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SCANNED JAN 2 2 2015

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.

Open to Public

| Inte | mal Reven | ue Service | ▶ Information about Form 990 and its instructions is at www.irs. | <u> 20v/form990</u> |) | Inspection |
|--------------------------------|-------------|--------------|--|---------------------|-------------------|----------------------------------|
| Α_ | For the | 2013 cale | ndar year, or tax year beginning 9-1 , 2013, and ending | 8- | 31 | , 20 14 |
| В | Check if | applicable | C Name of organization Comanche County Farm Bureau | | D Employ | er identification number |
| | Address | change | Doing Business As | | | 73-6100127 |
| | Name ch | nange | Number and street (or P O box if mail is not delivered to street address) Room/suiti | • | E Telephor | ne number |
| 7 | Initial ret | um | 502 S W 11 St | i | | 580.353.5173 |
| | Terminat | ted | City or town, state or province country, and ZIP or foreign postal code | | | |
| | Amende | d return | Lawton, OK 73501 | | G Gross re | ceipts \$ 173,984,48 |
| | Applicati | ion pendina | F Name and address of principal officer Kerry Givens | His is the a on | | subordinates ⁷ Yes Vo |
| | | . 5 | 2640 SW County Hwy 115, Cache, OK 73527 | | | s included? Yes No |
| ī | Tax-exer | mpl status | ☐ 501(c)(3) | ⊣ '' | | list. (see instructions) |
| J | Website | | = 351(5)(5 / 1=351(5)(5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | H(c) Group | | |
| <u> </u> | | | ✓ Corporation Trust Association Other L Year of formatic | | | |
| | art I | Summ | | 1942 | MI State | of legal domicile OK |
| _ | | | escribe the organization's mission or most significant activities: Agricult | ural Mamba | -shi- O | |
| Ф | ' | Differily de | Agricult | urai membe | rsnip Org | anization |
| Activities & Governance | | | | | | |
| Ĕ | _ | Chook th | to how b \ \ \ d the agreemention disposition of the agreeting and the agreement of the control | Al- | 0504 | |
| 8 | | | is box \(\sum_{\text{in}} \) if the organization discontinued its operations or disposed of | more than | | its net assets. |
| Ö | | | of voting members of the governing body (Part VI, line 1a) | | 3 | 9 |
| ۵. م | | | | | 4 | 9 |
| ₹ | | | nber of individuals employed in calendar year 2013 (Part V, line 2a) . | • • • • | 5 | -0- |
| 듄 | 1 | | nber of volunteers (estimate if necessary) | | 6 | |
| 4 | 1 | | elated business revenue from Part VIII, column (C), line 12 | | - 7a- | 132,144.52 |
| | b | Net unrel | ated business taxable income from Form 990-T, line 34 | | 7b | 16,025.56 |
| | | | | Prior Ye | ar | Current Year |
| ቋ | | | tions and grants (Part VIII, line 1h) RECEIVED | 1 | 8,309 00 | 15,673.00 |
| Revenue | | | service revenue (Part VIII, line 2g) | | | |
| ě | 10 | Investme | DEIDCOIDE FEAR VIII COURND IAL IINES 3 A ADD 701 IAI I | | 2,559.14 | 2,555.61 |
| 14. | 11 | Other rev | enue (Part VIII, column (A), lines 5, 6d, 80, 9d, 100, and 11e) | 15 | 1,814 12 | 132,144.52 |
| | 12 | Total reve | enue – add lines 8 through 11 (muşt equal Part VIII, column (A), In (2) | 17. | 2,682.26 | 150,373.13 |
| | 13 | Grants ar | nd similar amounts paid (Part IX, column (A) lines (3) UT | | | |
| | 14 | Benefits | paid to or for members (Part IX, column-(A), line 4) | 2: | 2,946.70 | 18,278.71 |
| ø | 15 | Salaries, o | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 6,931.87 | 93,022.59 |
| Expenses | 1 | | nal fundraising fees (Part IX, column (A), line 11e) | | | |
| ğ | • | | discount of the state of the st | , | - | , · , · , · 3, |
| Ω | 1 | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 4,128.02 | 42,876.55 |
| | 1 | | enses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 4,006.61 | 154,177.85 |
| | 1 | | less expenses. Subtract line 18 from line 12 | | ,324.35) | (3,804.72) |
| × 2 | | | | ginning of Cur | | End of Year |
| Net Assets or Fund Balances | 20 | Total ass | ets (Part X, line 16) | <u> </u> | | |
| \$ <u>B</u> | 21 | | ilities (Part X, line 26) | | 1,013.34 | 767,531.62 |
| Σž | 22 | | s or fund balances. Subtract line 21 from line 20 | | (138.00) | 185.00 |
| | art II | | ure Block | | 1,151 34 | 767,346.62 |
| | | | ry, I declare that I have examined this return, including accompanying schedules and statem | | | vilenguilades and halaf a |
| tru | e correct | and comple | ete. Declaration of preparer (other than officer) is based on all information of which preparer h | as any knowle | e besioin idge | ny kriowiedge and belief, it is |
| | | | Va H | | 10- | 1 |
| Siç | ın | Sign | ature of difficer | Dat | 1-0 | <u> </u> |
| He | | | erry Givens tresident | Dat | 0 | |
| • • | • • | 100 | | | | |
| | | <u> </u> | or print name and title pe preparer's signature Date Date | | | COTIN |
| Pa | id | | | Politica | Check [| |
| Pr | epare | r Ch | RIS HOWARD (MM/ Jewy) | 7114 | self-emp | loyed |
| | e Only | | ame ► Oklahoma Farm Bureau | /Firm | 's EIN 🕨 | 73-0382001 |
| | | Firm's ac | ddress ► 2501 N. Stiles, OKC, OK 73105 | Phor | ne no | 405.523.2300 |
| Ma | y the IR | S discuss | this return with the preparer shown above? (see instructions) | <u> </u> | <u> </u> | 📝 Yes 🗌 No |
| Eo- | Danony | ork Redu | ction Act Notice see the sengrate instructions Cat No. | 11292V | | Form 990 (2013) |

