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SCANNED JAN 0 9 2015

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public

Open to Public

_		Information about Form 990 and its instructions is at www.ii			22 11			
<u>A</u> _		2013 calendar year, or tax year beginning 9-1 , 2013, and end	ng 8	-31	, 20 14			
В	Check if	applicable C Name of organization Oklahoma County Farm Bureau	·	D Employ	er identification number			
	Address	change Doing Business As	<u> </u>	73-0711872				
	Name cl	nange Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telephone number				
	Initial rel	um 4900 Lincion Blvd		405.525 2607				
	Termina	City or town state or province, country, and ZIP or foreign postal code						
\Box	Amende	d return Oklahoma City, OK 73102	İ	G Gross re	eceipts \$ 273,550 39			
$\overline{\Box}$		ion pending F Name and address of principal officer Robert Bierschenk	Hial is this a o	L	subordinates ⁷ Yes No			
()	, 400.000	6000 N Midwest Blvd , Oklahoma City, OK 73141	1	•	s included? Yes No			
					sinduded / res reo			
<u> </u>								
<u>J</u>	Website			exemption				
K		organization [/ Corporation Trust Association Other ► L Year of form	ation 1942	M State	of legal domicile OK			
Ŀ	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities. Agric	ultural Membe	ership Org	anization			
ç	i							
Governance								
Ę	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets			
<u>8</u>	3	Number of voting members of the governing body (Part VI, line 1a)		3	a			
ن مع	4	Number of independent voting members of the governing body (Part VI, line 1b	۸	4				
Š	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	,	5				
뤃	6	Total number of volunteers (estimate if necessary)			-0-			
Activities &	1			6				
⋖	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	208,600 57			
	b_	Net unrelated business taxable income from Form 990-T, line 34		7b	-0-			
	l		Prior Ye		Current Year			
9	8	Contributions and grants (Part VIII, line 1h)	15,579 00	39,088 50				
Ĕ	9	Program service revenue (Part VIII, line 2g)						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	_ 11	06				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,844 78	208,600 57				
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,423 89	247,689 13			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			=			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,830 44	5,513 82			
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)						
88	1		4,299 71	110,452 40				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)						
₽.	ь	Total fundraising-expenses (Part IX, column (D), line 25) ▶						
	17	Other expenses (Part X), column (A), lines 11a-11d, 11f-24e)		5,356 08	74,035 59			
	18	Total expenses -Add lines 7 (must equal Part IX, column (A), line 25)	19	4,486 23	190,001 81			
	19	Revenue less expenses. Subtract line 18 from line 12 .		7,937 66	57,687 32			
Net Assets or Fund Balances	, A	SI DEC % 3 Zor. 181	Beginning of Cu	ment Year	End of Year			
3 E	20	Total assets (Part X, line 16)	61	6,386 68	675,424 50			
2 60 2 60 2 60 2 60 2 60	21	Total liabilities (Part X. line 26)		-0-	1,350 50			
훒	22	Net assets or tund balances. Subtract line 21 from line 20	61	6,386 68	674,074.00			
	rt II	Signature Block		-1				
		Ities of penjury, I declare that I have examined this return, including accompanying schedules and stat	oments and to t	he heet of r	ny kaomindan and haliaf it is			
		, and complete Peclaration of preparer (other than officer) is based on all information of which prepare			ny movidaga ana bolier mis			
	_	(1.87 B: 06						
Sic.		Signature of officer		••				
Sig		1 7 1	Da		22-2014			
He	re	NOBERT L. BIERSCHENK / PRESIDENT	 	12.	02014			
		Type or print name and title						
Pa	id		ate /	Check	of PTIN			
	epare	1 (MRIS HOWARD) & MM HIWAX	11/24/24	self-emp				
	e Onl		Firm	n's EIN ►	73-0382001			
US	e Uill	Firm's address ► 2501 N. Stiles, OKC, OK 73105		ne no	405.523.2300			
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			. 7 Yes No			
	<u></u>		No. 11789V	-	Form 990 (2013)			
, 01	Labol A	roin i lougeune i not i totice, eve ule separate matracavita. Udl	No 11282Y		FUITI 200 (2013)			

