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, Er	.m 9 9	0	Return of Organization Exempt From Inco	me Ta	ax	OMB No 1	545-0047
FC			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except			, 20'	18
			▶ Do not enter social security numbers on this form as it may be m			Open to	Public
De Int	partment of emal Reven	the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the latest info		~ ~	Inspe	
Ā	For the	2018 cale	endar year, or tax year beginning 9-1 , 2018, and ending	8	-31	, 20 19	
В	Check If	applicable	C Name of organization Pottawatomie County Farm Bureau		D Employ	er identification	number
	Address	change	Doing business as			73-6103507	
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephor	ne number	
✓	Initial ret	urn	3301 N Kickapoo			405-273-4261	
	Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal code			_	
Ļ	Amende		Shawnee, Ok 74804		G Gross re		212359.19
L	Applicati	on pending	i e e e e e e e e e e e e e e e e e e e			subordinates? Y	
-	T		John Grundmann, 19121 Gordon Cooper Dr 501(c)(3)			s included? 🎑 Y i i list (see instruc	
÷	Website	npt status · ▶	☐ 501(c)(3) ☐ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ -527		exemption		1480
ĸ			✓ Corporation ☐ Trust ☐ Association ☐ Other ►			of legal domicile	
	Part I	Summ					
	1	Briefly de	escribe the organization's mission or most significant activities: Improving	the lives	of rural C	oklahomans	
g	3						
Artivities & Governance							
ģ	2		is box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of r	nore than	1-25%-of-	its-net-assets	ì
٤	3		of voting members of the governing body (Part VI, line 1a)	<u> </u>	ECE!		7
ď	4		of independent voting members of the governing body (Part VI, line 1b)	[=]	4	2020 O	7
ditte	5		mber of individuals employed in calendar year 2018 (Part V, line 2a)	D02	,, , , , , , ,	2020 Q	0
٤	6 7a		nber of volunteers (estimate if necessary)	-	6 7a-		0 103329 45
•			lated business taxable income from Form 990-T, line 38		GD		14150 99
_	 	TYCE GITTE	ated business taxable income from our of 1, into 35	Prior Ye		Current	
	. 8	Contribut	tions and grants (Part VIII, line 1h)		49137.00		47911 50
Revenue	9		service revenue (Part VIII, line 2g)				
2	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		250.70		7718 24
	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2	38260.23		136018.99
			enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	87647.93		191648.73
			nd similar amounts paid (Part IX, column (A), lines 1-3)				
	1		paid to or for members (Part IX, column (A), line 4)		18624 93	<u> </u>	10756 39
ď	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1	77087.28		77682.70
Exnenses	16a		onal fundraising fees (Part IX, column (A), line 11e)	-			
Ž	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		64362.55	•	82725 70
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		60074.76		171164.79
	1	•	less expenses Subtract line 18 from line 12		27573.17		20483.94
_ 6				inning of Cu		End of Y	
Net Assets or	20	Total ass	ets (Part X, line 16)	5	51786 54		572348 48
t As	21	Total liab	ılıtıes (Part X, line 26)		(1599 50)		(1521 50)
	_		ts or fund balances. Subtract line 21 from line 20	5	53386 04		573869 98
	art II		ture Block				
U tr	nder penali ue, correct,	ties of perjuit and eampl	ry, declare that have examined this return, including accompanying schedules and statemenete Declaration of a peparer (other/than officer) is based on all information of which preparer has	nts, and to to s any knowl	he best of n edge	ny knowledge ar	nd belief, it is
			Han walnu		/-	7-20	
Si	gn	Signa	ature of officer	Da	te		
H	ere		John D. Grundmann, President				
			or print name and title		_	12	
P	aid	Print/Typ	pe preparer's name Preparer's signature Date	. 1.0	Check [1
P	reparei			<u> </u>	self-emp		
U	se Only				ı's EIN ▶	73-0382	
<u>, , , , , , , , , , , , , , , , , , , </u>	av tho IP		ddress ► 2501 N Stiles, Okla City Ok 73105 s this return with the preparer shown above? (see instructions)	Pho	ne no	405-523-2	
_			ction Act Notice, see the separate instructions. Cat No 1	1282V	• :		990 (2018)
	abeiw		onon rate realist, see the separate mendenons. Odl NO 1	12021		1 31111	(20.0)