| Form 99 | 90 (2013) | | | _ | Page 2 |
|------------|----------------|--|-----------------------------------|------------------------------|--------|
| Part | | Statement of Program Service Accomple Check if Schedule O contains a response of the Check if Schedule O contains a res | | II | . 🗆 |
| 1 | | describe the organization's mission: | | | |
| | Agrici | ultural Membership Organization | | | |
| 2 | prior | ne organization undertake any significant pro Form 990 or 990-EZ? | | vhich were not listed on the | ∕ No |
| 3 | | s," describe these new services on Schedule ne organization cease conducting, or mak les? | | it conducts, any program | ☑ No |
| 4 | Desci exper | s," describe these changes on Schedule O libe the organization's program service accouses Section 501(c)(3) and 501(c)(4) organizatal expenses, and revenue, if any, for each p | ations are required to report the | | |
| 4 a | (Code | :) (Expenses \$ir | |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | - |
| | | | | | |
| 4b | (Code |) (Expenses \$ ir | ncluding grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ir | ncluding grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | · |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | | program services (Describe in Schedule O.) enses \$ including grants of \$ |) (Revenue \$ | 1 | |
| - 4e | | program service expenses |) (1 to veride \$ | | |

| Part | Checklist of Required Schedules | | | |
|--------|---|-----------|--|----------|
| 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 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 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 | 1 | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable | | | - |
| a | 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 | |
| þ | 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 |
| ¢ | 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 |
| q | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 1 |
| e f | 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 |
| Ь | 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 | | 1 |
| 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 | | / |
| 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 - | If "Yes," complete Schedule G, Part III | 19 20a | | 1 |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | 1 |

| 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 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated | | | ✓ |
| | employees? If "Yes," complete Schedule J | 23 | | |
| 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 | | 1 |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | _ |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | 1 |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u>·</u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | 1 |
| 26 | 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, | 20 | | |
| _, | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | · · · · · · · · · · · · · · · · · · · | - | * |
| 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 | 28a | | 1 |
| | Schedule L, Part IV | 28b | | ✓ |
| C | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | ✓ |
| 29 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 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | | |
| 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 | 32 | | 1 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | 1 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 1 |
| Ь | 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 | | 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 | | ✓ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | ✓_ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | | 1 |
| | | | m 99 0 | (2013) |

| Form 99 | 0 (2013) | | F | age \$ |
|---------|--|--|--|--------|
| Part | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0- | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and 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). | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3а | 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 |
| ь | 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 |
| ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | 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 | | |
| 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 | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | 1 | |
| 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 | | |
| g | if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| ĥ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | 1. | · , | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | 75 | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 1 | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | <u> </u> | |
| đ | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | L_ |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | } | 1 |
| þ | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 1 | ļ | 1 |
| 11 | Section 501(c)(12) organizations. Enter: | ł | • | |
| a | Gross income from members or shareholders | 4 | | 1 |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | - | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | ĺ | |
| ь | 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. | L | | |
| a | 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. | 1 | }- | · - |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1 | | |
| | the organization is licensed to issue qualified health plans | 1 | | |
| С | Enter the amount of reserves on hand | <u> · · </u> | <u> </u> | ļ |
| 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

