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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

▶ Information about Form 990 and its instructions is at www.irs gov/form990.

Open to Public Inspection

A I	For the	2013 calendar year, or tax year beginning OCT 1, 2013 and	ending S	EP 30, 201	4				
В	Check if applicable	C Name of organization		D Employer ident	ification number				
_	⊐Addres	<u>, </u>							
<u> </u>	lchange Name	DOUGLAS COUNTY FARM BUREAU		47	0406434				
늗	lchange Tinitial		0	1	0406434				
<u> </u>	return Termin		Room/suite	E Telephone num					
F	⊸ated □Amend	10833 COTTONWOOD LANE	G Gross receipts \$	$\frac{27}{112,736.17}$					
F	lreturn Applica			H(a) Is this a group					
nonding									
	F Name and address of principal officer LARRY HADEN for subordinates? Yes X No 8909 NORTH 117TH ST, OMAHA, NE 68142 H(b) Are all subordinates included? Yes No								
1	Tax-exe	mpt status:	or 527	3 ' '	a list (see instructions)				
	J Website: ► N/A H(c) Group exemption number ►								
		organization: X Corporation Trust Association Other ▶	L Year		M State of legal domicile: NE				
		Summary							
0	1 6	Briefly describe the organization's mission or most significant activities PROGI	RAMS I	O UNITE FA	RM AND RANCH				
auc.]	FAMLIES AND BETTER THE CONDITIONS OF THOS	SE ENG	SAGED IN TH	E PURSUIT OF				
	2 (Check this box 🕨 🔛 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net					
દ્ભ	3 1	Number of voting members of the governing body (Part VI, line 1a)		<u> </u>	3 8				
8	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		-	4 8				
ties	5	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		<u> </u>	5 1				
₹5	6	Total number of volunteers (estimate if necessary)		_					
~	7 a	Net unrelated business revenue from Part VIII, polumn (C), line 12 Net unrelated business taxable income from Form 990-1, line 64EIVED	7	F	7a 0.00 7b 0.00				
ū	1 0 1	· · · · · · · · · · · · · · · · · · ·	1	Prior Year	Current Year				
RECENTABINE ACTIVITIES & GOVERNANCE	8 (Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) NOV 1 0 2014	∑	0.0					
8	9 1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) NOV 1 0 2014	χi -	82,917.6					
(B)	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,342.2					
'œr'	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 110, UT		13,605.0					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		99,864.9					
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.0					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.0					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	11,268.8					
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.0	0.00				
X	b b	- · · · · · · · · · · · · · · · · · · ·	.00	64 520 5	F.C. 200 25				
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	64,538.7					
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	75,807.5					
_ v	19	Revenue less expenses Subtract line 18 from line 12		24,057.3					
Net Assets or Find Ralances	20	Total assets (Part X, line 16)	86	eginning of Current Ye 622,603.6	_				
ASSE	21	Total liabilities (Part X, line 16)		1,875.3					
Net	22	Net assets or fund balances Subtract line 21 from line 20		620,728.3					
ΓĒ	art II	Signature Block		020//2010	0007210101				
Unc	der pena	ities of perjury Declare that I have examined this return, including accompanying schedule	s and statem	nents, and to the best o	f my knowledge and belief, it is				
true	, correc	t, and complete. Declaration of prepare (other than officer) is based on all information of wi	hich prepare	r has any knowledge.					
		Jany Wagan Wearin			30-14				
Sign Signature of Officer Date									
He	re	LARRY HADEN, PRESIDENT							
		Type or print name and title							
Print/Type preparer's name Preparer's synature Date Check X PTIN									
Paid RONALD W. FERDIG Self-employed P00103948									
Preparer Firm's name O'DONNELL FICENEC WILLS & HERDIG LLP Firm's EIN 47-0387937									
Use Only Firm's address 4815 SOUTH 107TH AVENUE									
	OMAHA, NE 68127-1904 Phone no. (402)592-3800								
	y the IF	RS discuss this return with the preparer shown above? (see instructions) 9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction			X Yes No Form 990 (2013)				
332	JU 10-21	erio — E i tot i aportioni ricagonon montionos, see nie separate insulacii			1 01111 200 (2010)				

