r	bying Expendi			(a) Filing organization's totals	(b) Affiliated group totals
1 a		obbying expenditures to influence					
t		obbying expenditures to influence		lody (direct lobbying)			
C		obbying expenditures (add lines	ra and 10)				
C		exempt purpose expenditures	dd baas 1a aad				
•		exempt purpose expenditures (ac ring nontaxable amount Enter			table in both		
f	colum	=	the amount	HOITI THE TOHOWING	table in both		
	1		The labeleder	- unntavable amount	lo		
		mount on line 1e, column (a) or (b)		g nontaxable amount imount on line 1e.	15.		
		er \$500,000	<del></del>	us 15% of the excess o	ver \$500,000		
		500,000 but not over \$1,000,000		us 10% of the excess o			
		1,000,000 but not over \$1,500,000		us 5% of the excess ov			
	<del> </del>	1,500,000 but not over \$17,000,000	\$1,000,000.	13 3 70 OF 1118 BACESS OF	81 \$1,500,000		
		17,000,000 roots nontaxable amount (enter 2				-	
		act line 1g from line 1a. If zero or					
i		act line 1f from line 1c. If zero or					
	If the	re is an amount other than zer	o on either line	e 1h or line 1i, did	the organizatio	n file Form 4720	
,	report	ting section 4911 tax for this year	r?				Yes No
		(Some organizations that n columns below	nade a section r. See the instr	uctions for lines 2a	not have to con through 2f on p	page 4.)	
		Lobbyi	ng Expenditure	s During 4-Year Av	eraging Period		
	Ca	lendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total
2	a Lobb	ying nontaxable amount					
1		ying ceiling amount 6 of line 2a, column (e))	,				
	c Total	lobbying expenditures					
	d Grass	sroots nontaxable amount					
		sroots ceiling amount 6 of line 2d, column (e))		, , ,	1 12 W		
	f Grass	sroots lobbying expenditures					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed	Form	n 5768		
For 6	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(8	9)		(b)	
	A softher left seemed at	'es	No	A	mount	ľ
1	During the year did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			}		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
a	Mailings to members, legislators, or the public?			<b> </b>		_
e	Publications, or published or broadcast statements?					
ſ	Direct contact with legislators, their staffs, government officials, or a legislative body?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?			-		
i	Total Add lines 1c through 1i		<b></b> -			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	į				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6).	5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		<b>✓</b>
Falt	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."				line	3, is
1 2	Dues, assessments and similar amounts from members	of	1		14,:	536.5
а	Current year		28			
b	Carryover from last year		2b			
c	Total		2c	<u> </u>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			-0
	Supplemental Information le the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group-B, line 1. Also, complete this part for any additional information.	o lis	t), Pa	rt II-A, I	ine 2,	and
			<b></b>			
						<b>.</b>
				<b></b>		
				·		

Schedule C (Fo	orm 990 or 990-EZ) 2013	Page <b>4</b>
Part IV	Supplemental Information (continued)	
		***
		***************************************
		~- <b>~</b>
		***************************************
		**
		^^
		***************************************
*		

### SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No 1545-0047

Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number Rogers County Farm Bureau 73-0660293

Pai				Acco	ounts.	
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, Im				
		(a) Donor advised funds		( <b>b)</b> Fun	nds and other accounts	
1	Total number at end of year					
2	Aggregate contributions to (during year) .					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and funds are the organization's property, subject			donor	advised Yes	] N
6	Did the organization inform all grantees, don	ors, and donor advisors in writing that	grant fund	s 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?				· · 🔲 Yes 🗌	N
Par	Conservation Easements.					
	Complete if the organization answer	ered "Yes" to Form 990, Part IV, lin	e 7.			
1	Purpose(s) of conservation easements held b	y the organization (check all that apply	').			
	[ ] Preservation of land for public use (e.g., r	ecreation or education)   Preservat	on of an his	torica	illy important land are	a
	Protection of natural habitat	☐ Preservat	on of a cert	ified h	nistoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization	tion held a qualified conservation contr	bution in th	e forn	n of a conservation	
	easement on the last day of the tax year.				Held at the End of the Tax	x Yea
а	Total number of conservation easements .			2a		
b	Total acreage restricted by conservation easi	ements		2b		
C	Number of conservation easements on a cert	tified historic structure included in (a) .		2c		
d	Number of conservation easements include	• • • • • • • • • • • • • • • • • • • •	not on a			
	historic structure listed in the National Regist			2d		
3	Number of conservation easements modified tax year ►	l, transferred, released, extinguished, o	r terminated	by th	ne organization during	j the
4	Number of states where property subject to o	conservation easement is located >				
5	Does the organization have a written poli	cy regarding the periodic monitoring	, inspection	n, har	ndling of	

violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No ĥ 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)

