▶ Do not enter social security numbers on this form as it may be made public!

OMB No 1545-0047

Open to Public

Inter	artment d nal Revei	it the Treasury nue Service	► Go to	www.irs.gov	/ <i>Form</i> 990 for in	structions and	the latest in	formation. [Insp	pection
Ā	For the	e 2018 cale	endar year, or tax year	beginning	9-1	, 2018,	and ending	8-3	1	, 20 19	
<u>,</u> B	Check i	f applicable	C Name of organization O	klahoma Co	unty Farm Bure	au		C	Employ	er identificati	on number
	Address	s change	Doing business as							73-071187	/2
	Name c	hange	Number and street (or P	O box if mail	is not delivered to	street address)	Room/suite	· E	Telepho	ne number	
✓	Initial re	turn	2924 Astoria way, Sui			405-525-26	i07				
	Final retu	ırn/terminated	City or town, state or pre	ovince, country	, and ZIP or foreigi	n postal code					
	Amende	ed return	Edmond, OK 73034						Gross re		181,117.90
Ф.	Applicat	tion pending	F Name and address of pr	incipal officer	Robert Bierso	henk				subordinates? 🔲	
			6000 N. Midwest Blvd.	<u>, OKC, OK</u> 7	73141		/			s included?	
<u> </u>	Tax-exe	mpt status	501(c)(3)	✓ 501(c) (5) ◀ (insert no	4947(a)(1) or	□ 5 / 27)/	If "No,"	" attach a	ı lıst (see ınstr	uctions)
<u>J</u>	Website							H(c) Group ex		-	1480
			Corporation Trust	Associatio	n ☐ Other ►	LYe	ear of formatio	n 1942	M State	of legal domic	cile OK
P	art I	Summ									
	1	Briefly de	escribe the organization	on's missioi	n or most signi	ficant activities	: Improvir	g the lives o	f rural C	klahomans	,
Activities & Governance											
nar			<u></u>								
Ver	2		is box $ ightharpoonup \square$ if the orga					more than 2		its net asse	ets.
Ĝ	3		of voting members of	-					3		9
ಳ ഗ	4		of independent voting	•	•				4		9
itie	5		nber of individuals en		-	018 (Part V, lın	e 2a) .		5		
⋛	6		nber of volunteers (es		• •				6		
ĕ	7a		elated business rever				1 · · ·		7a		57,788.90
	b	Net unrel	lated business taxable	e income fro	om Form 990 -1	7 (104E3B)		· · · · · ·	7b		112.90
					REC		ž\	Prior Year		Curre	nt Year
<u>ų</u>	8		tions and grants (Part	33	,797.00		33,329 00				
Ē	9	_	service revenue (Parl	_	기절 FEB '	5 5050	. RS-10				
Revenue	10		ent income (Part VIII, o				_{ · ⊢				
_	11	Other rev	enue (Part VIII, colum	nn (A), lines	5,16dr8e-96,7	DE BLOME)	<u></u> ا يـــــ		,368 12		147,788.90
	12		enue-add lines 8 thro				ine 12)	252	,165.12		181,117.90
	13		nd similar amounts pa				· ·				
	14		paid to or for membe						,293.17		27,112 46
Š	15		other compensation, e		•		· 5-10) -	104	,538.60		58,800.61
Ë	16a		onal fundraising fees (
Expenses	b		draising expenses (Pa								
_	17		penses (Part IX, colur				⁻ ⊢		,954.90		97,174.00
	18		enses. Add lines 13- less expenses. Subtr				³⁾ · ├─		,786.67		183,087.07
'n	19	Revenue	iess expenses. Subtr	act line to	irom line 12 .	<u> </u>	Be	ginning of Curre	,378.45 ent Year	End o	-1,969.17 of Year
Ş	00	Total ass	nda (Dank V. Juna 46)								
Bala	20		ets (Part X, line 16) oilities (Part X, line 26)				· · -		,957.76	 -	1,117,851 08
Fund Balances	21 22		ts or fund balances. S				· ·		526.59		132,389.08
	irt II		ture Block	Subtract line	21 110111 111110 2	<u> </u>	• •	987	,431 17		985,462.00
		<u>. </u>					o and statem		boot of a		and bolief it is
tru	der pena e, correc	itties of perju it, and compl	iry, I declare that I have exa le te Declaration of preparei	imined this retu r_(other than of	irn, including accol licer) is based on a	npanying schedule Linformation of wh	es and stateme lich preparer h	ants, and to the as any knowled	ge	ny knowleage	and belief, it is
		1	/\	200	**		'''		<u> </u>	_ 1 / 2	
Sig	ın	Sign	ature of officer	unw	<u> </u>			Date	+0	-20	
He			ENNIS A	LAMI	3 B/NB			2310			
		Type	or print name and title	1 (1) /Y/W	2 121 189	-			-		
_		<u> </u>	pe preparer's name	Pr	eparer's signature	.0 . 1	Date		Ob a	PTIN	
Pa	ıd	1 "	· · ·	1		PM		07 10	Check L		