	990 (2013) DOUGLAS COUNTY F			<u>47-0406434 </u>	Page 2
Par	t III Statement of Program Service Accomp	lishments			
	Check if Schedule O contains a response or note to	any line in this Part III			
1	Briefly describe the organization's mission:				
	PROGRAMS TO UNITE FARM AND RA	NCH FAMILIES A	ND BETTER THE	CONDITIONS	OF
	THOSE ENGAGED IN THE PURSUIT				
	THOOL BROWN IN THE TORBOTT	01 111111110 11112	144,01111101		
				· · · · ·	
	D. I.I.				
2	Did the organization undertake any significant program ser	vices during the year which	were not listed on	٠	[TE]
	the prior Form 990 or 990-EZ?			LJYes	X No
	If "Yes," describe these new services on Schedule O.				
3	Did the organization cease conducting, or make significant	changes in how it conducts	s, any program services?	└── Yes	X No
	If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomplishment	ents for each of its three larg	est program services, as m	easured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required				
	revenue, if any, for each program service reported			,	
40		including grants of \$) (Payanua		
44	INDUSTRY PROMOTION	including grants of \$		•	
	INDUSTRI PROMOTION				
	·				
			_		
	The state of the s				
					
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue	\$)
		-11-1			
					-
				· · · · · · · · · · · · · · · · · · ·	
					
			*		
				. 	
4c	(Code) (Expenses \$	including grants of \$) (Revenue	\$)
		-			
					
					
		·, ·, · · · · · · · · · · · · · · · · ·			
4d	Other program services (Describe in Schedule O)				
	(Expenses \$including grants of \$) (Revenue \$	١	
4e	Total program service expenses	······	, (-1010100 W		
46	Total program sorvice expenses		·· ·· · · · · · · · · · · · · · · · ·	Earni	990 (2013)
33200	2			Forms	(2013)

Porm 990 (2013) DOUGLAS COUNTY FARM BUREAU
Part IV 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	_1_		X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ı
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
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		_X_
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	_	<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-	i	v
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> X</u>
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	105		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	,a		
-	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		X
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	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		X
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	17		х
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		х
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		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

Form 990 (2013) DOUGLAS COUNTY FAR
Part IV Checklist of Required Schedules (continued)

				· ·
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No_
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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	1		
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		}
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	j	
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		l
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Ì
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		Х
00	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		^
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	 	 _
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		 	† • • •
.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?		1	
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	1
		Forn	ո 990	(2013

Form 990 (2013) DOUGLAS COUNTY FARM BUREAU 47-0406434 Page 5

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 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		į	ļ
	(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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		X
b	If "Yes," enter the name of the foreign country. ▶			1
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		<u>X</u> _
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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?	<u>6a</u>		X
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		X
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		}	- v
	to file Form 8282?	7c		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.	ļ	ł
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	
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?	7 <u>g</u> 7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	///		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		 -
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			1
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			
b	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		—
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С		-	<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					<u>IXI</u>		
Sec	tion A. Governing Body and Management							
		1	1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8					
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?							
3								
•	of officers, directors, or trustees, or key employees to a management company or other person?							
4								
5	Did the organization become aware during the year of a significant diversion of the organization's as		as med .	5		X		
	Did the organization become aware during the year of a significant diversion of the organization's as	36131		6	Х			
6	-			- 0-				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	_	3,			
	more members of the governing body?			7a	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:	1 1				
а	The governing body?			8a_	X	<u> </u>		
b	Each committee with authority to act on behalf of the governing body?			8b	_X_			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenu	e Code)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	haptei	s, 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 boo	dv befo	ore filing the form?	11a	Х			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,						
_								
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	a to coi	officte?	12a 12b		Х		
b				120				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res, u	escribe	40-		1		
	In Schedule O how this was done			12c		77		
13	Did the organization have a written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approve		ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,						
а	The organization's CEO, Executive Director, or top management official			15a		X		
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			}		
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	anızatıc	on's					
	exempt status with respect to such arrangements?	_		16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		 					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availab	le			
-	for public inspection. Indicate how you made these available. Check all that apply.	,	· // /··· / /					
	Own website Another's website X Upon request Other (explain	n in Sc	hedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		•	d finar	ncial			
13	statements available to the public during the tax year	JIIO	or interest policy, all	- midi	Joidi			
20	State the name, physical address, and telephone number of the person who possesses the books a	and roa	ords of the organiza	tion 🕨				
20	DOUGLAS COUNTY FARM BUREAU - 402 991-1433	and tec	ords or the organiza	alon				
	10835 COTTONWOOD LANE, OMAHA, NE 68164		·					
	TUGDO COTTONWOOD DANE, OFFARA, NE 00104							

