Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public

2018

	rnal Revenu		► Go to www.irs.gov/Form990 for instructions and the lates	t information.	1908	Inspection	on
Α	For the	2018 cale	ndar year, or tax year beginning g ₋₁ , 2018, and end	-31	, 20 19		
В	Check if a	applicable	C Name of organization Canadian County Farm Bureau		D Employ	er identification nun	nber
	Address o	hange	Doing business as			73-0628951	
	Name cha	ange	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telepho	ne number	
7	Initial retu	rn	P.O.Box 1148		405-262-1295		
╗		/terminated	City or town, state or province, country, and ZIP or foreign postal code			100 202 1200	
\exists	Amended		El Reno, OK 73036		G Gross re	eceints \$ 235	5,645.65
=		•	F Name and address of principal officer David VonTungeIn	H/a) is this a ri		subordinates? Yes	
			120 S Heaston Rd. , Calumet OK 73014	1		s included? Yes	
 i	Tax-exem		□ 501(c)(3) □ 501(c) (5) ◄ (insert no) □ 4947(a)(1) or □ 527(a list (see instructions	
J	Website		□ 301(0)(0) □ 301(0)(3) 4 (IIISERTIO) □ 4341(a)(1) 01 □ 321	H(c) Group		•	•
<u>-</u>			✓ Corporation ☐ Trust ☐ Association ☐ Other ►	·		of legal domicile	OK
	art I	Summ		1342	, w. Otato	or regar dorniero	<u> </u>
			scribe the organization's mission or most significant activities: Agric	ultural Membe	rshin Ord	anization	
ė	' '	silony de			i ship Oig	Janization	
Governance	-						
Ĕ	2 (Check the	s box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	ite not accete	·
Š			from the country of t		10 00	its het assets.	•
S.	4	Number o	of voting members of the governing body (Part VI, line 1a). of independent voting members of the governing body (Part VI, line 1a)	FIVED	13		8
es -	5	Total pur	short of individuals amplicated in colon day year 0010 (Both).	37	78 12 		8
Ę	ן י	otal Hull	nber of individuals employed in calendar year 2018 (Part V, line 2a)	. מלחל אידי	18/5		0
Activities &	,		nber of volunteers (estimate if necessary)	1 4 2020	16/2		
ď	1		elated business revenue from Part VIII, column (C), line 12	·			,144.45
	b	vet unrei	ated business taxable income from Form 990-T, line 38	DEN U	7b		,623.55
	١,	.			ar	Current Year	
Revenue			ions and grants (Part VIII, line 1h)	4	3,778.50	68	,195.00
	1	-	service revenue (Part VIII, line 2g)				
È	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)		5.41		2.25
_	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26	3,370 53	151	,436.23
			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30	7,154.44	219	,633.48
			d similar amounts paid (Part IX, column (A), lines 1-3)				
			oald to or for members (Part IX, column (A), line 4)	1	0,883.96	3	,528.05
S	15 8	Salaries, c	other compensation, employee benefits (Part IX, column (A), lines 5–10)	21	9,595.72	107	,312.78
Expenses	16a F	Profession	nal fundraising fees (Part IX, column (A), line 11e)		Ĭ		
ĝ	b 7	otal func	fraising expenses (Part IX, column (D), line 25) ▶				
ώ	17 (Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	9	7,991.72	97	,157.39
	18 T	otal expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32	8,471.40		,998.22
	19 F	Revenue I	ess expenses. Subtract line 18 from line 12		1,316.96)		,635.26
e s				Beginning of Cur		End of Year	
sets alan	20 T	otal asse	ets (Part X, line 16)	36	4,298.06	328	,903.23
Net Assets or Fund Balances	21 T	otal liabi	lities (Part X, line 26)		3,868.65		,838.56
چَ	22 N	let assets	s or fund balances. Subtract line 21 from line 20		0,429.41		,064.67
Pa	art II	Signati	ure Block				
ψnα	der penalti	es of perjur	y, I declare that I have examined this return, including accompanying schedules and state	ements, and to th	e best of m	ny knowledge and be	alief, it is
true	e, correct, a	and comple	te Peclaration of preparer (other than officer) is based on all information of which prepare	er has any knowle	edge	,	
<u>י</u>		6	Sand Va Ja v		1.3.	2020	
}ig	ın	Signa	ture of officer	Dat	е		
<u>f</u> ei	re		NVIA VON IUNAUN HYP.	sident			
,		Туре	or print name and title	01000110			
ai	 id	Print/Typ	e preparer's name Preparer's signature 0	ate	Charl F	PTIN	
		Laura M		2-20-19	Check L self-emp	_ (
	eparer	Firm's na			's EIN ▶	73-0382001	
JS	e Only		dress ► 2501 N. Stiles, OKC, OK 73105			405-523-2300	
Firm's address ► 2501 N. Stiles, OKC, OK 73105 Phone no 405 May the IRS discuss this return with the preparer shown above? (see instructions)						V Yes	
				No 11292V	<u> </u>	Form 99	
٠.	. 4,50,000		Cat I	No 11282Y		iloni/aa.	(4UIO)