| Form 99 | vð (2013) | | F | Page 6 |
|-------------------|--|-------------|----------|----------|
| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | See ins | structi | ons |
| | Check if Schedule O contains a response or note to any line in this Part VI | • • • | | 1 |
| Section | on A. Governing Body and Management | | Van | No |
| | - a large to the second of the | | Yes | 140 |
| 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. | 9 | | • |
| ь 2 | Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 9 2 | | √ |
| 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 | | ✓ |
| 4 5 6 7a | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 4 5 6 | √ | 1 |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | 1 |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | 1 | |
| а | The governing body? | 8a | ✓ | |
| ь 9 | Each committee with authority to act on behalf of the governing body? 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 | 8b 9 | ✓ | - |
| Casti | on B. Policies (This Section B requests information about policies not required by the Internal Reve | | ode l | _ |
| 3ecii | on B. Folicies (This Section B requests information about policies not required by the information | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| 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 | | 1 |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | ✓ |
| 14 15 | Did the organization have a written document retention and destruction policy? | 14 | | 1 |
| а | The organization's CEO, Executive Director, or top management official | 15a | <u> </u> | ✓_ |
| ь | Other officers or key employees of the organization | 15b | ļ | 1 |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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? | | ,, | |
| Secti | on C. Disclosure | | 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. □ 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 its | | | |
| 19 20 | financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and record | | | , and |
| 20 | Ordanization: Oklahoma Farm Rureau 2501 N. Stiles OKC OK 73105 405 523 2300 | ··· | | |

| 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 |] |
|--|----------|
| | <u>-</u> |

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 employees."
- 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 | a orga | anız | atio | n Ç | ompe | nsa | ited any currer | t officer, director | , or trustee. |
|---|--|--------|-----------------------|--|--|---------------------------------|--------------|--|------------------------------|--------------------|
| | 1 | | | (C |) | | | l | | |
| (A) | (B) | | | Posi | ition | | | (D) | (E) | (F) |
| | | | | | | than o | | 1 | 1 | |
| Name and Title | Average | | | | | is both | | Reportable compensation | Reportable | Estimated |
| | hours per week (list any | office | er an | | rect | or/trust | | from | compensation from related | amount of other |
| | hours for | 옥콧 | 쿭 | 잌 | 줎 | 3.7 | ਹਾ | the | organizations | compensation |
| | related | 물물 | ĝ | Officer | уө | 중 | Former | organization | (W-2/1099-MISC) | from the |
| · · · · · · · · · · · · · · · · · · · | organizations | | Institutional trustee | , | Key employee | Highest compensated employee | , zk | (W-2/1099-MISC) | | organization |
| | below dotted | ₹ 🛱 | <u> </u> | | ₹. | , | | | | and related |
| | line) | 5 | 2 | l | 88 | 1 2€ | l | ł | | organizations |
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| (1) Schedule Attached | ļ | | | | | | | Į. | | |
| (1) Schedule Attached | | | | | | | | | | |
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| - Falst | Section A. Officers, Directors, Trus: (A) Name and title | (B) Average hours per week (list any hours for | (do n box, office | ot ch unles | Pos neck as pe d a d | c) ition more rson | than o | an ee) | (D) Reportable compensation from the | (E) Reportable compensation related organization | e from | Esti amo o | (F) mated ount of ther ensation | |
|--------------|--|---|-------------------------|-----------------------|-------------------------------|-----------------------------|---------------------------------|------------------|--------------------------------------|--|-----------|----------------------|---|----------|
| | | related organizations below dotted line) | | Institutional trustee | Officer | ay employee | Highest compensated employee | omer | organization (W-2/1099-MISC) | (W-2/1099-M | | from organ and | n the nization related izations | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | - | | | | | | | ·· | | |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | ! | - | | | |
| (20) | | | | | _ | | | | | | | | | |
| (21) | | | | _ | | - | | | | | | | | |
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| (23) | | | | | | | | <u> </u> | | | | | | |
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| (24) | | | | | ļ | | | _ | | | | | | |
| (25) | | | <u> </u> | | | | | | | | | | | |
| 1b c d | Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c) | · · · · | | | | | · · | > > | | | | | | |
| 2 | Total number of individuals (including bureportable compensation from the organ | | d to th | nose | e lis | ted | above | e) w | vho received m | ore than \$10 | 00,000 c | of | | |
| 3 | Did the organization list any former o employee on line 1a? If "Yes," complete | | | | | | | | | nest compe | nsated | 3 | Yes | No √ |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | 4 | | _ |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or ind | lividual | 5 | | <u> </u> |
| Section | on B. Independent Contractors | | | | | | | | | | | ···· | ! | <u> </u> |
| 1 | Complete this table for your five highest compensation from the organization. Re year. | | | | | | | | | | | | | × |
| | (A) Name and business ad | dress | | | | | | | (B) Description of | services | C | (C) ompen | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | \vdash | | | | | | |
| | | · · · · · · · · · | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contract received more than \$100,000 of comper | | | | | | | o t | nose listed at | ove) who | | <u>.</u> | | |