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	I (do not check more than on			than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FRED TONACK	1.00								0.00	0 0
SECRETARY	1 00	X	<u> </u>			-	-	0.00	0.00	0.0
(2) DARLEEN TONACK	1.00	٠,,						0.00	0 00	0 0
BOARD MEMBER	1 00	X	├—		-	_	_	0.00	0.00	0.0
(3) RICHARD MUSEL	1.00	x						0.00	0.00	0.0
BOARD MEMBER	1.00		╁			+	H	0.00	0.00	0.0
(4) GERALD GOTTSCH BOARD MEMBER	1.00	x						0.00	0.00	0.0
(5) DORIS GOTTSCH	1.00					1				
BOARD MEMBER		X						0.00	0.00	0.0
(6) LARRY HADAN	10.00									
PRESIDENT		ļ		X			L	0.00	0.00	0.0
(7) RYAN UEBERRHEIN	7.00	4			1					
V, PRESIDENT		-		X				0.00	0.00	0.0
(8) MEL VALSEK	5.00	-		x				0.00	0.00	0.0
TREASURER		1	\vdash	^	├	+	 	0.00	0.00	0.0
		1					ļ			
						 				
		1								
		_			1					
		ļ.,	ļ		_	<u> </u>	_	 		
		4	}							
		-	-	-	╀	-	-	 		<u> </u>
		4		1						
		+	\vdash	├	┼-	+	-			
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		7			1					

Form 990 (2013)

Form 990 (2013) DOUGLAS	COUNTY	FAI	RМ	BI	TRI	EAT	Ţ		47-0406	434	Page 8
Part VII Section A. Officers, Directors, Tru	stees. Kev Em	plov	ees	. an	d H	ahe	st C	ompensated Employee	es (continued)		· cgs ·
(A)	(B)				<u>2)</u> C)	<u> </u>		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estim	•				
•	hours per					than is bot		compensation	compensation	amou	
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	oth	er
	(list any	ector						the	organizations	comper	sation
	hours for	o de	يو			ated		organization	(W-2/1099-MISC)	from	
	related	stee	trusti e e e					(W-2/1099-MISC)		organi	
	organizations below	the organizations (W-2/1099-MISC) We amployee organization (W-2/1099-MISC) To muck the organization (W-2/1099-MISC)							and re		
	line)	Individu Officer Key emj Former								organiz	ations
									 		
		1		l	ĺ	<u> </u>					
	·- 		 			 -					
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	 	_	-								
			ļ								
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			-								
<u> </u>					-	ļ	_			 	
		1								ļ	
1b Sub-total		ــــــــــــــــــــــــــــــــــــــ	-			1,		0.00			0.00
c Total from continuation sheets to Part	VII, Section A						ightharpoonup	0.00			0.00
d Total (add lines 1b and 1c)								0.00	0.00	<u> </u>	0.00
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportable		
compensation from the organization								····			0
3 Did the organization list any former office	r director ortm	ueta	0 k	o	mple	waa	or	highest compensated a	molovee on	Ye	s No
line 1a? If "Yes," complete Schedule J for			C, N	Jy Ci	пріс	усс	, 01	riigi lest compensated el	inployee on	3	x
4 For any individual listed on line 1a, is the			amo	ens	atioi	n and	d ot	her compensation from	the organization		 ==
and related organizations greater than \$1								· ·		4	x
5 Did any person listed on line 1a receive o									dual for services		
rendered to the organization? If "Yes," co										5	x
Section B. Independent Contractors											
Complete this table for your five highest of	compensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of compens	sation from	n
the organization Report compensation for	-										
(A) Name and busines	ss address	N	ON	F:				(B) Description of s	ervices	(C) Compensa	ition
			<u> </u>							· · ·	
								<u></u>			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2013)