Part		t of Program Service	Accomplishments esponse or note to any line in this l	Part III					
1		the organization's mission		, arm	· · · · ·				
•	-								
,									
2			ficant program services during the y		Yes ☑ No				
		e these new services on							
3		ation cease conducting	, or make significant changes in		⊒Yes ☑No				
	If "Yes," describ	e these changes on Sch	edule O.						
4		_	vice accomplishments for each of it	s three largest program services, a	as measured by				
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,								
	the total expens	es, and revenue, if any, f	or each program service reported.						
4a	(Code ⁻) (Expenses \$	including grants of \$) (Revenue \$)				
		•••••••							
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)				
		•••••							
	,								
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)				

		,							
			•••••						

		••••••							
		••	•						
	***************************************			·····					
		•••••							
4d	Other program s	ervices (Describe in Sch	edule O.)						
-	(Expenses \$	including gr		. \$					
4e		ervice expenses >	, (· · · · · · · · · · · · · · · · · · ·					

Part iV **Checklist of Required Schedules** Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 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 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes." complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	Checklist of Required Schedules (continued)		,	
`	P. III.		Yes	No
22 .	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		1
Part	- · · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V	· ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	2.76	2	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	2,4		
	reportable gaming (gambling) winnings to prize winners?	1c		1

Form **990** (2018)

Part ^e	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	-			_
				Yes	No
` 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			S. v
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b		✓
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	tructions)		33	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3a	1	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S	chedule O .	3b	✓	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or otl	ner authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	· ·		100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a	ļ	/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	er transaction?	5b	<u> </u>	1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	ļ	1
6a	Does the organization have annual gross receipts that are normally greater than \$100,0			1	_
	organization solicit any contributions that were not tax deductible as charitable contributions		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or		ŀ	١,
_	gifts were not tax deductible?		6b	hit is the mail	√
7	Organizations that may receive deductible contributions under section 170(c).		13.00		To the
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	4.30	302	100000
	and services provided to the payor?		7a	ļ	√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	-	✓
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for which it was			,
	required to file Form 8282?		7c	NO.	V
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d			<i>₩</i>
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal land the organization, during the year, new promiums, directly or indirectly, on a personal base		7e 7f	-	∀
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit the organization received a contribution of qualified intellectual property, did the organization file Form				√
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f		7g 7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund		3.35	:23	18.33
0	sponsoring organizations maintaining donor advised runds. Did a donor advised fund in sponsoring organization have excess business holdings at any time during the year?	iaintained by the	8	20222	منتفتته
9	Sponsoring organizations maintaining donor advised funds.		1	20.5	
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	34.	alse ka
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9b		
10	Section 501(c)(7) organizations. Enter:		* 100 and	12X	汽车
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	188 G		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	Section 501(c)(12) organizations. Enter:	L 		NA.	
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b	رهرو کوار معامده		整建
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.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedul	e O.	My a		作作
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	13b			
	Enter the amount of reserves on hand	13c	\$25°		
	Did the organization receive any payments for indoor tanning services during the tax year? \cdot .		14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S	Schedule O .	14b		
	ls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or			
	excess parachute payment(s) during the year?		15	Valoria de la California	✓
	If "Yes," see instructions and file Form 4720, Schedule N.		FAF	7.2	
	Is the organization an educational institution subject to the section 4968 excise tax on net investigation	stment income?	16	t a pame	✓
	If "Yes," complete Form 4720, Schedule O.		34.7	***	11.40