Form **990** (2018)

✓ Yes
☐ No

73-0382001

405.523.2300

▶ Oklahoma Farm Buread

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► 2501 N Stiles, OKC, OK 73105

SCANNED FEB 0 8 LUCI

Preparer

Use Only

F	ao	e	2

Part		tatement of Program Service	e Accomplishments a response or note to any line in thi	is Part III	
1		describe the organization's mis		S Fait iii	<u> </u>
•	•	ng the lives of rural Oklahomans	•		
2			gnificant program services during the		☐ Yes ☑ No
		" describe these new services			
3	services	s?			☐ Yes ☑ No
		" describe these changes on S		f .tth	b.
4	expens	es Section 501(c)(3) and 501(service accomplishments for each or c)(4) organizations are required to re y, for each program service reported.	port the amount of grants and alloc	
4a			including grants of \$		
4b	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
					••••••
		••••			
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
70	(Code) (Lxpenses #	g grants of \$) (Nevenue \$	/
			•	•••••	·
					·····
4d		rogram services (Describe in S			
40	(Expens	es \$ including	grants of \$) (Reven	ue \$)	



Part IV		Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
^	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		\
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
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		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
			~~~	

Part	Checklist of Required Schedules (continued)			
			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		<b>✓</b>
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	+	1
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		<b>✓</b>
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>✓</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	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 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>✓</b>
30	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		<b>✓</b>
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		1
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	-	<b>✓</b>
b	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		✓_
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	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			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	, 000	(2018)
		rom	・ココリ	(ZU18)

Part	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		200					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	s? . <b>2b</b>						
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	• • 💆						
3a	· · · · · · · · · · · · · · · · · · ·							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		<b>/</b>	-				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (	ınt)? <b>4a</b>	C19692660	verter At				
b	If "Yes," enter the name of the foreign country:	(FDAD)						
<b>-</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		red i	X.1840				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			<b>✓</b>				
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1				
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and or			<del>                                     </del>				
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the statement of the statement	<b></b>		<u> </u>				
	gifts were not tax deductible?	6b		1				
7	Organizations that may receive deductible contributions under section 170(c).	5570		66 50				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		3,1				
	and services provided to the payor?	7a		✓				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was						
	required to file Form 8282?	<u>7c</u>	ny fys).	<b>√</b>				
d	If "Yes," indicate the number of Forms 8282 filed during the year		Y 100					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor			<b>√</b>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.			1				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as relative organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1			1				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	20.842 W	2000	7° 5.000 51.000				
U	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>				
9	Sponsoring organizations maintaining donor advised funds.	4000	Side and the	13.13				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b						
10	Section 501(c)(7) organizations. Enter:		AND THE PROPERTY OF					
а	Initiation fees and capital contributions included on Part Vill, line 12							
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:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
