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Form **990-EZ** 

## **Short Form 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 1545-1150 2013

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A F	or the	2013 calenda	er year, or tax year beginning	October 1	, 2013, and ending	Sep	tember 30	, 20 14		
	_	Check if applicable:		C Name of organization	·····		D Empl	oyer Identifica	don number		
		Address c						93-0495113			
		Name cha	inge	Number and street (or P.O. box, if mail is not d	lelivered to street address)	Room/suite	E Telep	hone number	<del></del>		
		Initial retui	1	1215 NW ADAMS ST.		С		503-472-	9123		
	=	Terminate		City or town, state or province, country, and Z	P or foreign postal code		F Grou	F Group Exemption			
	=	Amended Analicatio	return n pending	MCMINVILLE, OR 97128-3456				Number ▶			
			ing Method:	✓ Cash	<i>(</i> ) ▶		H Check I	Check ▶ ☑ If the organization is no			
		I Website: ► NONE				required to attach Schedule B					
							-	90, 9 <mark>90-EZ,</mark> o			
		K Form of organization: Corporation Trust Association Other AGRICULTURAL C						GANIZATION			
				7b, to line 9 to determine gross receipts. I							
	(Par	t II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 inst	tead of Form 990-EZ			<u>▶</u> \$ 94,79			
.50	P	art I	Revenu	e, Expenses, and Changes in No	et Assets or Fund	Balances (see th	ne instruc	tions for P	art I)		
3jnZ				the organization used Schedule O							
		1		ns, gifts, grants, and similar amounts				1	0		
0°0 ;-≓		2		ervice revenue including government				2	14,956		
		3	_	p dues and assessments				3	79,790		
7. 75		4	Investment	income				4	48		
		5a	Gross amo	unt from sale of assets other than inv	rentory	5a					
SCANNED		b	Less: cost	or other basis and sales expenses .		5b					
Z		с	Gain or (los	ss) from sale of assets other than inve	entory (Subtract line s	5b from line 5a) .		5c	0		
		6	_	d fundraising events							
3	_	а		ome from gaming (attach Schedul	le G if greater tha	an .					
ŰZ,	ž		\$15,000)								
	Revenue	b	Gross income from fundraising events (not including \$ of contributions								
			from fundraising events reported on line 1) (attach Schedule G if the								
			sum of such gross income and contributions exceeds \$15,000) 6b								
		C		t expenses from gaming and fundrais		6c					
		d						-			
			line 6c)					6d	0		
		7a	Gross sales of inventory, less returns and allowances								
		Ь		of goods sold		7b		_			
		C		t or (loss) from sales of inventory (Sul				7c	0		
		8						8	0		
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a			•	9	94,794		
		10		similar amounts paid (list in Schedule	· —————			10	13,645		
		11	•	id to or for members	11 - 10	RECEIVED		11	0		
	Se:	12 13		her compensation, and employee be al fees and other payments to indepe			100 I	12	0		
	Expenses			rent, utilities, and maintenance .	indent contractors .	FEB 5 2015	. 0	14	2657		
		14 15				1.20 . 4 2015	· မြွှဲ့	15	2941		
		16						16	2185		
		17		nses. Add lines 10 through 16	· · · · · · · · · · · · · · · · · · ·	ogden; u		17	70,952		
		18		deficit) for the year (Subtract line 17 f	<u> </u>			18	92,380		
	क्	19		or fund balances at beginning of ye		· · · · · · · · · · · · · · · · · · ·	oe with	10	2414		
	SS	.		r figure reported on prior year's return		· · · · · · ·	CC WILL	19	470 400		
	Net Assets	20	-	ges in net assets or fund balances (e.			• •	20	179,498		
	ž	21		or fund balances at end of year. Com	•	•		21	20,732		
	For			on Act Notice, see the separate instruc		Cat No. 106421			202,644 990-EZ (2013)		
	. 01	- abell	., J. N. 1 100000	ocparate illoude		Val NO. 100421		1 01111	(CUIS)		

Form	990-EZ	(2013)