☐ Yes ☐ No 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.
- b 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 . . 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: Revenues included in Form 990, Part VIII, line 1 .
- Assets included in Form 990, Part X . . . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Par	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, che	ck any of the	e followin	ng that are a s	ignificant	use of its
а	Public exhibition		đ	☐ Loai	n or exchange	e prograr	ms		
b	Scholarly research		e	☐ Othe	er				
C	Preservation for future generations								
4	Provide a description of the organiza XIII	tion's collections a	and expl	ain how	they further t	the orgar	nization's exen	npt purpo	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta							es 🗌 No
Par	t IV Escrow and Custodial Arra	_							
	Complete if the organization 990, Part X, line 21.								Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					ons or o			es 🗌 No
þ	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	gniwolk	table:		Ar	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	nt on Form 990, Pa	art X, line	21?				☐ Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	o if the e	xplanation	on has been p	provided	ın Part XIII		
Par	tV Endowment Funds.								
	Complete if the organization		· · · · · · · · · · · · · · · · · · ·						
		(a) Current year	(b) Pn	or year	(c) Two years	s back (d	) Three years back	(e) Four	years back
1a	Beginning of year balance						·		
b	Contributions	<del></del>						ļ	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships .		_						
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1	g, column (a)	) held as:	<del></del>	••	
а	Board designated or quasi-endowmen	nt 🕨	<b>.</b> %						
ь	Permanent endowment ▶	%							
c	Temporanly restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2	c should equal to							
3a	Are there endowment funds not in the	e possession of th	e organi	zation th	nat are held a	and admi	nistered for th	е _	
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi							3b	
4	Describe in Part XIII the intended uses		n's endo	wment	funds				
Part			_						
	Complete if the organization	answered "Yes'	' to For	n 990, I	Part IV, line	11a. Se	e Form 990, I	Part X, lı	ne 10
	Description of property	(a) Cost or oth (investme			or other basis other)		cumulated eciation	(d) Book	k value
1a	Land				61,500.00				61,500 00
b	Buildings				417,794.13		219,637.94		198,156 19
С	Leasehold improvements								
d	Equipment				21,367.16		21,080.77		286 39
е	Other							· · · · · ·	
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part .	X, colum	n (B), line 10	(c).)	•		259,942.58