Form 990 (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 révenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 88,532.49 88,532.49 813910 2 a MEMBERSHIP DUES Program Service Revenue f All other program service revenue 88,532.49 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,506.63 3,506.63 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents 20,697,05 ,075.45 **b** Less rental expenses c Rental income or (loss) 12,621,60 12,621.60 12,621.60 d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b **b** Less direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 104,660.72104,660.72 0.00 0.00 Total revenue See instructions 332009 10-29-13

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respons		his Part IX	1 (0)	
	not include amounts reported on lines 6b, 8b, 9b, 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	Benefits paid to or for members		<u> </u>		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified	ï	<u></u>		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,004.50			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	807.36			
11	Fees for services (non-employees)				
а	Management				
b	Legal	652.50			
С	Accounting	2,427.53			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				·
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	,			
12	Advertising and promotion				
13	Office expenses	678.39		-	
14	Information technology			-	
15	Royalties	- 14 505 50			
16	Occupancy	11,686.70			
17	Travel	868.61			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11 446 34			
19	Conferences, conventions, and meetings	11,446.34			
20	Interest			 	· · · ·
21	Payments to affiliates	770.14		 	
22	Depreciation, depletion, and amortization	747.00			
23	Insurance Charge expanses not covered	747.00			
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	INDUSTRY PROMOTION	25,053.35		<u> </u>	
b	TELEPHONE	1,569.31			
С	POSTAGE	243.76			
d		114.10			
е	All other expenses	70.62			
25	Total functional expenses Add lines 1 through 24e	67,140.21		-	
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 to the following SOP 98-2 (ASC 958-720)	İ			

Par	t X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
	,	•	(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing	66,281.60	1 56,419.69
	2	Savings and temporary cash investments	212,010.75	2 258,975.51
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary		
γ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6
Assets	7	Notes and loans receivable, net	4 5 000 00	7 13,000.00
As	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges		9
	10a	Land, buildings, and equipment cost or other		
		basis Complete Part VI of Schedule D 10a 386, 158.47		
	ь	Less accumulated depreciation 10b 55,346.24	325,711.25	oc 330,812.23
	11	Investments - publicly traded securities		11
	12	Investments - other securities See Part IV, line 11		12
	13	Investments - program related See Part IV, line 11	†	13
	14	Intangible assets		14
	15	Other assets See Part IV, line 11		956.68
	16	Total assets. Add lines 1 through 15 (must equal line 34)		660,164.11
	17	Accounts payable and accrued expenses		17
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities	2	20
	21	Escrow or custodial account liability Complete Part IV of Schedule D	2	21
S	22	Loans and other payables to current and former officers, directors, trustees,		
ij		key employees, highest compensated employees, and disqualified persons		
Liabilities		Complete Part II of Schedule L		22
=	23	Secured mortgages and notes payable to unrelated third parties	2	23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24) Complete Part X of		
		Schedule D	1,875.30 2	
	26	Total liabilities. Add lines 17 through 25	1,875.30 2	26 1,915.30
		Organizations that follow SFAS 117 (ASC 958), check here X and		
es	1	complete lines 27 through 29, and lines 33 and 34.	1	
auc	27	Unrestricted net assets	620,728.30 2	658,248.81
3ali	28	Temporarily restricted net assets	2	28
ΡĘ	29	Permanently restricted net assets	2	29
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here		
6		and complete lines 30 through 34.		
ets	30	Capital stock or trust principal, or current funds		30
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31
et.	32	Retained earnings, endowment, accumulated income, or other funds		32
2	33	Total net assets or fund balances		658,248.81
	34	Total liabilities and net assets/fund balances	622,603.60	<u>34 660,164.11</u>

Form 990 (2013)