Page 2

Da	t II Balance Sheets (see the instructions	o for Dort (I)		<del></del>		
Fa	Check if the organization used Schedu		europäise is ähis	Down II		
	Check if the organization used Schedu	ile O to respond to a	ny question in this		<del></del>	(D) 5 - d - d
	One by a section of the section of t			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			179,498		202,644
23	Land and buildings			<del></del> _	23	<del></del>
24	Other assets (describe in Schedule O)				24	<del>-</del>
25	Total assets			179,498		202,644
26	Total liabilities (describe in Schedule O) .	(70)		<del></del>	26	
27	Net assets or fund balances (line 27 of colum			179,498	27	202,644
Par						Expenses
	Check if the organization used Schedu	le O to respond to a	ny question in this	Part III		uired for section
Wha	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
Desc	ribe the organization's program service accomp	olishments for each o	f its three largest p	orogram services,		rizations and section (a)(1) trusts, optional
as m	neasured by expenses. In a clear and concise	manner, describe the	e services provide	d, the number of		thers.)
	ons benefited, and other relevant information for	each program title.		· · · · · · · · · · · · · · · · · · ·		<del></del>
28						
			***************************************			
	(Grants \$ ) If this amount	nt includes foreign gra	ints, check here .	<b>▶</b> □	28a	
29						
	(Grants \$ ) If this amount	nt includes foreign gra	ints, check here .	<u> ▶ □</u>	29a	
30						
					İ	
	(Grants \$ ) If this amount	nt includes foreign gra			30a	
31	Other program services (describe in Schedule O	)				
	(Grants \$ ) If this amoun	nt includes foreign gra	ints, check here .	▶ 🗀	31a	
32	Total program service expenses (add lines 28				32	
Par					nstruc	tions for Part IV)
	Check if the organization used Schedu	le O to respond to a		Part IV	<u> </u>	<u> </u>
		(b) Average	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to employ</li></ul>	20 (0)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC			ther compensation
		devoted to position	(If not paid, enter -0-)	deferred compensation	n	·
JERR	Y MANN, 7220 NE CROSSCREEK RD.					
DUNI	DEE, OR 97115	PRESIDENT, 4 HRS				
PIEP	ER SWEENEY, 7175 SE WALLACE RD.	]				
	ON, OR 97114	VICE PRESIDENT,				
		4HRS.				
ANN	MARIE SCHMIDT, 7580 NE HENDRICKS RD.	SECRETARY/				
CARI	.TON, ORE 97111	TREASURER 3 HRS	\$2657		l.	
						···
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			II			
		<del> </del>		<del>                                     </del>	+	

Part	· · · · · · · · · · · · · · · · · · ·			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		7
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	-		,
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b	<b></b> -	/
•••	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	4		1
ь 40а	Gross receipts, included on line 9, for public use of club facilities	-	İ	
700	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		1
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ► OREGON			
42a		503-47		
ь	Located at ► 1215 NW ADAMS, MCMINNVILLE, OR  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	9/128	-3456 Yes	
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		7
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. !	<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		132	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a	<u> </u>	✓
ь	completed instead of Form 990-EZ	44b	-	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
đ	explanation in Schedule O	44d	ł	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>                                     </del>	<b> </b>
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1
		,		. ▼