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	truct	ions.
Secti	ion A. Governing Body and Management			
		12.565	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1		
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1		3.5
•	the year by the following:	8a		
a b	The governing body?	8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Ū	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2022		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14	~ 2·	✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	agades dras	mana in	
a	The organization's CEO, Executive Director, or top management official	15a 15b	-	
b	Other officers or key employees of the organization	dci	(4) ⁷ / ₂ / ₂ / ₂	de la servicio
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		200	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	202	3.3.3	
Secti	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oklahoma			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-7	(Sec	ion 5	i01(c)
	(3)s only) available for public inspection Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	(000)		,01(0)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone númber of the person who possesses the organization's books and re- AgRecords a Dept of Oklahoma Farm Bureau, 2501 N. Stiles, OKC, OK 73105 405-523-2300	cords l	>	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
•	Independent Contractors	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	t officer, directo	r, or trustee.	
(C)											_
(A)	(B)	/4	-4 -1		ition			(D)	(E)	(F)	
Name and Title	Average	(do not check ma						Reportable	Reportable	Estimated	
	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	유코	Ins	Qf	Ke	Hig	For	from the	related organizations	other compensation	
	related	Individual trustee or director	<u>E</u>	Officer	Key employee	hest	Former	organization	(W-2/1099-MISC)	from the	
	organizations below dotted	학교	ona		blog	ee cor		(W-2/1099-MISC)		organization and related	
	line)	l st	2		/ee	npe				organizations	
		8	Institutional trustee		ł	Highest compensated employee					
					_	8					_
(1) David VonTungeln	4					}					
President		✓		✓				0	o		0
(2) Henry Heinrich	2							ì			
Vice-President		✓		✓				0	0		0
(3) Francis Parizek	2							1			
Secretary/Treasurer		✓		✓				0	0		0
(4) Ken Carpenter	1										
Director		✓	<u> </u>	✓	<u> </u>			0	0	(0
(5) Gary Tech	1										
Director		✓		✓				0	0		0
(6) Clint Reuter	11			,							
Director		✓		✓	ļ <u>.</u>			0	0		<u>0</u>
(7) Steve Bomhoff	11			,							
Director		✓		✓	L		-	0	0		<u>0</u>
(8) Petter Jefferey	0	,						_	_		_
Director		✓		✓			_	0	0		0
(9)	ļ										
(10)						-			-		-
											_
(11)											
(12)							_			 .	-
		į									
(13)											_
											_
(14)											

·	(A) Name and title	(B) Average	(do n	not ch	Pos heck	(C) sition c more		one	(D) Reportable	(E) Reportat	ble	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	office Individua	er and	d a d	direct	tor/trust	tee)	compensation from the organization (W-2/1099-MISC)	compensatio related organizati (W-2/1099-I	d ions	amount of other compensation from the organization and related organizations
(15)			-	H	\vdash		_	 				
(16)						 						
(17)				H								
				H	\vdash							
				H		-						
(20)				H		\vdash				ļ		
(21)				H		\vdash		\vdash	<u>.</u> 			
				H								
				-		-						
					H							
(25)			H		\vdash	H						
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section	on A			 		▶ ▶				
2	Total number of individuals (including but reportable compensation from the organization)		I to th	ose	list	ed a	above	e) W	ho received mo	ore than \$1	00,000	O of
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	flicer, direct						 emp	oloyee, or high	est compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc	subivit	5 🗸
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization Rep year.											
	(A) Name and business addr	ress							(B) Description of se	ervices		(C) Compensation
					_				-			
					<u> </u>							
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who		

