



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form Return of Organization Exempt From Income Tax

2011

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.



Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pend.

C Okeechobee County Farm Bureau, 401 NW 4th St, Okeechobee, FL 34972-2550

D Employer Identification no. 59-1102390, E Telephone number (863) 763-3101, F Group Exemption Number 1805

G Accounting method: [X] Cash, [] Accrual, Other (specify)

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

I Website: N/A

J Tax-exempt status (check only one): [] 501(c)(3), [X] 501(c)(5), [] 4947(a)(1) or [] 527

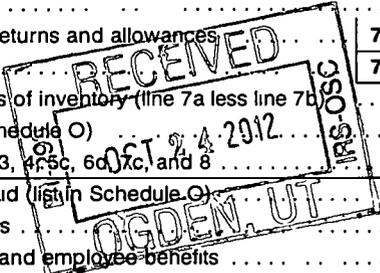
K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 149,309.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income; 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue; 10 Grants and similar amounts paid; 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.



SCANNED NOV 14 2012

Handwritten mark '22'

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II [X]

Table with 4 columns: Description, (A) Beginning of the year, (B) End of year, and Line Number. Rows include Cash, Land and Buildings, Other assets, Total assets, Total liabilities, and Net assets.

Part III Statement of Program Service Accomplishments (see the Instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this 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? Education Information Economic

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, or other relevant information for each program title

Table with 3 columns: Description, Line Number, and Expenses. Rows 28-32 describe various programs like BBQ dinners, youth education, and farm city week.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV [X]

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Reportable Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Estimated amount of other compensation.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 2, 6a, and 7a, among others)?
b If "Yes," to line 35a, has the organization filed a Form 990T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37 a Enter amount of political expenditures direct or indirect, as described in the instructions.
b Did the organization file Form 1120-POL for this year?
38 a 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 unpaid at the start of the period covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a 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 did it become aware of 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 Form 990 or 900-EZ? If "Yes," complete Schedule L, Part I
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
41 List the states with which a copy of this return is filed Florida
42 a The organization's books are in care of Charlene Dewey Tel. no. 863-763-3101 Located at 401 NW 4th St, Okeechobee, FL 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)? 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.? 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 and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see Instr.)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the 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."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Reportable compensation from the organization; (d) Health benefits contributions to employee benefit plans, and deferred compensation; (e) Estimated amount of other compensation.

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

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

Table with 3 columns: (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 each receiving over \$100,000

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Sign Here: 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. Signature of officer: JACOB N LARSON PRESIDENT, Date: 10/14/2012

Print preparer's name, Preparer's signature, Date, Check if self-employed, PTIN

Paid Preparer Use Only: Firm's name, Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Schedule O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
Okeechobee County Farm Bureau

Employer identification number
59-1102390

Page 1 - Line 5, Sales of Securities and Non-inventory Items

Description	Sales Price	Cost	Expenses/ Imprvmnts	Deprec
No Parking Signs				
Date Acquired: 10/27/06				
How Acquired: Purchased				
Date Sold: 12/01/11				
Sold to: Discarded		88.	0.	30.

Page 1 - Line 8, Other Revenue

Service Fees	64,570.
Sales Tax Collected	277.
Rent	3,900.
Agent Reimbursements	723.
Adjuster Reimbursements	300.
	<u>69,770.</u>

Page 1 - Line 10, Grants & Allocations paid by due date

Florida Farm Bureau Federation Dues	26,158.	
Okeechobee Educational Foundation	8,500.	
James Sharpe	1,000.	
Totals:	<u>35,658.</u>	<u>0.</u>

Name of the organization

Okeechobee County Farm Bureau

Employer identification number

59-1102390

Page 1 - Line 16, Other expenses

<u>Description</u>	<u>Total</u>
Office Expense	4,148.
Meeting & Travel	3,946.
Dues & Subscriptions	72.
Special Proj/Prom	1,054.
Employee Educ	228.
YF&R/Womens Comm	1,465.
Sales Tax	346.
Fed/State Income Tax	4,843.
Totals:	<u><u>16,102.</u></u>

Page 2 - Line 26, Other liabilities (at year end)

Payroll Liabilities	1,247.
	<u><u>1,247.</u></u>

Name of the organization	Employer identification number
Okeechobee County Farm Bureau	59-1102390

Page 2, Part IV - Other Officers, Directors, Trustees, & Key employees

Name & Address	Title & avg. hours per week	Compensation	emp bene plans /deferred comp	Expense account
Jacob Larson 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 Hazelief 401 NW 4th St Okeechobee, FL 34972	Secretary 1	0.	0.	0.
David E Raulerson Jr 401 NW 4th St Okeechobee, FL 34972	Treasurer 1	0.	0.	0.
Michael Bandi 401 NW 4th St Okeechobee, FL 34972	Director 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.
Dan Byrd 401 NW 4th St Okeechobee, FL 34972	Director 1	0.	0.	0.
Audra L Colgan 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.

(continued)

Name of the organization Okeechobee County Farm Bureau	Employer identification number 59-1102390
---	--

Page 2, Part IV - Other Officers, Directors, Trustees, & Key employees

Name & Address	Title & avg. hours per week	Compensation	emp bene plans /deferred comp	Expense account
Amy 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.
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 Sellers Jr 401 NW 4th St Okeechobee, FL 34972	Director 1	0.	0.	0.
William Butler 401 NW 4th St Okeechobee, FL 34972	Director 1	0.	0.	0.