Ves Note of the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
All section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  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  Is the organization a school as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described in section 170(b)(1)(A)(iii)? if "Yes," complete Schedule E 48    Is the organization as chool as described organization in the section 50 (b) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  7 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 .  8 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 48 .  9 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 48 .  9 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 48 .  9 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 48 .  9 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 48 .  9 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 48 .  9 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 48 .  9 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E . 48 .  9 Is the organization in effect during the tax year.  9 Is the organization in effect during the tax year.  9 Is the organization in effect during the tax.  9 Is the organization in effect during the tax.  9 Is the organization in effect during the tax.  9 Is the organization in effect during the tax.  9 Is the organization in effect during the tax.  9 Is the organization in effect during the tax.  1
50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI  7 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  8 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  9 Id the organization make any transfers to an exempt non-charitable related organization?  10 If "Yes," was the related organization a section 52 organization?  11 If "Yes," was the related organization as section 52 organization?  12 If "Yes," was the related organization as exemption of compensated employees (other than officers, interiors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  12 If yes, "was the related organization as exemption of compensation from the organization. If there is none, enter "None."  13 If yes, "was the related organization as the highest compensation from the organization. If there is none, enter "None."  14 If yes, "complete Schedule A is a exemption of compensation from the organization. If there is none, enter "None."  15 If yes, "make yet and the organization of the organization of the organization of the organization. If there is none, enter "None."  16 If yes, "make yet and yet any organization of the organization of the organization of the organization. If there is none, enter "None."  17 If the properties of the organization of the organizati
Check if the organization used Schedule O to respond to any question in this Part VI  Total 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  B Is the organization make any transfers to an exempt non-charitable related organization?  B Is the organization make any transfers to an exempt non-charitable related organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and kemployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per week develved in position of the production to employee of the compensation from the organization. If there is none, enter "None."  1 Total number of other employees paid over \$100,000  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (e) Compensation  Organization compensation  (e) Compensation  Organization contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000
Part   Part
year? If "Yes," complete Schedule C, Part II 48    47    48    48    48    48    48    49
a is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E
If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and ke employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation  (c) Reportable compensation  (d) Heefit bareffs, obtenification to the organization of their compensation  (e) Reportable compensation  (forms W-2/1099-MISC)  (b) Average hours per week devoted to position  (c) Reportable compensation  (d) Heefit bareffs, obtenification to the organization of their compensation  (e) Reportable compensation  (forms W-2/1099-MISC)  (d) Heefit bareffs, obtenification to the organization of their compensation  (e) Reportable compensation  (forms W-2/1099-MISC)  (e) Estimated amount of other compensation  (forms W-2/1099-MISC)  (formpensation  (forms W-2/1099-MISC)  (
Complete this table for the organization's five highest compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable compensation (Forms W-2/1099-MISC)  (d) Health benefits, contributions to employee benefit plans, and defered compensation (Forms W-2/1099-MISC)  (e) Estimated amount of other compensation of their compensation of their compensation of the received more than \$100,000 or compensation from the organization. If there is none, enter "None."  (e) Name and business address of each independent contractor  (f) Health benefits, contributions to employee benefit plans, and deferred compensation of their compensation of their compensation. If there is none, enter "None."  (g) Name and business address of each independent contractor  (h) Type of service  (g) Compensation  (g) Compensation  (g) Compensation  (g) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and title of each employee    (b) Average hours per week devoted to position   (c) Reportable compribations to employee benefit plans, and deferred compensation   (e) Reportable compribations to employee benefit plans, and deferred compensation   (e) Estimated amount of other compensation   (e) Reportable   (e) Estimated amount of other compensation   (e) Estimated amount of other com
(a) Name and title of each employee bound forms weak devoted to position (Forms W-2/1099-MISC)  (b) Average hours per week devoted to position (Forms W-2/1099-MISC)  (c) Reportable compensation (combinations to employee benefit plans, and deferred other compensation of their compensati
(a) Name and title of each employee    Name and title of each employee   Nours per week devoted to position   Nours per we
f Total number of other employees paid over \$100,000
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? <b>Note.</b> All section 501(c)(3) organizations and 4947(a)(1)
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? <b>Note</b> . All section 501(c)(3) organizations and 4947(a)(1)
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? <b>Note</b> . All section 501(c)(3) organizations and 4947(a)(1)
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? <b>Note</b> . All section 501(c)(3) organizations and 4947(a)(1)
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? <b>Note</b> . All section 501(c)(3) organizations and 4947(a)(1)
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? <b>Note</b> . All section 501(c)(3) organizations and 4947(a)(1)
Complete this table for the organization's five highest compensated independent contractors who each received more that \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000 ▶  Did the organization complete Schedule A? <b>Note</b> . All section 501(c)(3) organizations and 4947(a)(1)
2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
nonexempt charitable trusts must attach a completed Schedule A
der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and celief, it is a correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
gn Signature of officer Sanuthy 51, 40
Signature of officer  ANN MARIE SCHMIDT, SECRETARY/TREASURER
Signature of officer  ANN MARIE SCHMIDT, SECRETARY/TREASURER  Type or print name and title  Preparer's signature  Date  Proparer's signature
Signature of officer  ANN MARIE SCHMIDT, SECRETARY/TREASURER  Type or print name and title
2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
2 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1)
nonexempt chantable trusts must attach a completed schedule A

## '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

2013

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

YAMHILL COUNTY FARM BUREAU	93-0495113
LINE #10 COLLEGE SCHOLARSHIPS \$3750	
CANDIDATES FORUM \$95	
FOOD BANKS \$600	
OSU EXTENSION \$1000	
OREGON FARM BUREAU LEGAL FUND \$1300	
WOMEN'S ADVISORY COUNCIL \$375	
AG-FEST \$250	
CENTURY FARM PROGRAM \$100	
WESTERN RESOURCES LEGAL FOUNDATION \$2000	
SUMMER AG INSTITUTE \$600	
AG IN THE CLASSROOM \$100	
YOUNG FARMER & RANCHERS \$33	
4H/FFA \$2443	
GOOD NEIGHBOR FARMERS PAC \$1,000	
LINE 16 ANNUAL MEMBERSHIP MEETING \$1436	
BOARD EXPENSE \$1551	
OFBF STATE CONVENTION \$1690	
DUES EXPENSE \$66,275	
LINE 20 - GAIN IN MUTUAL FUNDS \$20,732	