Part	H	Statement of Program Service Accomp		- 45 - 50 - 444			
 1	Brief	Check if Schedule O contains a response y describe the organization's mission	or note to any line i	n this Part III			V
J		· -					
	WACI	ultural Membership Organization					· ·
						·-·-	
2		he organization undertake any significant pro	ogram services dunn	ng the year which w	ere not listed on the	Yes	
		es," describe these new services on Schedule	e O			163	<u>U</u> NO
3	Dıd servi	the organization cease conducting, or mal ces?	ke significant chang	ges in how it con-	ducts, any program	☐ Yes	✓ No
		es," describe these changes on Schedule O					
4	expe	ribe the organization's program service accounses. Section 501(c)(3) and 501(c)(4) organization of the control	ations are required	to report the amou			
4a	(Cod	e) (Expenses \$	ncluding grants of \$)	(Revenue \$)
			-				
		·					
							
	(Cod	e) (Expenses \$I	neluding grants of \$	······································	(Revenue \$		1
71.7	1000	σ	noloding grants or w	/	(Nevende #		'
							
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		·					
4c	(Cod	e) (Expenses \$ı	ncluding grants of \$	)	(Revenue \$		)
			• • • • • • • • • • • • • • • • • • • •				
							<b></b>
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4d	Othe	r program services (Describe in Schedule O)					
		enses \$ including grants of \$		Revenue \$)		
4e		nrogram service expenses					

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		!	,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes." complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	/	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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
C	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		✓_
e 1	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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	ļ	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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? If "Yes," complete Schedule G, Part III .	19		1
20 a		20a		✓
b	If "Ves" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	1	_/

art	Checklist of Required Schedules (continued)		V [.	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-	Yes N	N O
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	21		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		/
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		/
	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		/ /
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		/
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	28a 28b		/
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/_
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	_ •	/
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
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		'— /
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		· /
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		<u>· </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
þ	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		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O			✓

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	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			-
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	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	✓	
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		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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		✓
b	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		1
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		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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?	7 1		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ļ
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		:	}
а	Did the organization make any taxable distributions under section 4966?	9a	 -	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter			
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			
11	Section 501(c)(12) organizations. Enter	İ		
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources			
b				
	<u> </u>	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128		
b	<u> </u>	{		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	108		
1-	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which			
b				
		1		
C		14a		 -
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
b	ii res, nas it lieu a roini 720 to report tilese payments ii into, provide an explanation in scriedule o	1170	<u> </u>	

Part	Covernment Management and Disclosure For each "You" respected to lines 2 through 7h helevy			Page O
Paru	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI	ee iiis	Struct	10113
Secti	ion A. Governing Body and Management			
	3,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			T
	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			İ
	committee, explain in Schedule O.			
р	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	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
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
_	stockholders, or persons other than the governing body?	7b		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
р	Each committee with authority to act on behalf of the governing body?	8b	✓	
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			_
Socti		9		✓
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		/
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
	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	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?			
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16a				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		✓
U	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interinancial statements available to the public during the tax year	erest i	policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of •⊏ -		
20	organization Oklahoma Farm Bureau, 2501 N Stiles, OKC, OK 73105 405 523.2300	ui the	;	
	Unique raim Dureau, 2301 N. Stites, UNU, UN. 73103-405-523.2300			

Part VII	Compensation of Officers, Directors,	, Trustees, Key Employee	es, 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 neither the organization no	r any relate	d orga	anız	atio	n c	ompe	ensa	ted any curren	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any	(do n box, i office	ot ch	Posineck ss per d a d	C) Ition more rson	e than our both	one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		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) Schedule Attached										
(2)										
(3)										
(4)	 					<u>-</u>				
(5)				-						
(6)										
(7)										
(8)										
(9)				_						
(10)										
(11)										
(12)										
(13)										
(14)										