Part`VIII	Statement	of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII								
	4				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a	Federated campaign	s . la_		100 P			
Grants	b	Memborship dues .	1ს	68,195 00		n magnic i in Brownian and admit i sa		
	C	Fundraising events .	. 1c				Minimatopapi - Alapania ang	n ilaniyayiya karandariya ilaniya birindin
Grfts, ilar Ar	d	Related organizations	s 1d		Tomos Santa	e incontra e 10		
S, E	е	Government grants (cor	ntributions) 1e	_		2.00		
ē s	f	All other contributions, g			1	24.5		
喜藍		and similar amounts not inc	cluded above 1f					
ĘÒ	g	Noncash contributions include		1	12 HA 18			
Contributions, and Other Sim	h	Total. Add lines 1a-1	lf		68,195.00		enonimos es conseguindo esta	
- 9				Business Code			70.74 (C. 74.070)	and the second second second
en (en	2a		•			**************************************		
æ	Ь				····	1		
S.	C					-	 	
ē	d	***************************************			-			
S	ě		••••		<u> </u>			
gra	f	All other program ser	VICE revenue				 	
Program Service Revenue	g	Total. Add lines 2a-2				eq. (1)		
	3	Investment income			 			-
	-	and other similar amo			2.25			2 25
	4 Income from investment of tax-exempt to				2.23	1		2.25
	5	Davidua	·		22.63			22.62
	"	noyanies	(i) Real	(II) Personal	22.03		Control March 1985	22.63
	6a	Gross rents	32,180.00					
	b	Less: rental expenses				The continue of the contract o	y compani ny mangadi kaony minina manandrankao no mpanja na mpani dia	es ("Angolia" (agus Angolia angolia) ay i nag ngga di say ong (agus ()) (ay 1988 a
	C	Rental income or (loss)	16,012.17		Hamilton II			
	d	Net rental income or	16,167 83	· · · · >	40.467.00	of white of the August of the		From the property of the control of
			(i) Securities	(II) Other	16,167.83	15,269.15		200000000000000000000000000000000000000
	7a	Gross amount from sales of assets other than inventory	(7 CCC	(1) 01.10.				
				<u>,</u>	a visita i malinasi sebuga banda na sebuga nganganga kesa bermula	Land Bridge Branch	The Bridge of the Control of the Con	All Committee of the continue
	Ь	Less cost or other basis and sales expenses				The second second	A TOTAL STATE OF THE STATE OF T	
	_	Gain or (loss)						
	d	Net gain or (loss)			A.A. minigiraniyy formindda		Mary and an influence and an influence	
	"	rvet gain or (loss)	• • • •		ESTANA PARAMETER			
ā	Ra	Gross income from fu	ındraisınd					
ē	00	events (not including \$	maraising					A - Anthonographic role (the year) - Spills
ē	1	of contributions reporte	ad on line 1el					
F.		See Part IV, line 18	•		The facility of the control of the c		politining proporation of the institute of the contract of the	
Other Reven	ь	Less: direct expenses	. a				antonique l'albant de minimoranai est an in Legistra	ahiyaaniga waninga aan Taayiyania Milli
O	c	Net income or (loss) fi			a pariore the Vander Day in	initia (iki 121-ilia) (iki 140-ilia)		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	9a			events . P	254823.443452344		\$36.34.75 \alpha 67.34.09.73 \alpha	Description
	"	See Part IV, line 19	a a			a there a	45.0	1000000
	ь	Less: direct expenses			omodonia (20) iniciliares (20)	a and evolution artifact of testinate	militaria di Antonio	r colore de la page de page de la colore de l La colore de la colore d
	C	Net income or (loss) fi		vitios			A STATE OF THE PARTY OF THE PAR	
	10a	Gross sales of in		Villes .				
		returns and allowance					amining the second second	
	b	Less: cost of goods s						
	C	Net income or (loss) fr		enton/	00/27/ 3: 1948	nesse valentiiselis		SOLD STATE OF THE
ŀ	,	Miscellaneous Re		Business Code	William Control		\$100 mm and a second	
	11a	Office Commissions			14 042 00			Manipa Andreas
	b	Office Commissions		524113	14,843.62		14,843.62	
	C	Salary Reimbursement		524126	72,936 15		72,936.15	
	d	All other revenue		524126	47,466.00		47,466.00	
	e	Total. Add lines 11a-	 11d		405.045		A STATE OF THE STA	Nicolar and American
-	12	l'otal revenue. See in			135,245.77 219 633 48	83 464 15	136 144 45	
- 1				1	219 K77 48	22 AGA 15	126 1// /5	24 99

Part IX Statement of Functional Expenses

Secin	on 501(c)(3) and 501(c)(4) organizations must co				
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, 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 domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	3,528.05			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,216 73			
9	Other employee benefits				
10	Payroll taxes	6,096.05		`	
11	Fees for services (non-employees):		:		
a	Management				-
b	Legal				,
C	Accounting	420.00			
d e	Lobbying				
f	Investment management fees	.,,	23.81. 2. a.7 438.05a3383888888	SELECTED SELECT STATES OF A SELECT STATES	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	2,035 35			
13	Office expenses	5,022.47	i -		
14	Information technology				
15	Royalties		·		
16	Occupancy	68,970 30			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20 21	Interest	330.21			
22 23	Depreciation, depletion, and amortization . Insurance	15,193.48	,	المرابع	CONTINUES OF THE SECTION STATES AND SECTION SE
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24c. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (A)	addidonario da se e e e e e e e e e e e e e e e e e e			Ching agricus and a single Admire the strong for a single agricus and a single agricus and a single agricus
а	Postage	1,186.03	MIN TO MAKE 1 112 (MAIL DOMAND 41 W K HANNE		
b	Fodoral Importo Tay	3,413.39			
c	State Income Tax	586.16			
d		355.10			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	207,998.22			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)	207,000.22			