Part VII	Investments-Other Securi				
	Complete if the organization	answered "Yes" to For		11b. See Form	990, Part X, line 12
	(a) Description of security or cat (including name of security		(b) Book value		hod of valuation -of-year market value
) Financial	denvatives .				
) Closely-l	neld equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)				· · · · · · · · · · · · · · · · · · ·	
(F)					
(G) (H)					<del></del>
	b) must equal Form 990, Part X, col. (B) line 12	01 庵			<u></u>
art VIII	Investments - Program Rel		<u></u>		<u>,,,</u>
ait VIII	Complete if the organization		n 990. Part IV. line	11c. See Form	990. Part X. line 1:
	(a) Description of investme		(b) Book value	• • • • • • • • • • • • • • • • • • • •	thod of valuation
	(b) boss puon on mocenna	•••	(-,	, ,	-of-year market value
1)					
2)					
3)					
l)					*
5)		<del> </del>			
5)					
••					
<b>/</b> )					
8) 9)					
	(b) must equal Form 990, Part X, col. (B) line 13	3.) ▶			
8) 9)	Other Assets.			44.) 0. 5	
3) 9) Ital. (Column (		answered "Yes" to For	m 990, Part IV, line	11d. See Form	
3) 9) tal. (Column Part IX	Other Assets.		m 990, Part IV, line	11d. See Form	990, Part X, line 1
3) 3) tal. (Column Part IX	Other Assets.	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
3) tal. (Column part IX	Other Assets.	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
3) 3) tal. (Column ) Part IX 1) 2)	Other Assets.	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
3) 3) tal. (Column part IX 1) 2) 3)	Other Assets.	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
3) 3) 2) tal. (Column (  Part IX  2) 3) 4) 5)	Other Assets.	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
3) 3) tal. (Column ) Part IX  1) 2) 3) 4) 5)	Other Assets.	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
3) 3) bal. (Column ) Part IX  2) 3) 4) 5) 6)	Other Assets.	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
3) 3) tal. (Column part IX  Part IX  1) 2) 3) 4) 5) 7)	Other Assets.	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
8) 9) Mal. (Column ) Part IX  1) 2) 33) 4) 5) 6) 77) 8)	Other Assets. Complete if the organization	answered "Yes" to For	m 990, Part IV, line	11d. See Form	
8) 9) otal. (Column ) Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization	answered "Yes" to For	m 990, Part IV, line		
8) 9) Mal. (Column ) Part IX  1) 2) 33) 4) 5) 6) 77) 8)	Other Assets. Complete if the organization  umn (b) must equal Form 990, Part Other Liabilities.	answered "Yes" to For (a) Description  2 X, col (B) line 15)			(b) Book value
3) 3) 4) 11) 22) 33) 44) 55) 66) 77) 88) 99) otal. (Column	Other Assets. Complete if the organization  umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization	answered "Yes" to For (a) Description  2 X, col (B) line 15)			(b) Book value
3) 3) 4) 11) 2) 33) 4) 55) 66) 77) 88) 99) otal. (Column	Other Assets. Complete if the organization  umn (b) must equal Form 990, Part Other Liabilities.	answered "Yes" to For (a) Description  2 X, col (B) line 15)			(b) Book value
3) 3) tal. (Column (Part IX Part Other Assets. Complete if the organization  Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value	
3) 3) tal. (Column part IX  2) 3) 4) 5) 6) 7) 3) potal. (Column part X	Other Assets. Complete if the organization  umn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25.	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value
B) B) Bal. (Column (Part IX B) B) B) B) B) B) B) B) B) B) B) B) B)	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value
3) 3) b) tal. (Column part IX  2) 3) 4) 5) 6) 7) 3) 9) part X  1) Federal (2) 3)	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value
3) 3) 4) 1) Part IX 1) 1) 2) 3) 4) 5) 6) 77 8) 9) btal. (Column part ix in the pa	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value
3) 3) 4) 11) Part IX 11) 22) 33) 44) 55) 66) Part X 11) Federal (2) 33) 44)	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value
3) 3) tal. (Column ) Part IX  1) 2) 3) 4) 5) btal. (Column ) Part X  1) Federal : 2) 3) 4) 55) 65)	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value
8) 9) hal. (Column ) Part IX  1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Colu	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value
3) 3) 4) 11) 2) 33) 44) 55) 66) 77) Part X  11) Federal (2) 33) 44) 55) 66) 77)	Other Assets. Complete if the organization  Imn (b) must equal Form 990, Part Other Liabilities. Complete if the organization line 25. (a) Description of liability	answered "Yes" to For (a) Description  2. X, col (B) line 15)  answered "Yes" to For			(b) Book value

Pari		•	Return.
	Complete if the organization answered "Yes" to Form 990, F		<u></u>
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	
C	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:		
а	investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12)	5
Part			1 - 1
T GIV	Complete if the organization answered "Yes" to Form 990, F		er neturn.
	Total expenses and losses per audited financial statements		
1		• • • • • • •	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	l <b>o</b> = 1	
a	Donated services and use of facilities	28	4
b	Prior year adjustments	2b	4
C	Other losses	2c	4
d	Other (Describe in Part XIII.)	2d	4
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	
С			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		

Schedule D (Fo	orm 990) 2013	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
		<del></del>
		<u>_</u>
		<del></del>
		**************************************

### SCHEDULE O (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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Employer identification number

Rogers County Farm Bureau	73-0660293
The Organization does not have stockholders but it does have members. There are two types of members are two types of members.	bers One is an Associate
member and the other is a Voting member. An Associate member includes someone who runs or open	rates a farm but whose average
gross agricultural income is less than half their total income. An Associate member also includes son	neone working in Agribusiness
Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate mem	ber can hold their membership
through a church, FFA chapter, an association, or by a corporation not producing agricultural product	s. A Voting member can be a family
that gets the majority of its average gross income from the sale of agricultural products. A Voting mer	nber can also be held by a retired
agricultural person living on an income or social security accrued and not employed full time in another	er occupation A Voting member
can also be held by a partnership or corporation receiving the majority of income from the sale of agric	cultural products
\$\$0333PF \$0	
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	***************************************
***************************************	

NAME:

Rogers County Farm Bureau

TAX NO.

73-0660293 8/31/2014

TAX YEAR ENDING

## LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS	(B)	(C)	(D)	(E)
E.J. Snider		NONE	NONE	NONE
PRESIDENT	4 HRS A MONTH		_	
Joe Tanner		NONE	NONE	NONE
VICE-PRESIDENT	4 HRS A MONTH			
Tomrny Orr		NONE	NONE	NONE
SECRETARY	4 HRS A MONTH			
Tommy Orr		NONE	NONE	NONE
TREASURER	4 HRS A MONTH			
Ray Heldermon		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Joe Parker		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Dennis Fry		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Alvın Froese		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			