12a	against amounts due or received from them )	041? <b>12a</b>		151				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	741: 128	50.}紫纖	1				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		4					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2 234475	, , 25.40				
-	Note. See the instructions for additional information the organization must report on Schedule O.	425						
b	Enter the amount of reserves the organization is required to maintain by the states in which		3300					
	the organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	) <b>14b</b>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera							
	excess parachute payment(s) during the year?	15	2. Cr 35.00. 3	AND HARDS ON				
	If "Yes," see instructions and file Form 4720, Schedule N.		沙灣					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment includes the control of the section and the control of the section 4968 excise tax on net investment includes the control of the section 4968 excise tax on net investment in the section 4968 excise tax on the control of the section 4968 excise tax on the section 4968 excise tax on the section 4968 excise tax of the section 4968 excise tax o		7.7%@S	पु स्कृतकृत				
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2010)				
		rom	・フフリ	(2018)				

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
Secti	ion A. Governing Body and Management			l
	Take the control of the control of the control of the Assessment of the Control o	3.5 48	Yes ≈≾∂®	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
	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			97.5
	committee, explain in Schedule O.	7. 78		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		
3	any other officer, director, trustee, or key employee?			,
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>/</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<b>V</b>	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .  Did the organization have members or stockholders?	6	/	<b>V</b>
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-	•	
1 a	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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<b>✓</b>
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>✓</b>
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	<b>✓</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
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		<b>√</b>
14	Did the organization have a written document retention and destruction policy?	14	CAY SUE	<b>√</b>
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?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	628.7 + 4.V	407 84
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a	數集	<u> </u>
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	1.00		
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-	Γ (Sect	tion 5	01(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)	·		
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 number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	AgRecords Dept. of OFB, OKC, OK 73105 405.523 2300			

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raue	•

Form 990 (2018)

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

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 nor any related organization compensated any current officer, director, or trustee.

<b></b>	1			"	C)			T	T	<u> </u>
441		i			o, sition			(5)	(5)	<b>(5)</b>
(A)	(B)	(do not check more than one						(D)	(E)	(F)
Name and Title	Average hours per					is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	officer and a director/trustee					<del></del>	from	related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	필	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecto	ğ	4	ğ	st c	<u> </u>	(W-2/1099-MISC)		organization
	below dotted	7 5	nal t		loye	[™] 8				and related organizations
	11110	stee	l st		"	ens				organizations
			8		!	Highest compensated employee				
				<u> </u>						
(1) Robert Bierschenk	11									
President		✓		1	<u> </u>			0	0	
(2) Greg Roberts	1				ĺ					
Vice President		✓		✓	<u> </u>			0	0	
(3) Dennis Lambring	1					ľ				
Secretary/Treasurer		✓		✓				0	0	C
(4) John Bell	1	Į								
Director		<b>✓</b>		<u> </u>				0	0	
(5) Richard Morren	11		i	l	ļ			İ		
Director		✓				ļ		0	0	0
(6) Curt Roberts	1									
Director		<b>✓</b>						0	0	C
(7) Terry Tipens	1									
Director		<b>✓</b>				<u> </u>		0	0	0
(8) Bruce Wilson	1									
Director		✓			<u> </u>			0	0	0
(9) Rex Lundy	1									
Director		✓			_		ļ	0	0	0
(10)								•		
(44)							<del> </del>			· · · · · · · · · · · · · · · · · · ·
(11)										
(12)					-		-			