Name and title Average box, unle	Position check monophisms person and a direct monophisms perso	re than on is both ctor/trus	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fro related organizations (W-2/1099-MISO	om a con C) f org ar	(F) stimated mount of other npensation rom the ganization drelated ianizations
(15) (16) (17) (18) (20)	Ney employee Officer	Highest compensated employee	Former	the organization	organizations	C) f org ar	npensation rom the ganization nd related
(16) (17) (18) (19) (20)							
(17) (18) (19) (20) (21)							
(18) (19) (20) (21)							
(19) (20) (21)							
(20)							
(21)							
(22)							
<u></u>							
(23)	1 1			1			
(24)							
(25)		-					
1b Sub-total		ļ	•				
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)			>				
2 Total number of individuals (including but not limited to those reportable compensation from the organization ►	e listed	above	e) w	ho received mo	ore than \$100	,000 of	
3 Did the organization list any former officer, director, or t employee on line 1a? If "Yes," complete Schedule J for such			emp	ployee, or high	est compens	sated 3	Yes No
4 For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150 individual							1
5 Did any person listed on line 1a receive or accrue compensation for services rendered to the organization? If "Yes," complete					zation or indivi		
Section B. Independent Contractors							
1 Complete this table for your five highest compensated indep compensation from the organization. Report compensation if year.							
(A) Name and business address				(B) Description of s	ervices		C) insation
							
Total number of independent contractors (including but in							

,		•							
	90 (201								Page
Par	VIII	Statement of Reve							
		Check if Schedule C) contains	a res _l	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ats	1a	Federated campaigns	3	1a					
<u> </u>	b	Membership dues		1b	39,088 50				
S, (С	Fundraising events		1c		i			
Grft Iar	d	Related organizations		1d					
s, Im	e	Government grants (con	tributions)	1e					
to re	f	All other contributions, g							
dr Af		and similar amounts not inc	cluded above	_1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	ded in lines 1a	-1f \$					
	h	Total. Add lines 1a-1	<u>f</u>		>	39,088 50			
ηue					Business Code				
eve.	2a								
e ·	b								
Program Service Revenue	С								
38	d								····
Ta I	е	* H	·						
ξ	f	All other program sen		ie [•			<u> </u>	
	9 3	Total. Add lines 2a-2 Investment income		donde					
	3	and other similar amo		GIVIGE	ends, interest,	0.0			
	4	Income from investmen	•	mnt ho	and proceeds	06			0
	5	Royalties	t of tun one	pr bc	b l				
		, loyallioo	(ı) Rea		(II) Personal				
	6a	Gross rents	77,4	40 00					
į	b	Less rental expenses	25,8	61 26					
	С	Rental income or (loss)	t	78 74					
	đ	Net rental income or (>	51,578 74		51,578 74	
	7a	Gross amount from sales of assets other than inventory	(i) Securit	185	(ii) Other				
	b	Less cost or other basis and sales expenses							
	С	Gain or (loss)							
	ď	Net gain or (loss)		r	>				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	_	c)					
7		See Part IV, line 18		a		T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-			
Ĕ	b	Less direct expenses	;	ь					
O		Net income or (loss) f		L	events ►				
		Gross income from ga See Part IV, line 19							
	Ь	Less direct expenses	S	ь					

c Net income or (loss) from gaming activities

Net income or (loss) from sales of inventory Miscellaneous Revenue

Business Code

524113

524126

524126

4,735 33

139,626 50

12,660 00

157,021 83

247,689 13

10a Gross sales of inventory, less returns and allowances b Less cost of goods sold

11a Office Commissions

All other revenue e Total. Add lines 11a-11d

12

b Office Commissions

Total revenue. See instructions

Salary Reimbursement

	4,735 33	
	139,626 50	
	12,660 00	
39,088.50	208,600.57	06
		Form 990 (2013)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns Al	l other organization	ns must complete co	lumn (A)
	Check if Schedule O contains a respon-	se or note to any lin	e 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	5,513 82			
6	trustees, and key employees Compensation not included above, to disqualified				
U	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)	101,984 04			
9	Other employee benefits				
10	Payroll taxes	8,468 36			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	420 00			
đ e	Lobbying Professional fundraising services See Part IV, line 17			-	
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,398 77			
13	Office expenses	4,416 20			
14	Information technology				
15	Royalties				
16	Occupancy	15,927 65			
17	Travel				
18	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	5,887 04			
23	Insurance	3,933 26	····		
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	Postage	802 67			***
b	Rent	41,250 00			
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	190,001 81			
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)				