Page 2

Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		. 🗸
1	Brief	fly describe the organization's mission.		<u> </u>
•		oving the lives of rural Oklahomans.		
		Oving the lives of rurar Oktaholitatis.		
2		the organization undertake any significant program services during the year which were not listed on the		
	prior	Form 990 or 990-EZ?	☐ Yes	✓ No
		es," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant changes in how it conducts, any program		
			☐ Yes	☑ No
		es," describe these changes on Schedule O.		.1.6.
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services,	as meas	surea by
		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated expenses, and revenue, if any, for each program service reported	ations to	others,
	uie u	otal expenses, and revenue, if any, for each program service reported		
4-	/Cad	de:) (Expenses \$ including grants of \$) (Revenue \$		<u> </u>
44	(Cou	ile / (Expenses \$ including grants or \$ / (revende \$		'
				·
				·
4b	(Cod	de:) (Expenses \$ including grants of \$) (Revenue \$)
				
4c	(Cod	de) (Expenses \$including grants of \$) (Revenue \$		_)
				
4d	Othe	er program services (Describe in Schedule O.)		
		enses \$ including grants of \$) (Revenue \$)		
4e	Total	program service expenses >		

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
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_		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		1
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		1
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		1
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		1
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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		1
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		1
	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 12 if "Yes," complete Schedule I. Parts Land II.	21		1

Form **990** (2018)

Part	IV 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		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		✓
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		✓
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		✓
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		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
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		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? If "Yes," complete Schedule R, Part I.	33		✓
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	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		✓
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? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		✓
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	 Ve -	<u> </u>
1.	Enter the number reported in Box 3 of Form 1006. Enter 10 if not applicable		Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	7	
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O .	3b	<u>, </u>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial 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 Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	İ	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			_
_	and services provided to the payor?	7a 7b		V
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	"5		
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		√
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	├ °-		1
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.			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	1 1		
11	Section 501(c)(12) organizations. Enter:	i i		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O	134		
b				- 1
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	is 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		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	\dashv	i
	If "Yes," complete Form 4720, Schedule O	Form	990	(2018)
				,

	90 (2018)			Page (
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	ow, and	for a	! "No		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	O. See in	struct	ions.		
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u>. L</u>		
Sect	ion A. Governing Body and Management		Yes	No		
1-	Enter the number of voting members of the governing body at the end of the tax year 1a	7	+ 103	+**		
1a	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	7		ŀ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ıth		<u> </u>		
	any other officer, director, trustee, or key employee?	2		✓		
3	Did the organization delegate control over management duties customarily performed by or under the direction	ect		1.		
	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?	5	/	 _ _		
5						
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 appoone or more members of the governing body?	7a	1			
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	rs,	İ	١.		
	stockholders, or persons other than the governing body?	7b	↓	 ✓		
8	Did the organization contemporaneously document the meetings held or written actions undertaken duri	ng				
	the year by the following:		· - 	·		
a	The governing body?	8a 8b	1	+-		
b	Each committee with authority to act on behalf of the governing body?		+	+		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	ິ້ 9		1		
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue C	ode.) 		
			Yes			
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 chapte affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	rs, 10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form	m? 11a		+-		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	··· <u>-</u>	† <u> </u>	T		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	7		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict	s ⁷ 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	—	✓		
15	Did the process for determining compensation of the following persons include a review and approval 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				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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			İ		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard to organization's exempt status with respect to such arrangements?		·	 		
Secti	on C. Disclosure	1100	ــــــــــــــــــــــــــــــــــــــ	Т		
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 9	30-T (Sec	ction	501(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)	<i>y</i> 0 1 (00)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict o financial statements available to the public during the tax year.	f interest	policy	y, and		
20	State the name, address, and telephone number of the person who possesses the organization's books and	d records	; >			
	Oklahoma Farm Bureau, 2501 N Stiles, OKC OK 73105 405-523-2300					

				-
D	_	_	_	•

Form	agn	(201	Q,
COLLE	330	1201	О.

Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensate	ed Employee:	s, and
	Independent Co	ontractors							

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.							r, or trustee.			
				•	C)			}		
(A)	(B)	Position (do not check more than one			one	(D)	(E)	(F)		
Name and Title	Average	box,	unles	s pe	erson	is both	n an	Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	을	Key employee	불률	Former	the	organizations	compensation
	related organizations	F &	럁	ğ	9	lest	Te	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	학	ona		용	8 5		(14-27 1099-101150)		and related
	line)	l st	ā		èe	nper				organizations
		%	Institutional trustee			Highest compensated employee				
			Ľ			8				
(1)										
John Grundmann - President	1	✓		1	ŀ			٥	o	0
(2)										
Todd Kennedy - Vice President		✓		✓	l			۰ ا	o	0
(3)									· · ·	
Leroy Odell - Secretary/Treasurer	1	✓		✓				о	o	0
(4)										
Joe Noble - Director	1	✓						lo	o	0
(5)										<u> </u>
Tony Kozel - Director	1	√						о	0	0
(6)										
Jeff Weeks - Director	[_	✓						0	о	0
(7)										
John Stotts - Director	1	✓						О	0	0
(8)	<u> </u>									
					$oxed{oxed}$					
(9)										
(10)	ļ									
					<u> </u>					
(11)										
					L					
(12)	·									
(13)										
V	†									
(14)										
<u> </u>		ĺ	ĺ	ĺ		ĺ			ſ	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (continue	ed)		
	· ·				•	C)								
	(A)		(do n	ot ch		ition more	than o	ne	(D)	(E)			(F)	
	Name and title	Average					is both		Reportable	Reportat			mated	
		hours per week (list any	office	er and	_	irect	or/trust	·	compensation from	compensatio related				
		hours for	일필	lns	₹	S S	ᆲ퓵	ξ	the	organizati	ons		ensatic	วก
		related	d vid	랿	Officer	Key employee	Ples	Former	organization	(W-2/1099-N	AISC)		m the	
		organizations below dotted	당됩	Ō		핥	e c	~	(W-2/1099-MISC)				nızatıor related	
		line)	Individual trustee or director	<u>#</u>		yee	를						ization	
			e e	Institutional trustee			Highest compensated employee		1					
				e			Ē							
(15)														
3		†			ŀ									
(16)				\vdash				Г						
1									Ì					
(17)				\vdash		\vdash								
V::22			ł											
(4.0)			 		_	-		H						
(18)		†	ł						1					
(40)				<u> </u>	-				 					
(19)			1											
(00)					_			\vdash						
(20)			{											
(04)		<u> </u>	├─		<u> </u>			┝	-		-			
(21)		ļ												
(0.0)			├	_					-					
(22)														
	<u></u>	i e	<u> </u>	_				-						
(23)														
			ļ			_		_						
(24)			l											
			<u> </u>											
(25)			1											
			<u> </u>				L	Ļ				 		
1b	Sub-total			•	•		•							
C	Total from continuation sheets to Part			٠			•							
d	Total (add lines 1b and 1c)						•	<u>. </u>	<u> </u>					
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	no received m	ore than \$1	00,000	Οĭ		
	reportable compensation from the organi	zation >												T
												$\overline{}$	Yes	No
3	Did the organization list any former of							emp	oloyee, or high	est compe	ensated			<u> </u>
	employee on line 1a? If "Yes," complete S									· · ·	•	3	<u> </u>	✓.
4	For any individual listed on line 1a, is the	sum of rep	portal	ole d	com	per	nsatio	n a	nd other comp	ensation fr	om the			
	organization and related organizations									edule J fo	r such			·
	ındıvıdual											4		/
5	Did any person listed on line 1a receive of	r accrue co	ompei	nsat	ion	fror	n any	un un	related organiz	ation or inc	dividual	<u> </u>		
	for services rendered to the organization'	If "Yes," c	ompl	ete .	Sch	edu	ile J f	or s	such person		· ·	5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest of	compensate	ed inc	depe	end	ent (contr	acto	ors that receive	ed more tha	ın \$100,	000 of		
	compensation from the organization. Rep	ort compe	nsatic	n fo	or th	ie c	alend	ar y	ear ending wit	h or within	the orga	anızatıc	n's ta	ax
	year													
	(A)								(B)			(C)	-4	
	Name and business add	ress						L	Description of s	ervices		ompens	ation	
								<u> </u>						_
								ļ						
								<u> </u>						
								Ļ						
2	Total number of independent contracto							th	ose listed abo	ove) who				,
	received more than \$100,000 of compens	ation from t	he or	gani	ızatı	on I	▶							•