\$2.71										
(13)										
(14)										
	T									

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (c	ontinu	ed)	
(A) Name and title		(B) Average hours per week (list any	box, unless person is bot officer and a director/trus						(D)  Reportable compensation from	(E)  Reportable compensation from related	<b>I</b>		ted t of
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatioi (W-2/1099-M		compens from t organiza and rela organiza	sation he ation ated
(15)								_					,
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total						•	<b>* * *</b>					
2	Total number of individuals (including but reportable compensation from the organic		to th	ose	list	ed a	above	e) w	ho received mo	ore than \$10	0,000	of	
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	ficer, direct											es No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,0	000	? If 	"Yes	s," 	complete Sch	edule J for 	such	4	
5	Did any person listed on line 1a receive o for services rendered to the organization?										viduał	5	<b>√</b>
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Rep year.								ear ending wit			anızatıon'	s tax
	(A) Name and business addr	ress							(B) Description of se	ervices	(	(C) Compensatio	n —
												<u> </u>	
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who		3	

Part VIII		Statement of Revenue							
k.,, 240 - 240	منور و ۱ ۱۳۰۰ مادر . و در	Check if Schedule C	contains a	res	ponse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s	1a		* **			100
Grants	b	Membership dues	[	1b	33,329.00				
Is, (	С	Fundraising events	[	1c				SAME TO BE	
Gifts, ilar Ar	d								
ns,	е	, <u> </u>			to an extra section		4.5		
er S	f	All other contributions, gifts, grants, and similar amounts not included above 11							
퉏			Ł	1f		1770		100	
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f \$		11 \$					
	h	Total. Add lines 1a-1	<u> </u>	•	Business Code	33,329.00	Teach Charles		70 T. 95 S. 32 MIN TO THE
Program Service Revenue	2a				Busiliess Code	A Secondary	02.31E0 934997 328963	//####################################	#1688E42FF88E42A2A84A4454
ě	b	•					<del></del>		
9	C								
ē	d						<del></del>		
S	e	*						-	
gra	f	All other program ser	vice revenu	e					
<u> </u>	g	Total. Add lines 2a-2			>		1267631999		证据的地方特殊的
	3	Investment income and other similar amo	ounts) .		▶				
	4	Income from investmen	t of tax-exem	ipt bo	ona proceeas >		<u> </u>		
	5	Royalties . , .	(ı) Real		(ii) Personal			(40-64) (40-64)	
	6a	Gross rents	90,00	າດ ດດ					
	b	Less rental expenses	30,00						54
	c	Rental income or (loss)	90,00	00.00					
	d	Net rental income or (			▶	90,000.00	90,000.00		1
	7a	Gross amount from sales of	(ı) Securitie	s	(II) Other		BACKAR LINE	950.3.70.3.70	
		assets other than inventory							
	b	Less cost or other basis						2.4	
		and sales expenses							
	С	Gain or (loss) .			<u> </u>				Land the second
	d	Net gain or (loss) .	·	•	<u> ▶</u>	Market Control of the	TYNTERA O FERROMON VALVORIA	Hotel Control of the	i voltat i su stilli i et dhilu illi
Other Revenue	8a	Gross income from fundraising events (not including \$					+ 3		
ě		of contributions reporte	ed on line 1c	<u>.</u> ).			400		
ē		See Part IV, line 18		а		distribution in		1. S. 1. D. 1.	
돌	b	Less direct expenses		b					
	С	Net income or (loss) fi			events . ►				
	9a	Gross income from ga	amıng actıvıtı	es.					Latin CESAG
		See Part IV, line 19		а				100	
	b	Less: direct expenses		b			72		
	100	Net income or (loss) fi			vities . ▶			Flate Graden and July	
~	10a	Gross sales of in returns and allowance			-		1.0		
	<b>L</b>			a					
	b	Less: cost of goods s Net income or (loss) fi		<b>b</b> Einve	entory <b>&gt;</b>	A ZOBASO DA ACASO SO ANA	and the second		is to the second
	<del>_</del>	Miscellaneous R		, 11106	Business Code	y Iv	400		
	11a	Office Commissions		•	524113	5,154 59	and a section of the	5,154.59	na sa manaratan kanaratan kanaratan kanaratan kanaratan kanaratan kanaratan kanaratan kanaratan kanaratan kana Kanaratan kanaratan k
		Office Commissions			524113	41,434.31	<del>-</del>	41,434.31	
	c	Salary Reimbursement			524126	11,200.00		11,200 00	
	d	All other revenue .			-2.,20	,200.00		1.,200 00	
	е	Total. Add lines 11a-		'	▶	57,788.90	400000000000000000000000000000000000000		
	12	Total revenue. See in	structions		🕨	181,117.90		57,788.90	

Form 990 (2018) Page <b>10</b>						
Part IX Statement of Functional Expenses						
Section	on 501(c)(3) and 501(c)(4) organizations must coi	mplete all columns.	All other organizatio	ns must complete co	olumn (A).	