P	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part	t X		
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		216,145 88	1	281,012 09
	2	Savings and temporary cash investments		114 70	2	114 76
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		196,607.35	4	190,207 35
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest cor Complete Part II of Schedule L	mpensated employees		5	
s	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoning organizations of section 501(c)(9) volunt organizations (see instructions). Complete Part II of Scheduling	d contributing employers and ary employees beneficiary		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		h-	10a 632,331.76			
	b	Less accumulated depreciation	10b 428,241.46	203,518 75	10c	204,090 30
	11	Investments - publicly traded securities			11	
	12	Investments—other securities See Part IV, line 1	⊢		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	616,386 68	16	675,424 50	
	17	Accounts payable and accrued expenses			17	····
	18	Grants payable	_		18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete P	 		21	
ies	22	Loans and other payables to current and for trustees, key employees, highest compens				
ΞĒ		disqualified persons Complete Part II of Schedul			22	
Liabilities	22	, ,	├		23	
_	23 24	Secured mortgages and notes payable to unrelat Unsecured notes and loans payable to unrelated	-		24	
	25	Other liabilities (including federal income tax, p	· 1			
	23	parties, and other liabilities not included on lines	· ·			
		of Schedule D	, , , , , , , , , , , , , , , , , , , ,		25	
	26	Total liabilities. Add lines 17 through 25		-0-	26	1,350 50
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ ☐ and			
Ses		complete lines 27 through 29, and lines 33 and	34.		İ	
anc	27	Unrestricted net assets			27	
3al	28	Temporarily restricted net assets			28	
Ð	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95) complete lines 30 through 34.	8), check here ▶ 📝 and			
ts c	30	Capital stock or trust principal, or current funds			30	
8	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
As	32	Retained earnings, endowment, accumulated inc		616,386.68	32	674,074.00
Zet	33	Total net assets or fund balances		616,386 68	33	674,074 00
_	34	Total liabilities and net assets/fund balances		616,386.68	34	675,424 50
	·			2.3/200.00	· L	Form 990 (

Page	1	2

Par	XI 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		247,6	89 13
2	 				
3	Revenue less expenses Subtract line 2 from line 1	3		57,6	687 <u>32</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		616,3	86 68
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		674,0	74 00
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	olain in			
	Schedule O				
2a	, , ,		2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b		/
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both	ed on a			
			Ì		
	Separate basis Consolidated basis Both consolidated and separate basis		İ		
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	-			
	If the organization changed either its oversight process or selection process during the tax year, ex		2c		
	Schedule O	piain in	}		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
Sa	the Single Audit Act and OMB Circular A-133?	iorai iri	3a		,
b	If "Yes" did the organization undergo the required audit or audits? If the organization did not under	rao the	34		
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	_	3ь		
			For	n 99 0	(2013)

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

2

5

line 17b

Inspection 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

527 exempt function activities

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

Enter the amount of the filing organization's funds contributed to other organizations for section

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,

 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. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4) (5), or (6) organizations. Complete Part III. Employer identification number Name of organization Oklahoma County Farm Bureau 73-0711872 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 \$ 2 Enter the amount of any excise tax incurred by organization managers under section 4955 Yes 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No Was a correction made? Yes No b If "Yes." describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities

the amount of political contributions received that were promptly and directly delivered to a separate political organization as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in P								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-			
(1)					_			
(2)								
(3)								
(4)								
(5)								
(6)								

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

Did the filing organization file Form 1120-POL for this year?