| Par | VIII | Statement of Reve | | | | Dod 1/81 | | |
|--|-----------------------------|---|---|------------------|------------------------|--|---|--|
| | | Check if Schedule C | Contains a res | ponse 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 |
| Contributions, Gifts, Grants and Other Similar Amounts | ta b c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (con All other contributions, gi and similar amounts not inc Noncash contributions include | 1b 1c 1c 1d 1tnbutions) 1fts, grants, cluded above 1f | 15,673.00 | •, | , , , | | |
| SE | h | Total. Add lines 1a-1 | f | > | 15,673.00 | | | |
| Program Service Revenue | 2a b c d e f | All other program sen | vice revenue . | Business Code | | | | |
| | 3 4 5 | Investment income and other similar amo income from investment Royalties | ounts) | • | 2,555.61 | | | 2,555.61 |
| | 6a b c | Gross rents . Less rental expenses Rental income or (loss) | (i) Real 24,750.00 23,611.35 1,138.65 | | | () | , | |
| | d 7a b | Net rental income or (Gross amount from sales of assets other than inventory Less: cost or other basis | (i) Securities | (II) Other | 1,138.65 | | 1,138.65 | |
| | c d | and sales expenses Gain or (loss) Net gain or (loss) | | | | | | |
| Other Revenue | 8a | Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18 | | | | | | |
| 粪 | ь | Less: direct expenses | | | | | | |
| O | С | Net income or (loss) for Gross income from gas See Part IV, line 19 | rom fundraising | | | | | |
| | С | Less: direct expenses Net income or (loss) fi Gross sales of in returns and allowance | rom gaming activentory, less | vities ► | | | | |
| | b | Less. cost of goods s | | | , , | , | | |
| | С | Net income or (loss) fi | | , | | | | |
| | 44 | Miscellaneous R | evenue | Business Code | | | - | <u> </u> |
| | 11a b c | Office Commissions Office Commissions | | 524113 524126 | 2,829.21 128,176.66 | | 2,829 21 128,176.66 | |
| | d | All other revenue . | | | | | | - |
| | | Total. Add lines 11a- | | > | 131,005.87 | | | |
| | 12 | Total revenue. See in | structions | <u> ▶</u> | 150,373.13 | 15,673.00 | 132,144.52 | 2,555.61 |

| rant IA | Statement of | runctional | Expenses | |
|---------|--------------|------------|----------|--|

| Sectio | n 501(c)(3) and 501(c)(4) organizations must con | nplete all columns. Al | l other organizatio | ns must complete co | olumn (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 | 18,278.71 | | | |
| 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 | 85,847.01 | | | |
| 9 10 | Other employee benefits | 7,175.58 | | | |
| 11 | Fees for services (non-employees): | 7,173.30 | | | |
| а | Management | | | | |
| b | Legal | | | | |
| C | Accounting | 420 00 | | | |
| d | Lobbying | | | ₹ | *** |
| e f | Investment management fees | | | | |
| 9 | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | | | | |
| 12 | Advertising and promotion | 4,011 90 | | | |
| 13 | Office expenses | 10,289.85 | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 9,722.42 | | | |
| 17 18 | Travel | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 5,152.40 | | | |
| 23 | Insurance | 2,500.40 | , | | |
| 24 | Other expenses Itemize expenses not covered | ** | • | , * | |
| | above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | 2 | | , , , , | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | Federal Income Tax | 3,468.53 | | | |
| b | State Income Tax | 1,387.00 | | | |
| c d | Postage Charitable Contributions | 1,224.05 | | | |
| _ | All other expenses | 4,700.00 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 154,177.85 | | | |
| 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) | | | | |