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	4,472.36	1	1,355.49
	2	Savings and temporary cash investments	43,870.83	2	27,080.4
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	80.00	4	857.39
	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	menangan Andonya, and and
ts	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	Parameter State of Control of Con
Assets	7	Notes and loans receivable, net	-	7	
Ä	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 821,095 48			
	b	Less: accumulated depreciation 10b 524,035.54		10c	297,059.94
	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		15	2,550.00
	16	Total assets. Add lines 1 through 15 (must equal line 34)	364,298.06	16	328,903.23
	17	Accounts payable and accrued expenses	31,126.75	17	2,210.56
	18	Grants payable		18	
	19	Deferred revenue . ,		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Lrabilities	<u>33</u>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	កំណារណ៍ការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប ក្រុមប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាសការប្រកាស
ت	23	Secured mortgages and notes payable to unrelated third parties	·	23	
	24	Unsecured notes and loans payable to unrelated third parties	32,741 90	24	14,628.00
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	63,868.65	26	16,838.56
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
اعّا	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
핗	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.	15.77	, AV	
ş	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
اپ	32	Retained earnings, endowment, accumulated income, or other funds .	300,429.41	32	312,064.67
<u>ع</u> ا	33	Total net assets or fund balances	300,429.41	33	312,064.67
	34	Total liabilities and net assets/fund balances	364.298.06	34	328.903.23
					Form 990 (2018)

Par	XI Reconciliation of Net Assets				
	. Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			33.48
2 、	Total expenses (must equal Part IX, column (A), line 25)	2		207,9	98.22
3	Revenue less expenses. Subtract line 2 from line 1	3		11,6	35.26
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		300,4	29.41
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	10		312,0	64.67
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	 	<u></u>	
_	Accounts weather the discrete the form of the form of the first of the		CORPOS	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			10.	-
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	piain in	76	4.0	4.
20			2a		
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		24	(1) A	V V
	If "Yes," check a box below to indicate whether the financial statements for the year were com- reviewed on a separate basis, consolidated basis, or both:	pilea or			Alexa.
	Separate basis Consolidated basis, or both.				
h	Were the organization's financial statements audited by an independent accountant?		2b	200	SEES J
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	DING.	3525	7 234.1
	separate basis, consolidated basis, or both:	eu on a		T.	
	☐ 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 o	versiaht	A SECRETARIAN AND A SECOND	2432706	
_	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	İ	
	If the organization changed either its oversight process or selection process during the tax year, ex			70.23	4
	Schedule O.	•			4.3
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Form	990	(2018)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the organization		Employer identification number
Canac	lian County Farm Bureau		73-0628951
Pa	t I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🔲 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · ·
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	ation or education) Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	ts	2b
С	Number of conservation easements on a certified l	historic structure included in (a)	2c
d	Number of conservation easements included in		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcin	g conservation easements during the year
_	>		
7	Amount of expenses incurred in monitoring, inspectir \$ \begin{align*} \text{*} &	ng, handling of violations, and enforcing	conservation easements during the year
		0/-1/	5
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(a) above satisfy the requirements of	
_			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme		ianciai statements that describes the
Part			Other Similar Assets
ı eji	Complete if the organization answered		
1a			
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		addition, or research in rainterance of
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art,		
_	following amounts required to be reported under S		
а		· · · · · · · · · · · · · · · · · · ·	
b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		> \$