Yes

	-
Dage	-2

Pa	rt II-A	Complete if the organization section 501(h)).	is exempt	under section 5	01(c)(3) and filed	d Form 5768 (ele	ction under
A	Check ►	If the filing organization beli					up member's
_	Chaol N	name, address, EIN, expen					
В	Check -	if the filing organization che			iroi provisions a		
		Limits on Lobb (The term "expenditures" me)	(a) Filing organization's totals	(b) Affiliated group totals
1.	a Total lo	bbying expenditures to influence	public opinion	(grass roots lobby	ring)		
	b Total lo	bbying expenditures to influence	a legislative bo	ody (direct lobbying	g)		·
	c Total lo	bbying expenditures (add lines 1a	and 1b)				
	d Other e	exempt purpose expenditures	-				
1	e Total e	xempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobbyii column	ng nontaxable amount. Enter t ns	he amount fi	rom the following	table in both		
	If the an	nount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over	\$500,000	20% of the ar	nount on line 1e			
	Over \$50	00,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,	000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,	500,000 but not over \$17,000 000	\$225,000 plus	5% of the excess o	ver \$1,500,000	1	
	Over \$17	7,000,000	\$1,000,000	-			
	g Grassro	oots nontaxable amount (enter 25°	% of line 1f)				
	h Subtrac	ct line 1g from line 1a. If zero or les	ss, enter -0-				
ì	i Subtrac	ct line 1f from line 1c. If zero or les	s, enter -0-				
j	•	e is an amount other than zero on section 4911 tax for this year?	on either line	1h or line 1i, did	the organization	file Form 4720	Yes No
		4-Yes (Some organizations that made columns below. S	de a section 5		not have to com		
		Lobbying	Expenditures	During 4-Year Av	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2:	a Lobbyii	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
(c Total lo	bbying expenditures					
(d Grassro	oots nontaxable amount					
•		oots ceiling amount of line 2d, column (e))					
1	f Grassro	oots lobbying expenditures					
						Schedule C (Form	990 or 990-EZ) 2013

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	Form	5768		
For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	a)		(b)	
	ption of the lobbying activity Yes	No	Aı	moun	t
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?				
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?		. <u>.</u> .		
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	-			_
i J	Total Add lines 1c through 1i				
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1			
ь	If "Yes," enter the amount of any tax incurred under section 4912				
С	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?				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or se	ction	,	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	1	-
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		3	-	1
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."	Part	ction : III-A,	line	3, is
1 2	Dues, assessments and similar amounts from members . Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	1			
а	Current year	2a			
b	Carryover from last year	2b			
С	Total .	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	<u> </u>		
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			
Par					
	e the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group lis B. line 1. Also, complete this part for any additional information	it), Pa	rt II-A,	ine 2	, and
		- 			
			·	-	

	rm 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		·
		·

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

Inspection

Name (of the or	ganization		Employer identification number
Oklaho	oma Co	ounty Farm Bureau		73-0711872
	tl		r Advised Funds or Other Similar Fur	
			ered "Yes" to Form 990, Part IV, line 6.	
		3	(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year .		
2		egate contributions to (during year)		
3		egate grants from (during year)		
4		egate value at end of year		
5			donor advisors in writing that the assets h	neld in donor advised
J			t to the organization's exclusive legal contr	
6			nors, and donor advisors in writing that gra	
U			benefit of the donor or donor advisor, or t	
		ernng impermissible private benefit?	bettern of the donor or donor davider, or	· · · · · · · · · · Yes · No
Par	t II	Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	
LEGI	£ 111		arad "Vac" to Form 990 Part IV line 7	
			ered "Yes" to Form 990, Part IV, line 7.	
1			by the organization (check all that apply)	don broke wealth comment and transfer
	_		recreation or education) Preservation of	
	_	rotection of natural habitat	☐ Preservation of	of a certified historic structure
•		reservation of open space	tion hold a sublitical appropriation aparticle.	an in the form of a page protein
2		-	tion held a qualified conservation contribution	Held at the End of the Tax Year
		nent on the last day of the tax year		
a		number of conservation easements		2a
b		acreage restricted by conservation eas		. 2b
c		per of conservation easements on a cer	•	2c
d			ed in (c) acquired after 8/17/06, and not	
_		ic structure listed in the National Regist		2d
3			i, transferred, released, extinguished, or ter	minated by the organization during the
	tax y			
4		per of states where property subject to		
5		the organization have a written poli- ions, and enforcement of the conservat	cy regarding the penodic monitoring, inside in the control of the	spection, handling of · □ Yes □ No
6	Staff	and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	n easements during the year
7	Amoi	int of expenses incurred in monitoring	inspecting, and enforcing conservation eas	ements during the year
•	▶ \$	and or expenses incurred in monitoring,	inspecting, and emoreing conservation cas	cinents during the year
8		each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
Ū		d section 170(h)(4)(B)(ii)?	on mid Equip above delicity the requirements	· · · · · · · Yes · No
9	.,		ports conservation easements in its revenue	
3			text of the footnote to the organization's file	·
		nization's accounting for conservation e		Tariotal State Months that Good Bee this
Pari			ctions of Art, Historical Treasures, or	r Other Similar Assets
			ered "Yes" to Form 990, Part IV, line 8.	
1a	If the		ler SFAS 116 (ASC 958), not to report in it	
10		•	similar assets held for public exhibition, e	
			If the footnote to its financial statements the	•
_	•	•		
b		-	ider SFAS 116 (ASC 958), to report in its	
		s of art, historical treasures, or other so service, provide the following amount	similar assets held for public exhibition, e s relating to these items	ducation, or research in furtherance of
		· · · · · · · · · · · · · · · · · · ·	-	.
	• •	evenues included in Form 990, Part VIII,	line I	. > \$
_		sets included in Form 990, Part X		. > \$
2		=	of art, historical treasures, or other simila	ir assets for financial gain, provide the
		•	nder SFAS 116 (ASC 958) relating to these	rtems
а		nues included in Form 990, Part VIII, lin	e 1	> \$
h	Assat	s included in Form 990. Part X		b •