	Check if Schedule O contains a respon	nse or note to any l	ine in this Part IX		<u>.</u> 📮	
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising	
	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses	
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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.					
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	27,112 46				
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	53,226 12				
9	Other employee benefits			=		
10	Payroll taxes	5,574.49				
11	Fees for services (non-employees):	,				
a	Management					
b	Legal					
C	Accounting	420 00				
ď	Lobbying					
e f	Professional fundraising services See Part IV, line 17 Investment management fees					
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	2,000.00				
13	Office expenses	5,126.24				
14	Information technology					
15	Royalties					
16	Occupancy	39,288.18		'	1°	
17 18	Travel					
19	Conferences, conventions, and meetings .				<del></del>	
20	Interest	5,613 66				
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .	22,688.97				
23	Insurance	10,001.00				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
· a	Postane	4 730 10				
a b	Federal Income Tay	4,736.10 9,147.32			<del></del>	
C	State Income Tax	2,888.63			<del></del>	
d		2,000.03				
e	All other expenses				-	
25	Total functional expenses. Add lines 1 through 24e	183,087.07			· · · · · · · · · · · · · · · · · · ·	
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)					

Form 990 (2018) Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . 1 239,850.59 1 208,806.88 2 2 Savings and temporary cash investments . . . . . 5.00 5.00 3 3 4 152,607.35 143,408.35 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 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 Assets 7 7 Notes and loans receivable, net . . . . Inventories for sale or use . . . . . . 8 9 9. Prepaid expenses and deferred charges . 10,825.00 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 777,494.82 10c 278,052.02 754,805.85 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11 14 Intangible assets . . . . . . . . . 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,169,957.76 1,117,851.08 17 17 Accounts payable and accrued expenses . . . 26,450.70 10,892.09 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . 23 156,075.89 24 24 Unsecured notes and loans payable to unrelated third parties . . . 121,496.99 Other liabilities (including federal income tax, payables to related third 25 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 . 182,526.59 132,389.08 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets . . . . . . . . . . . . . . . 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances . . .

32

33

34

Form **990** (2018)

985,462.00

985,462.00

1.117.851.08

32

987,431.17

1.169.957.76

987,431.17 33

	( :)				
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)			181,1	17.90
2	Total expenses (must equal Part IX, column (A), line 25)			183,0	87.07
3	Revenue less expenses. Subtract line 2 from line 1			-1 <u>,</u> 9	69.17
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))4			987,4	<u>31.17</u>
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses	<del></del>			٠,
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)	<u>'</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0		985,4	62.00
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	•	
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain	ın in		Yes	No
	Schedule O			小说:	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiler reviewed on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d or			
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	on a			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accounta	int?	2c		y.702.204 . d
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın ın			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set fort the Single Audit Act and OMB Circular A-133?	th in 	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 audit		3b		
			Form	990	(2018)

## **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► 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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** 

)klah	oma County Farm Bureau		73-0711872
Pa			
	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 funds are the organization's property, subject to the	——————————————————————————————————————	
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	fit of the donor or donor advisor, or f	for any other purpose
Par	t II Conservation Easements.		