Pari	Organizations Maintaining							
. 3	Using the organization's acquisition, collection items (check all that apply):		er reco	ds, chec	k any of the	follow	ing that are a	significant use of it
a,	☐ Public exhibition		d	🗌 Loan	or exchange	progra	ams	
b	☐ Scholarly research		e	🗌 Othei				
C	☐ Preservation for future generation							
4	Provide a description of the organiza XIII.	tion's collections ar	nd expla	in how t	hey further tl	he orga	inization's exe	empt purpose in Pai
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	angements.					-	
	Complete if the organization 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P	art XIII and complet	e the fo	llowing ta	able:			Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amou	nt on Form 990, Par	rt X, line	21, for e	scrow or cus	stodial	account liabilit	ty? 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in P	art XIII. Check here	if the ex	planatio	n has been p	rovided	on Part XIII .	<u> 🗆 </u>
Par	Endowment Funds.							
	Complete if the organization	answered "Yes"						
		(a) Current year	(b) Pro	or year	(c) Two years	back (d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs				· -			
f	Administrative expenses			·				
g	End of year balance							
2	Provide the estimated percentage of t	he current year end	balanc	e (line 1g	, column (a))	held as	s:	
а	Board designated or quasi-endowment	nt 🕨	%					
b	Permanent endowment ▶							
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and	2c should equal 100	0%.					
3a	Are there endowment funds not in the	e possession of the	organiz	ation tha	at are held a	nd adm	nnistered for t	:he
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(II), are the related o	•	•					3b
4	Describe in Part XIII the intended uses		's endo	wment fu	ınds.		<u> </u>	
Part	, , ,							
	Complete if the organization	answered "Yes"	on For	n 990, F	Part IV, line	<u>11a. S</u>	ee Form 990), Part X, line 10.
	Description of property	(a) Cost or othe (investment			r other basis ther)		reciation	(d) Book value
1a	Land				42,118 62			42,118.6
b	Buildings				671,652.64		416,711.32	254,941.3
С	Leasehold improvements							
d	Equipment				98,642.72		98,642.72	0.0
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 990). Part X	. column	(B), line 10c) .	•	297.059.9

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV Jir	na 11h Saa Form Uuli Darf X lina 17
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	I derivatives		
(2) Closely-	held equity interests		
(A)			
(B)			
(C)			
(D)			
(E) (F)		·····	
(G)			
(H)		·····	
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" o	n Form 990. Part IV. Iır	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)	,		
(3)			
(4)			
(5)			
147			
(6)			
(6) (7) (8)			
(6) (7) (8) (9)	(A)		
(6) (7) (8) (9) Total. (Column ((b) must equal Form 990, Part X, col. (B) line 13.) ►		
(6) (7) (8) (9)	Other Assets.	n Form 990 Part IV Ju	
(6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, lır	
(6) (7) (8) (9) Total. (Column (Other Assets.	n Form 990, Part IV, lır	ne 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (Part IX	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, Iır	ne 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, lır	ne 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, Iır	ne 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, Iir	ne 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, Iır	ne 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, Iır	ne 11d. See Form 990, Part X, line 15.
(6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a) Description	n Form 990, Part IV, Iır	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o		ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X)	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Part X)	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (C	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Total. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value
(6) (7) (8) (9) Fotal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (Part X) 1. (1) Federal II (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" o (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" oline 25. (a) Description of liability (b) Book (c)	n Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15. (b) Book value

Part			Return.	
	Complete if the organization answered "Yes" on Form 990,			
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:	1 1		
а	Net unrealized gains (losses) 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		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	· · ·		er Heturn.	
	Complete if the organization answered "Yes" on Form 990, I		<u> </u>	
1	Total expenses and losses per audited financial statements		ASCINIC	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مم ا		
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d		2e 3	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	4.		·
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	-	
b c	Other (Describe in Part XIII.)		40	
			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 b; Part V, line 4; I	Part X, line

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

Open to Public Inspection

Employer identification number

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

► Go to www.irs.gov/Form990 for the latest information.

Canadian County Farm Bureau		73-0628951
The Organization does not have stockholders but does have mem	bers. There are two types of member	s. One is an Associate
member and the other a Voting member. An Associate member in		
gross agricultural income is less than half their total income. An a		
Someone who is not directly related to Agriculture is an Associate		
through a church, FFA chapter, as association, or by a corporation		
that gets the majority of its average gross income from the sale of		
agricultural person living on an income or social security accrued		
can also be held by a partnership or corporation receiving the maj	ority of income from the sale of agric	ultural products.
		~
Annual County Activity Report		
Oklahoma Youth Expo	2 members	3 hrs ea
Tractor Driving School	2 members	3 hrs ea
Volunteer Fire Dept	Francis Parizek	10 hours
County Fair	Ken Carpenter	40 hours
County Fair	Clint Reuter	3 hours
State Superintendent Banquet	Steve Bomhoff	3 hours
Board Meeting	4 members	3 hours ea
Board Meeting	3 members	3 hours ea
Board Meeting	3 members	3 hours ea