Page	2
Page	•

Pari	Organizations Maintaining	Collec	tions of	Art, His	torical 1	reasures	, or Otl	ner Similar A	Assets (contu	nued)
3	Using the organization's acquisition, collection items (check all that apply)										
а	☐ Public exhibition			d	🗌 Loan	or exchang	je progr	ams			
þ	Scholarly research			e	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization of t									rpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather									Yes	□ No
Part							-	-			
	Complete if the organization	answe	ered "Yes	" to Forr	n 990, F	art IV, line	9, or re	eported an a	mount o	on Fo	rm
	990, Part X, line 21										
1a	Is the organization an agent, trustee	, custod	fian or oth	her interm	nediary fo	or contribut	ions or	other assets			
	included on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII a	ind compl	lete the fo	llowing t	able			A		
								 	Amount		
c	Beginning balance						1c	-			
d	Additions during the year .						1d	 			
e	Distributions during the year						1e		· -		
f 2-	Ending balance	- t T-	000 F	مصالا اسم	212			<u> </u>			F] No
2a	Did the organization include an amount "Was," applicant the arrangement in R					n hac haan	provido	d in Port VIII		res	□ No
Par	If "Yes," explain the arrangement in P Endowment Funds.	art Am	CHECK HE	e ii trie ez	кріапацо	ii iias ueen	provide	u in Fait Aiii			<u>LJ</u>
r (all	Complete if the organization	าลกรพย	red "Yes	" to Form	n 990 F	art IV line	10				
	Complete if the organization		ment year		or year	(c) Two year		(d) Three years ba	ock (e) F	our year	rs back
1a	Beginning of year balance										
b	Contributions .			<u> </u>							
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t	he curre	ent year e	nd balanc	e (line 1ç	, column (a	i)) held a	ıs			
а	Board designated or quasi-endowme	nt 🟲 🔤		%							
b	Permanent endowment ▶	<u></u> %									
С	Temporarily restricted endowment ▶		<u>"</u>								
	The percentages in lines 2a, 2b, and 2										
3a	Are there endowment funds not in the organization by	e posse	ssion of t	he organı	zation th	at are held	and adr	ministered for	the	Ye	s No
	(i) unrelated organizations								3a	<u> </u>	
	(ii) related organizations								3a	30	
b	If "Yes" to 3a(II), are the related organ								31	<u>)</u>	
4	Describe in Part XIII the intended uses		organizati	on's endo	wment f	unds					
Par	, 3-,				200 5	S (13 / 1)		. F. 000			40
	Complete if the organization				r — -						
	Description of property		(a) Cost or o			or other basis other)		Accumulated preciation	(d) (Book val	lue
1a	Land	<u> </u> _				59,841.34				59	<u>,841 34</u>
b	Buildings .	<u> </u>				491,875 34		351,378.94	ļ	140	,496.40
С	Leasehold improvements .	<u> </u>				·					
d	Equipment	<u> </u> _				80,615 08		76,862.52		3	,752 56
ее	Other .				<u> </u>						
Total.	Add lines 1a through 1e (Column (d) r	nust eq	ual Form 9	990, Part	X, columi	n (B), line 10	O(c).)	•		204	,090 30