Part	VIII								
<u> </u>		Check if Schedule C	contains	a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) t Revenue excluded from tax under sections 512–514
ts s	1a	Federated campaigns	3	1a	J.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	47911 50				
عَ ق	c	Fundraising events .		1c					
ifts	ď	Related organizations		1d					
n is	e	Government grants (cor		1e					
Sir	f	All other contributions, g		10					
ž ž	•	and similar amounts not inc		1f	į				
o E	_								,
o pu	9	Noncash contributions includ				47044.50			
	h	Total. Add lines 1a-1	<u> </u>			47911.50			
un					Business Code				<u> </u>
eve	2a								
e E	b								
Zi	C								
Se	d								
ram	е								
Program Service Revenue	f	All other program ser							
م	g	Total. Add lines 2a-2			1				
	3	Investment income			I				
	_	and other similar amo				7718.24			7718.24
	4	Income from investmen	t of tax-exer	npt bo	ond proceeds				
	5	Royalties			>			-	
			(i) Real		(II) Personal				
	6a	Gross rents	534	00.00					
	b	Less: rental expenses		10.46					
	С	Rental income or (loss)		89 54					
	d	Net rental income or			>	32689.54	32689.54		
	7a	Gross amount from sales of	(ı) Secuntı	es	(ii) Other				
		assets other than inventory							
	b	Less. cost or other basis			İ				
		and sales expenses							
	С	Gain or (loss)							
	ď	Net gain or (loss)		٠.,	<u> ▶</u>				
enne	8a	Gross income from fu events (not including \$	indraising						
Other Reve		of contributions reporte See Part IV, line 18	ed on line 1	 >). · a	1				
Ě	b	Less direct expenses	s						
	С	Net income or (loss) f			events . ►				
	9a	Gross income from ga See Part IV, line 19		ies.	-				
	b	Less: direct expenses		. ь[
	C	Net income or (loss) fi	rom gamını	g activ	/ities . ▶				
	10a	Gross sales of in returns and allowance	•	ess a					
	b	Less. cost of goods s							
Į	С	Net income or (loss) fi	rom sales o	f inve	ntory . ►				
[Miscellaneous R			Business Code				
	11a	Office commissions			524126	67569.20		67569 20	
	b	Office commissions		[524113	5795.84		5795.84	
		Salary Reimbursement			524126	29964.41		29964 41	
	d	All other revenue .		· [
	е	Total. Add lines 11a-			🟲 📙	103329.45			
i	12	Total revenue. See in	structions		▶	191648.73	80601 04	103329 45	7718.24

Part IX	Statement of Functional Expenses	

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon-		ne in this Part IX		<u></u> <u>.</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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	10756.39			
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	Other salaries and wages	72601.41			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				- <u></u>
10	Payroll taxes	5081.29			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	480 00			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17			-	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				,
12	Advertising and promotion	13686 63			
13	Office expenses	6646.79			-
14	Information technology				
15	Royalties				
16	Occupancy	23904 73			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	9967 42			
23	Insurance	13638.00			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Destans	556.25			<u></u>
b	Dont	4200.00	 <u>-</u>		
c	Charitable contributions	1500.00			
d	Federal & State Income Taxes	8145.88			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	171164.79			
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 following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this	Part X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	137109 62	1	155559.32
	2	Savings and temporary cash investments	151134 54		158383 41
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors	5,		
		trustees, key employees, and highest compensated employees	s		
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section	n		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar	у		
ţ		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	7119 56
	10a	Land, buildings, and equipment, cost or			
		other basis. Complete Part VI of Schedule D 10a 646868.			
	.b	Less accumulated depreciation	.81 263542.38		251286.19
	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		14	
	14	Intangible assets		15	_
	15 16	Other assets. See Part IV, line 11	551786 54		572240 40
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	(1559 50)		572348 48 (1521 50)
	18	Accounts payable and accrued expenses	(1559 50)	18	(1321 30)
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	-	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Ś	22	Loans and other payables to current and former officers, directors			
Liabilities		trustees, key employees, highest compensated employees, and			
Ϊġ		disqualified persons Complete Part II of Schedule L		22	- · - · · - · · · · · · · · · · · · · ·
ڐ	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	d		
		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	(1559.50)	26	(1521.50)
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ arcomplete lines 27 through 29, and lines 33 and 34.	nd		
an	27	Unrestricted net assets		27	
Bai	28	Temporarily restricted net assets		28	
b	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ an complete lines 30 through 34.	d		
ţŞ	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds	553386 04	32	573869.98
Ne	33	Total net assets or fund balances	553386 04		573869.98
	34	Total liabilities and net assets/fund balances	551786.54	34	572348.48
					Form 990 (2018)