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat	tion 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 easements	s	2b
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2c
d	Number of conservation easements included in		
	historic structure listed in the National Register .		· ·   2d
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg		spection, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
•	L	rung, mandaning of violations, and emoroni	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	1		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports c		
	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA		
-	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo		
b	If the organization elected, as permitted under SF		
J	works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, eding to these items:	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, following amounts required to be reported under SF	historical treasures, or other similar	assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

Par	Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply)		her reco	ords, chec	k any of the	following that are a	a significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	programs	
b	☐ Scholarly research		е	☐ Other	r		
С	☐ Preservation for future generation:						
4	Provide a description of the organiza XIII	tion's collections a	and expl	ain how t	hey further t	he organization's ex	cempt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rather	r than to be mainta					
Par	t IV Escrow and Custodial Arra						_
	Complete if the organization 990, Part X, line 21.						
1a	Is the organization an agent, trustee included on Form 990, Part X?						not .
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing ta	able:		Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	_					1f	- <u>-</u> -
2a	Did the organization include an amou						
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the e	xplanatioi	n has been p	rovided on Part XIII	
Par	t V Endowment Funds.						
	Complete if the organization	answered "Yes'					
		(a) Current year	<b>(b)</b> Pr	or year	(c) Two years	back (d) Three years b	ack (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 vear en	d balanc	e (line 1a	. column (a))	held as:	
а	Board designated or quasi-endowmen	nt ▶	%	` `			
b	Permanent endowment ▶						
С	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and		00%.				
3a	Are there endowment funds not in the	•		zation tha	it are held ai	nd administered for	the
	organization by:	•					Yes No
	(i) unrelated organizations						. 3a(i)
	(ii) related organizations						. 3a(ii)
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on Sc	hedule R? .		. 3b
4	Describe in Part XIII the intended uses						<u> </u>
Part							
	Complete if the organization		on For	m 990. F	art IV. line	11a. See Form 99	0. Part X. line 10.
	Description of property	(a) Cost or oth (investme	ner basis	(b) Cost o	r other basis her)	(c) Accumulated depreciation	(d) Book value
1a	Land	<u>.                                    </u>			140,000.00		140,000.00
b	Buildings				805,359.93	192,087.96	613,271.97
c	Leasehold improvements .					102,007.30	
d	Equipment				87,497.94	85,964.06	1,533.88
e	Other				37,707,07	03,304.00	1,000.00
Total.	Add lines 1a through 1e (Column (d) m		0, Part	K. column	(B), line 10c.	) <b>.</b>	754,805 85

Part VII	Investments - Other Securi				
	Complete if the organization	answered "Yes" on Fo	orm 990, Part IV, line	11b. See Form 99	00, Part X, line 12.
	(a) Description of security or ca (including name of security		(b) Book value		of valuation year market value
(1) Financial	derivatives			•	
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(E) (F)					
(G)	•••••		-		
(H)					
	b) must equal Form 990, Part X, col. (B) line 12	1 ▶		N. S. W. S. S.	
Part VIII	Investments-Program Rel				<u> </u>
	Complete if the organization		orm 990, Part IV, line	11c. See Form 99	0, Part X, line 13.
	(a) Description of investme		(b) Book value	(c) Method	of valuation ear market value
(1)					
_(2)			<del>                                     </del>		
(3)					
(4)			+		
(5) (6)		·			
(7)		· · ·	+	·	
(8)			<del>                                     </del>		<u></u>
(9)					
	b) must equal Form 990, Part X, col. (B) line 13	) <b>&gt;</b>		* * * * * * * * * * * * * * * * * * *	C. No. 19 May C. S. Land
Part IX	Other Assets.				
_	Complete if the organization		orm 990, Part IV, line	11d. See Form 99	
		(a) Description			(b) Book value
(1)					
(2)					<del> </del>
(3)					
(4)					
(5) (6)			·		
(7)	1				
(8)					