Part VII	Investments – Other Securities Complete if the organization ans		990. Part IV. line	11b See Form 9	90, Part X, line 12
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Metho	d of valuation -year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)					
(B)					
(C)				····	
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		l.		
Part VIII	Investments—Program Related		NOO Doot IV line	11a Cas Form O	00 Dart V June 12
	Complete if the organization ans	swered fes to rollins			
	(a) Description of investment		(b) Book value	• •	od of valuation f-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(9)	15 000 D +V + D+ 401 D				
	b) must equal Form 990, Part X col (B) line 13)				
Part IX	Other Assets. Complete if the organization ans	warad "Vaa" ta Earm (NOO Doet IV line	11d Con Form 0	OO Part V June 15
		(a) Description	390, Fait IV, line	Tid See Foling	(b) Book value
(1)		ay bosarption			(b) Book Faloc
(1)					
(2)					
(4)					
(5)					
(6)				-	
(7)					
(8)		<u> </u>			
(9)			· · · · · · · · · · · · · · · · · · ·		
	mn (b) must equal Form 990, Part X, c	col (B) line 15.)		>	
Part X	Other Liabilities.		200 5		000 5
	Complete if the organization ans line 25	swered res to Form S	990, Mart IV, line	THE OF LIT. See I	-опп ээо, нап х,
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25) ▶				
	uncertain tax positions. In Part XIII, prov				
organization'	s liability for uncertain tax positions unde	er FIN 48 (ASC 740) Check	here if the text of the	e footnote has been	provided in Part XIII

Par			
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 12	a
1	Total revenue, gains, and other support per audited financial stateme		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	2a	
ь	Donated services and use of facilities .	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I,	line 12)	5
Part			penses per Return.
	Complete if the organization answered "Yes" to Form 99		•
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses .	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d	<u> </u>	. 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, 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	
С	Add lines 4a and 4b .		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18)	5
Part	Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1		
2, Par	1 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	part to provide any	additional information
			·

Schedule D (Form 990) 2013				
Part XIII	Supplemental Information (continued)			
·		·		
		······································		

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

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.

Open to Public Employer identification number

Oklahoma County Farm Bureau	73-0711872
The Organization does not have stockholders but it does have members. There are two types of me	mbers. One is an Associate
member and the other is a Voting member. An Associate member includes someone who runs or of	perates a farm but whose average
gross agricultural income is less than half their total income. An Associate member also includes s	omeone working in Agribusiness.
Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate me	ember can hold their membership
through a church, FFA chapter, an association, or by a corporation not producing agricultural produ	ucts. A Voting member can be a family
that gets the majority of its average gross income from the sale of agricultural products. A Voting m	nember can also be held by a retired
agricultural person living on an income or social security accrued and not employed full time in ano	ther occupation A Voting member
can also be held by a partnership or corporation receiving the majority of income from the sale of ac	gricultural products.
	·

NAME: TAX NO. Oklahoma County Farm Bureau

TAX YEAR ENDING

73-0711872 8/31/2014

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

(A) NAME AND ADDRESS (B) (C) (D) (E)

Robert Bierschenk		NONE	NONE	NONE
PRESIDENT	4 HRS A MONTH			
John Bell	7111(6)(1116)	NONE	NONE	NONE
VICE-PRESIDENT	4 HRS A MONTH			
Dennis Lambring		NONE	NONE	NONE
SECRETARY	4 HRS A MONTH			
Dennis Lambring		NONE	NONE	NONE
TREASURER	4 HRS A MONTH			
John Draper		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Curtis Roberts		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Richard Morren		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Robert Wylie		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Bruce Wilson		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			
Steve Allen		NONE	NONE	NONE
DIRECTOR	4 HRS A MONTH			