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romin 33					90 12
Part	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)	1		1916	48 73
2	Total expenses (must equal Part IX, column (A), line 25)	2		1711	64 79
3	Revenue less expenses. Subtract line 2 from line 1	3		204	83.94
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5533	86.04
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				
	33, column (B))	10		5738	69.98
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· <u>·</u>		<u> </u>
			Γ	Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O	plain in			
-			2a		—
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		Za		
	If "Yes," check a box below to indicate whether the financial statements for the year were compared as a consistence of the second statements for the year were compared to a consistence of the second statements for the year were compared to a consistence of the second statements for the year were compared to a consistence of the year were compared to a consistence of the year were compared to the year wer	olled or	l ,		ł
	reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b		_ _
b	If "Yes." check a box below to indicate whether the financial statements for the year were audited.		2.0		* 1
	separate basis, consolidated basis, or both.	o on a		1	- 1
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ereight			
·	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.				
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 under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Forr	n 990	(2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number
Pottav	vatomie County Farm Bureau		73-6103507
Pai		ised Funds or Other Similar Fun	ds 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 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 benef		
	conferring impermissible private benefit?		
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		f a historically important land area
	Protection of natural habitat		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.	ord a quantities solves value, solves and	Held at the End of the Tax Year
_			2a
a	Total acreage restricted by conservation easement		
b	Number of conservation easements on a certified by		
c d	Number of conservation easements included in		
u			. 2d
3	Number of conservation easements modified, trans		
J	tax year ►	sionou, roiouoou, examguieriou, er teri	g
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg		pection, handling of
•	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations, and enforcing	conservation easements during the year
•	S	g, mandaning of violations, and officioning	oonioorvanion odoomicmo caning into year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · Yes · · No
۵	In Part XIII, describe how the organization reports of	conservation easements in its revenue	
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Pari	III Organizations Maintaining Collections		Other Similar Assets
· ai	Complete if the organization answered "	· ·	
12	If the organization elected, as permitted under SF		
··u	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fe		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar public service, provide the following amounts relati	assets held for public exhibition, ed	
	•	•	> \$
	(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,	historical treasures, or other similar	assets for financial gain, provide the
~	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these it	ems ⁻
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		▶ \$ ▶ \$

Par		Collections of	Art, Hist	torical Tr	easures,	or Oth	ner Similar A	ssets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply).		her recor	ds, check	any of the	e follow	ing that are a	significant us	se of its
а	☐ Public exhibition		d [Loan c	r exchang	e progra	ams		
b	☐ Scholarly research		e [☐ Other					
С	☐ Preservation for future generations	5							
4	Provide a description of the organizat XIII.								ın Part
5	During the year, did the organization							lar	
	assets to be sold to raise funds rather		ined as p	art of the	organization	on's col	lection?	☐ Yes	□ No
Par						_			
	Complete if the organization	answered "Yes"	on Fori	m 990, Pa	art IV, line	9, or r	eported an a	mount on F	orm
	990, Part X, line 21. Is the organization an agent, trustee,	austadian ar ath	or interm	odiani for	oontributi	one or	other assets r	not	
та	is the organization an agent, trustee, included on Form 990, Part X?	, custodian or oth	er interm	lediary for	Contributi	UIIS UI	other assets i	_	□ No
h	If "Yes," explain the arrangement in Pa							□ les	□ 140
b	ii res, explain the arrangement in Fa	art Am and comple	te the lo	ilowing tai	JI C .		T	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 amoun								☐ No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	planation	has been	provide	d on Part XIII .		
Par			_						
	Complete if the organization				art IV, line (c) Two year		(d) Three years bar	ck (e) Four yea	ara baak
4.	Decrease of warming large	(a) Current year	(b) Pric	or year	(c) Two years	S Dack	(d) Three years bar	ck (e) Four yea	
1a	Beginning of year balance Contributions					+		+	
b	Contributions					+			
·	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			e (line 1g,	column (a)) held a	s:		
а	Board designated or quasi-endowmer	nt ▶	%						
b	Permanent endowment								
С	Temporarily restricted endowment ▶	%							
0-	The percentages on lines 2a, 2b, and			ation that	ara bald a	200 000	ninistared for t	ho	
38	Are there endowment funds not in the organization by:	e possession or in	e organiz	anon mai	are rielu a	and adm	illilistered for t	Ye	s No
	(i) unrelated organizations							3a(i)	<u> </u>
	(ii) related organizations							3a(ii)	+-
b	If "Yes" on line 3a(ii), are the related of		as requir	ed on Sch	nedule R?			3b	+-
4	Describe in Part XIII the intended uses								
Part	<u> </u>								
	Complete if the organization	answered "Yes"	on Forr	n 990, Pa	art IV, line	11a. S	See Form 990	, Part X, line	e 10.
***********	Description of property	(a) Cost or oth	ner basis	(b) Cost or	other basis	(c) A	ccumulated	(d) Book va	
		(investme	ent)	(oth	er)	dep	preciation		
1a	Land				90000.00				00.000
b	Buildings	·			456740.63		300862 70	15	55877.93
C	Leasehold improvements	·							
d	Equipment	·			100127 37		94719.11		5408 26
E Total	Add lines 1a through 1e (Column (d) n	oust equal Form 00	O Part Y	' column i	(B) line 10:	<u>~)</u>	•	20	51286 19
· viai.	, ide mice ra anough to (Oolainii (a) II	.aac aquui i Oiiii 33	· · · · · · · · · · · · · · · · · · ·	,	~ <i>,</i>	-,	[20	,,200 13