| , 12 | art X | Balance Sheet | | | | | |
|-----------------------------|-------|--|--------------------|--|---------------------------------------|-----|---------------------------------------|
| - | | Check if Schedule O contains a response or | note | to any line in this Par | t X | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 111,721.14 | 1 | 57,668.35 |
| | 2 | Savings and temporary cash investments | | | 302,715.76 | 2 | 365,221.85 |
| | 3 | Pledges and grants receivable, net | | [| | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and | | | | | |
| | _ | trustees, key employees, and highest co Complete Part II of Schedule L | mper | sated employees | | 5 | |
| द्ध | 6 | Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche | nd cont itary e | mbuting employers and imployees' beneficiary | ` | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| & | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | , , | 6,632.37 | 9 | 3,663.84 |
| | 10a | Land, buildings, and equipment: cost or | | | | | |
| | | other basis. Complete Part VI of Schedule D | 10a | 556,981.98 | | | |
| | ь | Less: accumulated depreciation | 10b | 216,004.40 | 349,944.07 | 10c | 340,977.58 |
| | 11 | Investments—publicly traded securities . | | | | 11 | |
| | 12 | Investments-other securities. See Part IV, line | 11 | | | 12 | |
| | 13 | Investments-program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | }- | _ | 14 | |
| | 15 | Other assets See Part IV, line 11 | | The state of the s | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 771,013.34 | 16 | 767,531.62 |
| | 17 | Accounts payable and accrued expenses | | | (138.00) | 17 | 185.00 |
| | 18 | Grants payable | | (100.00) | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | | <u> </u> | | 21 | |
| Ø | 22 | Loans and other payables to current and for | | }~ | , , , , , , , , , , , , , , , , , , , | | |
| ij. | | trustees, key employees, highest compen | | | · , | | |
| 豆 | | disqualified persons Complete Part II of Schedu | | | | 22 | |
| Liabilities | 23 | Secured mortgages and notes payable to unrela | | urd parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | · - | · - | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | 23 | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | (138.00) | 26 | 185.00 |
| | | Organizations that follow SFAS 117 (ASC 958 |), che | ck here ▶ □ and | 1100.007 | | 100.00 |
| 1088 | | complete lines 27 through 29, and lines 33 an | d 34. | | • | | · |
| ğ | 27 | Unrestricted net assets | | ↓ | | 27 | |
| ä | 28 | Temporarily restricted net assets | | - | | 28 | · · · · · · · · · · · · · · · · · · · |
| 2 | 29 | Permanently restricted net assets | | | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34. | 58), ch | eck here ► 🕢 and | , ~ | | |
| ţ | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| ΘS | 31 | Paid-in or capital surplus, or land, building, or ed | quipm | ent fund | | 31 | |
| Ä | 32 | Retained earnings, endowment, accumulated in | | | 771,151.34 | 32 | 767,346.62 |
| چ | 33 | Total net assets or fund balances | | | 771,151.34 | 33 | 767,346.62 |
| | 34 | Total liabilities and net assets/fund balances . | | | 771,013.34 | | 767,531.62 |
| | | | | | | | Form 990 (2013) |

| Form 9 | ýð (2013) · · · · · · · · · · · · · · · · · · · | | Pá | ige 12 |
|--------|---|----------|-------|----------|
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u> </u> | • | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 150,3 | 373.13 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 154,1 | 177 85 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | (3,8 | 04.72) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . | | 771,1 | 151 34 |
| 5 | Net unrealized gains (losses) on investments | | | |
| 6 | Donated services and use of facilities | | | |
| 7 | Investment expenses | | | |
| 8 | Pnor penod adjustments | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| | 33, column (B)) | | 767,3 | 346.62 |
| Part | XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O | , | ٠,٠ | |
| 28 | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | 1 |
| | 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 audited on a | | | - |
| | 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 oversight | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | ļ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | |
| _ | Schedule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | ١. |
| | the Single Audit Act and OMB Circular A-133? | 3a | | ✓ |
| ь | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | 0. | } | 1 |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | <u> </u> |
| | | Forr | n 990 | (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

2013

Open to Public Inspection

OMB No 1545-0047

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.

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

| Name | of organization | | | Employer id | entification number |
|----------------|----------------------------|--|------------------------|--|---|
| Comai | nche County Farm Bureau | | | | 73-6100127 |
| Part | I-A Complete if the | e organization is ex <mark>empt</mark> u | nder section 501(| c) or is a section 527 | organization. |
| 1 | Provide a description of | the organization's direct and inc | direct political campa | aign activities in Part IV. | |
| 2 | Political expenditures . | | | 🕨 | \$ -0- |
| 3 | Volunteer hours | | | | |
| | | | | | |
| Part | | e organization is exempt u | | | |
| 1 | - | excise tax incurred by the organ | | | \$ |
| 2 | | excise tax incurred by organiza | | | \$ |
| 3 | • | ed a section 4955 tax, did it file | Form 4720 for this y | ear? | Yes UNO |
| 4a | Was a correction made? | | | | Yes UNo |
| b | If "Yes," describe in Part | | | | 41.1(0) |
| Part | | e organization is exempt u | | | 11(c)(3). |
| 1 | | ly expended by the filing orga | | | r. |
| • | activities | filing organization's funds con | | | a |
| 2 | 527 exempt function acti | • • | - | | ¢. |
| 3 | • | expenditures Add lines 1 and | | | Φ |
| 3 | line 17b | expericitures Add lines i and | 2. Enter here and | ron ronn rizo-rol, | \$ |
| 4 | | tio Forms 1100 BOL for this w | | | Yes V No |
| 4 5 | | n file Form 1120-POL for this ye ses and employer identification | | | |
| o o | | ses and employer identification ents. For each organization liste | | | |
| | | ontributions received that were | | | |
| | | fund or a political action comn | | | |
| | | | 1-2 510 | 404 | |
| | (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) | | | | | |
| ·· <i>,</i> | | | | <u> </u> | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (' | | | | | |
| (5) | | | | | |
| | | | | | |
| (6) | | | | | |

| Schedule | С | (Form | 990 | or | 990- | EZ) | 2013 | |
|----------|---|-------|-----|----|------|-----|------|--|

