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2009

Open to Public Inspection

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30/2010

Form header section containing B (Check if applicable), C (Name of organization: OKEECHOBEE COUNTY FARM BUREAU), D (Employer identification number: 59-1102390), and E (Telephone number: 863-763-3101).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: [] J Tax-exempt status (check only one) - [X] 501(c)(5) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$ 147,782

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 130,541. Expenses total: 125,790. Net assets at end of year: 78,889.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for Balance Sheets. Total assets at end of year: 79,958. Total liabilities: 1,069. Net assets or fund balances: 78,889.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Educational, Informational, Economic Srv</u> Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 Provide scholarships to graduating HS seniors for post secondary education in agriculture. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 During Farm City Week the County Farm Bureau sets up displays & has agricultural speakers. We educate 3rd & 4th grade students by distributing agriculturally theme coloring books. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 We support youth education thru speech contests in Middle and HS. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Roy O Whitehurst 401 NW 4th St, Okeechobee, FL 34972	President 3	0	0	0
Travis J Larson 401 NW 4th St, Okeechobee, FL 34972	Vice President 3	0	0	0
David E Hazellief 401 NW 4th St, Okeechobee, FL 34972	Secretary 1	0	0	0
Jacob N Larson 401 NW 4th St, Okeechobee, FL 34972	Treasurer 1	0	0	0
J Wayne Buchanan 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
Randy L Burnham 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
Ben Butler 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
James Daniel 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
Jared S Figley 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
Melissa Montes-De-Oca 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
David E Raulerson JR 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
Hank Rucks 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
Donald R Sellers 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0
Donald R Sellers JR 401 NW 4th St, Okeechobee, FL 34972	Director 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0			
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed ▶ Florida			
42a The organization's books are in care of ▶ Charlene Dewey Telephone no ▶ 863-763-3101 Located at ▶ 401 NW 4th St, Okeechobee ZIP + 4 ▶ 34972-2550			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
If "Yes," enter the name of the foreign country ▶ _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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 Yes No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46 47
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
- 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
- 49b If "Yes," was the related organization a section 527 organization? 49b
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: *[Signature]* Date: *10/28/10*

Type or print name and title: *Roy O. "Trey" Whitehurst III* *President*

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's identifying number (See instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		YF&R Archery (event type)	0 (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	8,847		8,847
	2	Less Charitable contributions	0		0
	3	Gross income (line 1 minus line 2)	8,847	0	0
Direct Expenses	4	Cash prizes	0		0
	5	Noncash prizes	312		312
	6	Rent/facility costs	1,299		1,299
	7	Food and beverages	268		268
	8	Entertainment	0		0
	9	Other direct expenses	4,762		4,762
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				2,206

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Yes % No	Yes % No	Yes % No	
Revenue	1	Gross revenue			0
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor			
7	Direct expense summary Add lines 2 through 5 in column (d)				(0)
8	Net gaming income summary Combine line 1, column d, and line 7				0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

Okeechobee County Farm Bureau
EIN 59-1102390
Year Ended 06/30/10

Form 990-EZ

Other Revenue

Page 1, Part I, Line 8

<u>Item</u>	<u>Amount</u>
Agent Reimbursements	520
Adjuster Reimbursements	300
Rent	1,500
Sales Tax	112
Service Fees	60,392
Dodge Incentive	500
Total	<u>63,324</u>

Other Expenses

Page 1, Part I, Line 16

<u>Item</u>	<u>Amount</u>
Office Expense	4,146
Meeting & Travel	2,773
Miscellaneous	126
FFBF Membership Dues	23,944
Dues & Subscriptions	77
Sales Tax	276
Contributions	6,400
Promotional	404
Special Projects	4,002
Newsletter	1,500
Women's Committee	822
Total	<u>44,470</u>