Part VII	Investments—Other Securities				
	Complete if the organization answ				
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financial	derivatives				
· · ·	neld equity interests				
(3) Other					
(A)					
(B)					
(C)				ļ	
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12) ▶	<u></u>		<u> </u>	
Part VIII	Investments – Program Related		000 David IV Iva	a 11a Caa Farm	OOO Dort V line 12
	Complete if the organization answ	wered "Yes" on For			
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				-	
(7)					
(8)					····
(9))				
	o) must equal Form 990, Part X, col (B) line 13)			L	
Part IX	Other Assets. Complete if the organization answ	wered "Yes" on For	m 990, Part IV, lir	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)					
(2)			*		
(3)		·			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.) .	<u> </u>	<u> ▶</u>	
Part X	Other Liabilities.		000 5 1011	446.0	5 000 D 1V
	Complete if the organization answline 25.	wered "Yes" on For	m 990, Part IV, lin	e 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in		(2) 20011 10100			
(2)					
(3)		 ·			
(4)					
(5)					
(6)		· -			
(7)		· · · · · · · · · · · · · · · · · · ·			i
(8)					
(9)					
	n) must equal Form 990, Part X, col (B) line 25.) ▶				
	uncertain tax positions. In Part XIII, provid	de the text of the footno	ote to the organization	n's financial stateme	nts that reports the

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

Par		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	.**.Ab-	
С	Recoveries of prior year grants		
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 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.)		
C	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per 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		
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.		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c 5	
5	XIII Supplemental Information.] 3]	
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and	1.2b: Part V. line	4 Part X line
2: Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	al information.	.,
_,	, , , , , , , , , , , , , , , , , , , ,		

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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Pottawatomie County Farm Bureau

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

73-6103507

The Organization does not have stockholders but does have members. There are two types of members. One is an Associate member and the other a Voting member. An Associate member includes someone who runs or operates a farm but whose average gross agricultural income is less than half their total income. An associate member also includes someone working in Agribusiness. Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate member can hold their membership through a church, FFA chapter, as association, or by a corporation not producing agricultural products. A Voting member can be a family that gets the majority of its average gross income from the sale of agricultural 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. 2 hours each 07-2019 Board Meeting 5 board members 08-2019 Board Meeting 6 board members 2 hours each 09-2018 Board Meeting 7 board members 2 hours each 10-2018 Board Meeting 8 board members 3 hours each 11-2018 Board Meeting 6 board members 2 hours each 12-2018 Board Meeting 5 board members 2 hours each 01-2019 Board Meeting 7 board members 2 hours each 02-2019 7 board members 2 hours each Board Meeting 03-2019 Board Meeting 9 board members 2 hours each Board Meeting 7 board members 2 hours each 05-2019 Board Meeting 7 board members 2 hours each State Level Activities 5 board members 4 hours each 08-2019 Area Meeting 03-2019 Leadership Conference Johnny Taylor 14 hours 05-2019 Financial Review Mike Leverett 4 hours 05-2019 Leadership Training Mike Leverett 4 hours