Page 2

| | (| | | | | , age = |
|-----|--|-------------------|---|-------------------|--|----------------|
| Par | Complete if the organizat section 501(h)). | ion is exempt | under section 5 | 01(c)(3) and file | d Form 5768 (ele | ection under |
| A C | Theck ► ☐ if the filing organization I name, address, EIN, exp | | | | | oup member's |
| вС | heck ► ☐ if the filing organization | checked box A | and "limited con | trol" provisions | apply. | |
| | | bbying Expendi | | ············ | (a) Filing | (b) Affiliated |
| | (The term "expenditures" | | |) | organization's totals | group totals |
| 1a | Total lobbying expenditures to influen | ce public opinion | (grass roots lobby | ring) | | |
| b | | • | | | | |
| C | | - | | | | |
| d | | • | | | | |
| e | | | 1d) | | | |
| f | Lobbying nontaxable amount. Ente | | | table in both | | |
| • | columns. | | | , 10510 111 50111 | } | |
| | If the amount on line 1e, column (a) or (b) | In The Johnston | nontaxable amoun | t in | | |
| | | | | £ 13. | The state of the s | |
| | Not over \$500,000 | | mount on line 1e. | \$500,000 | | , |
| | Over \$500,000 but not over \$1,000,000 | | s 15% of the excess | | Lar Steller | usia e la fil |
| | Over \$1,000,000 but not over \$1,500,000 | | s 10% of the excess | | | 1,48 |
| | Over \$1,500,000 but not over \$17,000,000 | | s 5% of the excess of | ver \$1,500,000. | 1, 1, 1, 2, 2, 3, 2, 4, 7 | |
| | Over \$17,000,000 | \$1,000,000. | | | | |
| g | · · · · · · · · · · · · · · · · · · · | | | | | |
| h | 3 | | | | | |
| ! | Subtract line 1f from line 1c If zero or | | Albana bara 40 atra | | fl. F 1700 | |
| j | If there is an amount other than ze reporting section 4911 tax for this year | | | | | ☐ Yes ☐ No |
| | (Some organizations that i | made a section | Period Under Sec 501(h) election do actions for lines 2 | not have to com | | e |
| | Lobbyi | ng Expenditures | During 4-Year A | veraging Period | 1 | |
| | Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | , Yang kang tang ta | |
| С | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f | Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2013

| Part | [I-B] Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)). | filed | Form | 57 6 8 | | |
|--------|---|-------------|--------|---------------|-------------|-------------|
| For e | each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed | (8 | 1) | | (b) | |
| | iption of the lobbying activity. | Yes | No | Aı | mount | 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)? | | | | | |
| C | Media advertisements? | | | | | |
| d | Mailings to members, legislators, or the public? | | | | | |
| e | 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? | | | | | |
| Ì | Other activities? | | | | | |
| 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)? | | | | | |
| þ | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| C | 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? | | | <u> </u> | | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6). |)(5), c | or se | ction | | |
| | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | • | 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 | | ✓_ |
| Part | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes." | | Parl | | line : | 3, is |
| 1 2 | Dues, assessments and similar amounts from members | of | 1 | | <u>15,6</u> | 573.00 |
| 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 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb | the | | | | - |
| | and political expenditure next year? | • | 4 | ļ | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | ·- <u>-</u> | 5 | | | -0 |
| Par | | | | | | |
| | te the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro-B, line 1. Also, complete this part for any additional information. | up lis | t); Pa | rt II-A, I | ine 2; | and |
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| | n 990 or 990-E2) 2013 | Page 4 |
|---------|--------------------------------------|--------|
| Part IV | Supplemental Information (continued) | |
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SCHEDULE D (Form 990)

Denartment 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

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization Comanche County Farm Bureau 73-6100127 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . 1 2 Aggregate contributions to (during year) . 3 Aggregate grants from (duning year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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. 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 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X