	990 (2013) DOUGLAS COUNTY FARM BUREAU	47-04	06434	Pac	_{re} 12			
Pa	t 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	104,	660	.72			
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,					
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37, 620,					
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		0	.00			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	658,	248	.81			
Pa	t 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. X Cash Accrual Other				Ì			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		Ì	İ			
2a								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,						
	consolidated basis, or both				ĺ			
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			1			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ_			
			Form	990	(2013)			

10-29-13

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public 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

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

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

● Se	ction 501(c)(4), (5), or (6) organiza	tions: Complete Part III		. <u> </u>			
Name	of organization			Empl	ployer identification number		
	DOUGLAS	COUNTY FARM BUR	EAU		47-0406434		
Part	I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.		
2 P	rovide a description of the organiz olitical expenditures olunteer hours	zation's direct and indirect politic	al campaign activities				
•	0,4,1,6,5,1,6,4,6						
Part	I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	<u> </u>		
1 E	nter the amount of any excise tax			▶\$			
	nter the amount of any excise tax			_			
3 If	the organization incurred a section	in 4955 tax, did it file Form 4720	for this year?		Yes No		
4a V	las a correction made?				Yes No		
	"Yes," describe in Part IV						
	` `	ganization is exempt und		·	c)(3).		
1 E	nter the amount directly expended	d by the filing organization for se	ction 527 exempt fund	tion activities > \$			
_	nter the amount of the filing organ	ization's funds contributed to ot	her organizations for s	ection 527			
	xempt function activities			▶\$			
	otal exempt function expenditures	s Add lines 1 and 2 Enter here a	ind on Form 1120-POL	-ı			
	ne 17b			> \$	Yes No.		
	old the filing organization file Form	· · · · · · · · · · · · · · · · · · ·	N) of all anathon 507 a	-141			
	nter the names, addresses and er nade payments For each organiza						
	ontributions received that were pr						
	olitical action committee (PAC) If				0 0		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
	(a) Hamo	(5) / (55)	(0) 2	filing organization's	contributions received and		
				funds If none, enter ·0-	promptly and directly delivered to a separate		
					political organization. If none, enter -0		
			-		ļ		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013 DOU Part II-A Complete if the organiz	ation is exe	INTY FARM BU	REAU n 501(c)(3) and file	47 – d Form 5768	0406434 Page 2
(election under section	501(h)).				
A Check 🕨 🔲 if the filing organization b	elongs to an aff	iliated group (and list in	Part IV each affiliated o	group member's nai	me, address, EIN,
expenses, and share of e	xcess lobbying	expenditures)			
B Check 🕨 🔛 if the filing organization c	<u>necked box A a</u>	nd "limited control" pro	visions apply.		
Limits on (The term "expenditure	Lobbying Expe s" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	nublic opinion ((grass roots lobbying)			
b Total lobbying expenditures to influence	•				
- · · · · · · · · · · · · · · · · · · ·	-	ay (ander loop) mg/	-		
	a and 1b)				
 d Other exempt purpose expenditures e Total exempt purpose expenditures (add 	Llines 1c and 1	4)			
f Lobbying nontaxable amount Enter the		·	h columns		
If the amount on line 1e, column (a) or (b) is		bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,00		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000	,000			Ì
g Grassroots nontaxable amount (enter 25					
h Subtract line 1g from line 1a If zero or le			-		
i Subtract line 1f from line 1c If zero or le					
j If there is an amount other than zero on	either line 1h or	line 1, did the organiz	ation file Form 4720		г ., г.,
reporting section 4911 tax for this year?					Yes No
	s that made a s		Section 501(h) n do not have to comp es 2a through 2f on pag		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
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))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
4. Organizate labbuma expanditures					!