(9)		· · · · · · - · · · · · · · · · · · · ·	<del></del>		
	mn (b) must equal Form 990, Part .	X, col. (B) line 15.)		•	·
Part X	Other Liabilities.				
	Complete if the organization a	answered "Yes" on Fo	rm 990, Part IV, line 1	11e or 11f. See Fo	orm 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value		The state of	The state of the state of
(1) Federal in	come taxes		\c\.	Section of the section of	The same of the same
(2)			The second designation of the second	oundingers communities seg	marina de la compania
(3)					- A 4
(4)			a a straight	the fire and the state	
(5)	•			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(6)			to the state of	gale a stall of an employed	and the control of the control of
(7) (8)				Sale was	A STATE STATE OF
(9)					1917
	n) must equal Form 990, Part X, col. (B) line 25				3 1
	DIMUSTROUALFORM 990 PARTIC COLLIGUIDO 25				

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Pari	· ·			Return.	
	Complete if the organization answered "Yes" on Form 990,			<del> </del>	
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			15.781738	
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII )				
e	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:	iii		400	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	<del></del>	<del></del> .		
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part	XII Reconciliation of Expenses per Audited Financial Stater	ments W	/ith Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII )				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· · ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		1	- 33	
b	Other (Describe in Part XIII.)				
С 5	Add lines <b>4a</b> and <b>4b</b>			4c	
	XIII Supplemental Information.	10.7 .		5	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4· Part	IV lines 1h and 2h	Part V line 4: I	Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				u
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Schedule D (Fo	rm 990) 2018	Page :
Part XIII	Supplemental Information (continued)	
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## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**18** 

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization **Employer identification number** Oklahoma County Farm Bureau 73-0711872 All Board members except Bruce Wilson 1/10/19 Board Meeting 3.5hrs. 1/12,1/13/19 National Conference All Board members 2/11/19 Board Meeting All Board members except Bruce Wilson 2/18,2/19/19 Leadership Meeting John Bell, Robert Bierschenk, Dennis Lambring 5hrs. 3/11/19 Board Meeting All Board members except Curt Roberts 3hrs. 3hrs. R Bierschenk, D. Lambring, J Bell, B. Wilson, C. Roberts, G. Roberts 4hrs. 4/18/19 Board Meeting 4/8/19 Scholarship Meeting 25 Attendees 3hrs. 5/13/19 Board Meeting R. Bierschenk, G. Roberts, D. Lambring, J. Bell, R. Morren, C. Roberts, T. Tippens 4hrs. Dennis Lambring, Sharlene Lambring 5/8/19 **Commodity Tour** 6/4/19 Building Meeting Dennis Lambring 7hrs. 6/10/19 Board Meeting D. Lambring, R. Bierschenk, G. Roberts, C. Roberts, R. Morren, J. Bell 4hrs. 6/10/19 Ag in the classroom Rex Lundy 2hrs. Rex Lundy's Farm Rex Lundy, Robert Bierschenk 2hrs. 3hrs. 7/18/19 Board Meeting R Bierschenk, D. Lambring, G Roberts, C. Roberts, B Wilson, J. Bell, T. Tippens 3hrs. 8/12/19 Board Meeting All Board members except Rex Lundy

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization	Employer identification number
Oklahoma County Farm Bureau	73-0711872
The organization does not have stockholders but it does have members. There are two types of members	s. One is an Associate member
and the other is a Voting member. An Associate member includes someone who runs or operates a farm	but whose gross agricultural
income is less than half their total income. An Associate member also includes someone working in Agri	business. Someone who is not
directly related to Agriculture is an Associate member. Lastly, an Associate member can hold their member.	pership through a church, FFA
chapter, an association or by a corporation not producing agricultural products. A Voting member can be	a family member that gets the
majority of its average gross income from the sale of agricultrual products. A Voting member can also be	held by a retired agricultural
person living on an income or social security accrued and not employed full time in another occupation.	A Voting member can also be held
by a partnership or corporation receiving the majority of income from the sale of agricultural products.	
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