| Page | 1 |
|------|---|
| | |

| . Pari | Organizations Maintaining | Collections of A | rt, His | torical T | reasures | or Ot | her Similar As | sets | (contii | nued) |
|--------|---|---------------------------|-------------|----------------|----------------|-----------|---------------------|----------|----------|-------------------|
| 3 | Using the organization's acquisition, a | | | | | | | | | |
| | collection items (check all that apply): | | | | _ | | _ | - | | |
| а | ☐ Public exhibition | | d | D Loan | or exchang | e progi | rams | | | |
| b | Scholarly research | | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organizat | | nd expla | ain how ti | hey further | the org | anızatıon's exer | npt pu | ırpose | in Part |
| | XIII. | | , | | - | _ | | • | • | |
| 5 | Dunng the year, did the organization | solicit or receive d | onation | s of art, | historical tr | easure | s, or other similar | ar | | |
| | assets to be sold to raise funds rather | than to be maintain | ned as p | part of the | e organizati | on's co | llection? | | Yes | ☐ No |
| Part | | | | | | | | | | |
| | Complete if the organization | answered "Yes" | to Forr | n 990, P | art IV, line | 9, or r | eported an am | ount | on Fo | rm |
| | 990, Part X, line 21 | | | | | | | | | |
| 1a | Is the organization an agent, trustee, | custodian or othe | r intern | nediary fo | or contribut | ions or | other assets no | ot | | |
| | included on Form 990, Part X? | | | | | | | | Yes | □ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and complet | e the fo | llowing to | able: | | | | | |
| | | | | | | | A | mount | i | |
| С | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | | | | |
| e | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 11 | | | | |
| 2a | Did the organization include an amoun | it on Form 990, Par | t X, line | 21? . | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Pa | | | | | provide | ed in Part XIII . | | | |
| Pan | | | | | | <u> </u> | | | | |
| | Complete if the organization | answered "Yes" | to Forr | n 990, P | art IV, line | 10. | | | | |
| | | (a) Current year | (b) Pn | or year | (c) Two year | s back | (d) Three years bac | k (e) F | our year | s back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | — | | |
| | losses | | | | | | | - | | |
| d | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | 1 | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the | ne current year end | balanc | e (line 1o | . column (a |)) held a | as: | | | |
| а | Board designated or quasi-endowmen | - | | • (| ,, | ,, | | | | |
| b | Permanent endowment ▶ | % | , • | | | | | | | |
| c | Temporarily restricted endowment ▶ | ·· ′° | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2 | | % | | | | | | | |
| 3a | Are there endowment funds not in the | | | zation tha | at are held | and ad | ministered for th | ne . | | |
| | organization by. | | - J | | | | | | Yes | s No |
| | (i) unrelated organizations . | | | | | | | 3a | - | 1 |
| | (ii) related organizations | | • | • • | | | | | (ii) | |
| ь | If "Yes" to 3a(ii), are the related organic | zations listed as rer | nured c | n Schedi | ule B? | • • | | | b | + |
| 4 | Describe in Part XIII the intended uses | | - | | | • | | | | |
| Part | | | | | | | | | | |
| | Complete if the organization | | to Forr | n 990 P | art IV line | 11a S | See Form 990. | Part) | K. line | 10 |
| | Description of property | (a) Cost or other | | | or other basis | | Accumulated | | Book val | |
| | 2 configuration of property | (investmen | | | ther) | | epreciation | (~) | | - - |
| 1a | Land | | | | 175 000 00 | | , Y- (* * * | | 175 | 000 00 |
| | Buildings | | | | 175,000.00 | <u> </u> | | | | ,000.00 596.61 |
| ь | 3 | | | - | 351,166.73 | | 190,571.12 | | | <u>,595.61</u> |
| C | Leasehold improvements | | | | 20.047.07 | | 25 422 20 | | | 201.07 |
| d | Equipment | | | | 30,815.25 | | 25,433.28 | | | ,381.97 |
| Total | Add lines 1a through 1a (Column (d) m | unt oqual Ec-m 000 |) Port | Y 001: | (R) line 40 | 2611 | | | | 077 |
| rotal. | Add lines ta unrough 13 (Column (d) fr | iusi equal romii 990 | J, Fart / | , column | (O), IIIE IC | (6)./ | . ▶ | | 340 | <u>,977.58</u> |