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 DOUGLAS COUNTY FARM BUREAU 47-0406434 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
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				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1	1)2			
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?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?	ļ			
Total. Add lines 1c through 1i	<u> </u>			<u> </u>
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		-		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)	(5) or se	ction	
Part III-A Complete if the organization is exempt under section 501(c)(4), 501(c)(6).				
	·		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3 Did the organization agree to carry over lobbying and political expenditures from the prior ye Part III-B Complete if the organization is exempt under section 501(c)(4)	ar?	3		X
answered "Yes." 1 Dues, assessments and similar amounts from members	of political	1		
a Control of CO/s) and advertible labely and political avecable tree (de matematical amounts)	oi political			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts				
expenses for which the section 527(f) tax was paid).		22		
expenses for which the section 527(f) tax was paid). a Current year		2a		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year		2b		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	dues			
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)		2b 2c		
expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	f the excess	2b 2c		
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

Inspection

Department of the Treasury Internat Revenue Service Name of the organization

DOUGLAS COUNTY FARM BUREAU

Employer identification number 47-0406434

OMB No 1545-0047

Par	t I Organizations Maintaining Donor Advised		Is or Accounts. Complete if the
	organization answered "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	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor adv	used funds
•	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor ad-		
U	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?	donor advisor, or for any other purpos	Yes No
Par		nization answered "Yes" to Form 990	
			Tare 14, mile 7
1	Purpose(s) of conservation easements held by the organization		istorically important land area
	Preservation of land for public use (e.g., recreation or ed	· —	ertified historic structure
	Protection of natural habitat	Preservation of a ce	ittiled historic structure
_	Preservation of open space	al a company and a company and a company and a company and a company and a company and a company and a company	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fort	n of a conservation easement on the last
	day of the tax year		Hald at the Feed of the Ton Vers
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	•		2b
C			2c
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic stru	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by t	he organization during the tax
	year >		
4	Number of states where property subject to conservation ease		_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling c	
	violations, and enforcement of the conservation easements it l		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and el	nforcing conservation easements duri	ng the year > \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	es the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	0 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	bition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items	
b	If the organization elected, as permitted under SFAS 116 (ASC	0 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit	ucation, or research in furtherance of p	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		► \$ ► \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	
_	the following amounts required to be reported under SFAS 11		
а	D		> \$
b	A Lind of Forms 000 Post V		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 DOUGLAS	COUNTY FA	RM B	UREAU				47-04	06434	Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	r Oth	er Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t are a s	ignificant	use of its	collection if	tems
	(check all that apply)									
а	Public exhibition	d	ı 🔲 1	Loan or exc	change progra	ıms				
b	Scholarly research	e			J 1 J -					
c	Preservation for future generations	_						· · · · · ·		
4	Provide a description of the organization's co	ellections and explai	n how th	ev further t	the organization	nn's exe	mot nuro	ose in Par	t XIII	
5	During the year, did the organization solicit or							000 α.	. , , , , ,	
J	to be sold to raise funds rather than to be ma					or Sirrina	1 433613	_	Yes	☐ No
Pai	t IV Escrow and Custodial Arrange					Voc" to	Form 000	Doct W		NO
1 41	reported an amount on Form 990, Par		ete ii tile	organizatio	JII alisweled	162 10	roilli 990	o, rait iv, i	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets no	included	_	٦	<u> </u>
	on Form 990, Part X?								」Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
							ļ		Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	212						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII			on has beer	n provided in 8	Part XIII				一
Par							10	•		
L.,		(a) Current year		rior year	(c) Two year			years back	(e) Four ye	ears back
4_	Reginning of year balance	(a) Ourient year	(6)	nor year	(C) TWO year	3 Duck	(d) Triice	yours back	(e) rour y	Jai S Dack
1a	,		<u> </u>		 				 	
b	Contributions				 					
С	Net investment earnings, gains, and losses								-	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		ļ							
f	Administrative expenses				<u> </u>					
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column ((a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment									
_	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%								
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	red for	the organ	ızatıon		
oa		50.5 5. 1 5.ga							[v	es No
	(i) unrelated organizations								3a(ı)	
	•									
	(ii) related organizations	hotod oo roomus d	n Cober	dula Do					3a(ii)	
	If "Yes" to 3a(ı), are the related organizations								_3b	
4	Describe in Part XIII the intended uses of the		owment	tunas						
ra	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered			_ ··· ·· · · · · · · · · · · · · · · ·	-					
	Description of property	(a) Cost or o			t or other		Accumulat	1	(d) Book	value
		basis (investi			(other)	de	preciation	<u> </u>		
1a	Land	32,50	0.00	32	,500.00	· · · · · ·			65,0	00.00
	Buildings	151,98	7.41	151	,987.41	4	0,958	3.39	263,0	16.43
c	Leasehold improvements				,183.65		4,387			95.80
4	Equipment									
	Other			<u> </u>					-	
-	I. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X colur	nn (B) line	10(c) 1				330,8	12 23
rota	i van illes la miondi le loginili la lungi e	quai i oiiii 330, r dil	n, colul.	יייי וווול, וווול	, 5, 6/ /					<u> </u>