| Part VII | Investments—Other Securities. Complete if the organization answered "Y | es" to Form | 990, Part IV. line | 11b. See Form | 990, Part X. line 12. |
|------------------|---|-----------------|---|----------------------|--|
| | (a) Description of security or category (including name of security) | | (b) Book value | (c) Met | thod of valuation -of-year market value |
| (1) Financial | denvatives | | | | |
| | neld equity interests | [| | | |
| (3) Other | , , | | - | | |
| ` (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | , | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | , | |
| Part VIII | Investments—Program Related. | <u></u> | | <u> </u> | |
| T GI C OIII | Complete if the organization answered "Y | es" to Form | 990. Part IV. line | 11c. See Form | 990. Part X. line 13. |
| | (a) Description of investment | | (b) Book value | (c) Me | thod of valuation I-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (| b) must equal Form 990, Part X, col. (B) line 13) ▶ | | | 1.00 | ا ما المال المال المال المال المال المال المال المال المال المال المال المال المال المال المال المال المال الم |
| Part IX | Other Assets. | | | | |
| | Complete if the organization answered "Y | es" to Form | 990, Part IV, line | e 11d. See Form | |
| | (a) Description | ก | | | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, col. (B) line | 15.) | | • | |
| Part X | Other Liabilities. | · . | | | <u> </u> |
| . Give in | Complete if the organization answered "\ | es" to Fom | 990, Part IV, line | e 11e or 11f. Sec | e Form 990, Part X, |
| | line 25. | | , | | , |
| 1. | |) Book value | Mark Strain Aced | de vinció de deservi | A STATE OF THE STA |
| (1) Federal II | | - | | | |
| (2) | | | | | |
| (3) | | | 7,3 | | Section 1 |
| | | | ' | - 4 - 48 A | * |
| (4) | | | | , * | V vs. |
| (5) | | | | , | * * * |
| (6) | | | | * | `, |
| (7) | | | | The second second | |
| (8) | | | Julia Company | F. YM FI WINGS | |
| (9) | | | | | |
| | (b) must equal Form 990, Part X, col (B) line 25) | | | things in the second | raintal. |
| 2. Liability fo | r uncertain tax positions. In Part XIII, provide the tex | t of the footno | te to the organization | n's financial statem | ents that reports the |
| organization | 's liability for uncertain tax positions under FIN 48 (A | SC 740). Chec | k here if the text of | the footnote has be | en provided in Part XIII 🔃 |

| , Part | | | Retum. |
|---------|---|---------------------------|--|
| | Complete if the organization answered "Yes" to Form 990, Pa | | |
| 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 | |
| ď | 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: | | [4.1] |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | <u> </u> |
| b | Other (Describe in Part XIII.) | 4b | [.k.] |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 | 2.) | 5 |
| Part | XII Reconciliation of Expenses per Audited Financial Stateme | nts With Expenses pe | er Return. |
| | Complete if the organization answered "Yes" to Form 990, Par | rt IV, line 12a. | |
| 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: | | Part of |
| а | Donated services and use of facilities | 2a | 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 |
| b | Prior year adjustments | 2b | |
| С | Other losses | 2c | [[]] |
| d | Other (Describe in Part XIII.) | 2d | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| е | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| 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 | | | |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 | | |
| 2; Par | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | provide any additional in | formation. |
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| Schedule D (Fo | rm 990) 2013 | Page 5 |
|----------------|--------------------------------------|---|
| Part XIII | Supplemental Information (continued) | |
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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

Department of the Treasury Internal Revenue Service

▶ 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 Inspection

| Name of the organization | Employer identification number |
|---|------------------------------------|
| Comanche County Farm Bureau | 73-6100127 |
| | |
| | |
| The Organization does not have stockholders but it does have members. There are two types of mem | hers. One is an Associate |
| The organization does not have stockholders but it does have monitorist. There are two types or mem | ocia. Olio is uli rassociate |
| member and the other is a Voting member. An Associate member includes someone who runs or ope | rates a farm but whose average |
| | |
| gross agricultural income is less than half their total income. An Associate member also includes sor | neone working in Agribusiness. |
| Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate men | shar can hold their membershin |
| Someone wito a not already reduce to Agriculture is an Associate member. Easily, an Associate mem | iber carrinoid aren member srip |
| 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 me | mber can also be held by a retired |
| agricultural person living on an income or social security accrued and not employed full time in anoth | er occupation. A Voting member |
| | |
| can also be held by a partnership or corporation receiving the majority of income from the sale of agri | cultural products. |
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NAME:

Comanche County Farm Bureau

TAX NO.

73-6100127

TAX YEAR ENDING

8/31/2014

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

| (A) NAME AND ADDRESS | (B) | (C) | (D) | (E) |
|----------------------|---------------|------|------|------|
| Kerry Givens | | NONE | NONE | NONE |
| PRESIDENT | 4 HRS A MONTH | | | |
| Don Hankins | | NONE | NONE | NONE |
| VICE-PRESIDENT | 4 HRS A MONTH | | | |
| Benny Taylor | | NONE | NONE | NONE |
| SECRETARY | 4 HRS A MONTH | | | |
| Don Fischer | | NONE | NONE | NONE |
| TREASURER | 4 HRS A MONTH | | | |
| Wayne Kıser | | NONE | NONE | NONE |
| DIRECTOR - | 4 HRS A MONTH | | | |
| Edward Bard | | NONE | NONE | NONE |
| DIRECTOR | 4 HRS A MONTH | | | |
| Kenneth Scott | | NONE | NONE | NONE |
| DIRECTOR | 4 HRS A MONTH | | | |
| Stuart Henderson | | NONE | NONE | NONE |
| DIRECTOR | 4 HRS A MONTH | | | |
| Damon Doye | | NONE | NONE | NONE |
| DIRECTOR | 4 HRS A MONTH | | | |