Schedule D (Form 990) 2013

						_
Schedule D) (Form 990) 2013	DOUGLAS	COUNTY	FARM	BUREA	41

(a) Description of security or category (including name of security)	(b) Book value	1b See Form 990, Part X, lin- (c) Method of valuation	Cost or end-of-year market value
Financial derivatives	1-7	7-7	
Closely-held equity interests			
Other			
(A)			
(B)			· · · · · · · · · · · · · · · · · · ·
(C)			****
(D)			
(E)			
(F)			
(G)			
(H)			
otal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes"	to Form 900 Part IV line 1	1c See Form 990 Part Y lin	
(a) Description of investment	(b) Book value		Cost or end-of-year market value
<u>```</u>	(5) 2001.12.00	(0)	
(1)			
(3)			
(4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)			
(9) otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. Complete if the organization answered "Yes"		11d See Form 990, Part X, lin	
(a)	Description		(b) Book value
	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Sotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	e 15)	11e or 11f See Form 990 Pa	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	le 15) to Form 990, Part IV, line		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability	le 15) to Form 990, Part IV, line	11e or 11f See Form 990, Pa (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	le 15) to Form 990, Part IV, line	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES	le 15) to Form 990, Part IV, line	(b) Book value 501.00	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES (3) SECURITY DEPOSITS	le 15) to Form 990, Part IV, line	(b) Book value	
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES (3) SECURITY DEPOSITS (4) (5) (6) (7)	le 15) to Form 990, Part IV, line	(b) Book value 501.00	
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES (3) SECURITY DEPOSITS (4) (5) (6) (7) (8) (9)	e 15) to Form 990, Part IV, line	(b) Book value 501.00 1,414.30	
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) PAYROLL TAX LIABILITIES (3) SECURITY DEPOSITS (4) (5) (6) (7) (8)	e 15) to Form 990, Part IV, line	501.00 1,414.30	rt X, line 25

332053 09-25-13

	dule D (Form 990) 2013 DOUGLAS COUNTY FARM BURI	EAU	47-0406434 Pag	le 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a		
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		
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	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part 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			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
	Other (Describe in Part XIII)	ן אדין		
C	Other (Describe in Part XIII) Add lines 4a and 4b	<u> </u>	4c	
	Add lines 4a and 4b		4c 5	
c 5	,		-	
5 Pa	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
5 Pa Prov	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	, Part IV, lines 1b and 2b,	5	
5 Pa Prov	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b,	5	
5 Pa Prov	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b,	5	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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.

► 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.

2013
Open to Public

Open to Public Inspection

Name of the organization

Employer identification number

DOUGLAS COUNTY FARM BUREAU 47-0406434 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FARMING AND RANCHING FORM 990, PART VI, SECTION A, LINE 2: EXPLANATION: OF THE 8 VOTING OFFICERS AND BOARD MEMBERS 2 ARE HUSBANDS AND WIVES FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: ACTIVE MEMBERS AND ASSOCIATE MEMBERS. ASSOCIATE MEMBERS ARE NOT ENTITLED TO VOTE OR HOLD ELECTIVE OFFICE. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: NOMINATING COMMITTEE MAKES NO LESS THAN 2 NOMINATIONS FOR ELECTED AT ANNUAL MEETING BY MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: THE PRESIDENT IS RESPONSIBLE FOR REVIEWING THE FORM 990 BEFORE SIGNING FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE TO PUBLIC UPON INQUIRY