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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

- 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: Cash, Accrual, Other (specify)

H Check 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), 501(c)(5), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

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. \$ 163,756.

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

Table with 21 rows for Revenue and Expenses. Includes a 'RECEIVED' stamp from OGDEN, UT dated NOV 8 2014.

SCANNED NOV 8 2014

EXPENSES

ASSETS

Handwritten initials and a flourish.

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

Table with 3 columns: Description, (A) Beginning of the year, (B) End of year. Rows include Cash, savings, and investments; Land and Buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 the organization's program service accomplishments for each of its three largest program services, as measure expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table for program service accomplishments with columns for description and expense amount. Rows 28-32 include 'See Schedule O Page 2' and 'Other program services'.

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable Compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Includes a 'Schedule' entry.

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

| | | Yes | No |
|------|---|-----|----|
| 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) | | X |
| 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)? | X | |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | X | |
| 35 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 | | 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 | | X |
| 37 a | 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? | | X |
| 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? | | 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 | | |
| 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 | | |
| 40 b | | | |
| 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 | | X |
| 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)? | | 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. | | |
| 42 c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | 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 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 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 | | X |
| 44 c | Did the organization receive any payments for indoor tanning services during the year? | | X |
| 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)? | | X |
| 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) | | |

| | | |
|---|-----|----|
| | Yes | No |
| 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 | 46 | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

| | | |
|---|-----|----|
| | Yes | No |
| 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 | 47 | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and lay employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation from the organization (Forms W-2/1099-MISC) | (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"

| (a) Name and address of each independent contractor | (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 ▶ Yes No

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 10-17-14

Signature of officer: Jacob N Larson Date

Type or print name and title: Jacob N Larson PRESIDENT

| | | | | |
|-----------------------|----------------------|------|---|------|
| Print preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
|-----------------------|----------------------|------|---|------|

| | | |
|-------------------------------|----------------|------------|
| Paid Preparer Use Only | Firm's name | Firm's EIN |
| | Firm's address | Phone no |

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Okeechobee County Farm Bureau

Employer identification number

59-1102390

Part I, Line 8 - Other Revenue

| | |
|-------------------------|----------------|
| Service Fees | 70,579. |
| Sales Tax Collected | 323. |
| Agent Reimbursements | 947. |
| Adjuster Reimbursements | 300. |
| | <u>72,149.</u> |

Part I, Line 10 - Expenses - Grants and similar amounts paid

| | | |
|-------------------------------------|----------------|-----------|
| Florida Farm Bureau Federation Dues | 28,618. | |
| Okeechobee Educational Foundation | 10,250. | |
| Megan Stein | 500. | |
| | <u>39,368.</u> | <u>0.</u> |

Part I, Line 16 - Other Expenses

| <u>Description</u> | <u>Total</u> |
|----------------------|----------------|
| Office Expense | 2,819. |
| Meeting & Travel | 5,694. |
| Fed/State Income Tax | 5,825. |
| Flowers/Gift/Misc | 158. |
| Dues & Subscriptions | 77. |
| Sales Tax | 1. |
| Special Proj/Prom | 412. |
| Womens Comm | 2,190. |
| Farm City | 347. |
| | <u>17,523.</u> |

Part II, Line 24 - Other Assets

| | |
|---------------------|---------------|
| Inventory | 1,554. |
| Accounts Receivable | 335. |
| | <u>1,889.</u> |

Name of the organization

Okeechobee County Farm Bureau

Employer identification number

59-1102390

Part II, Line 26 - Other Liabilities

Payroll Liabilities

1,131.

1,131.Page 2, Part III - Line 31, Other Program ServicesDescription

28) In conjunction with the Indiana Farm Bureau ACE ambassador program, participants were able to visit various farming operations in the state including a local dairy. During the tour participants learned about Fl. crops and growing seasons. We hope that they will pass this knowledge onto farmers and non-farmers in their state.

29) The Women's Committee supports youth education by hosting a speech contest for middle and high school students. This years topic was 'How can Florida Agriculture continue to provide quality solutions for the future?'

30) During Farm City Week we setup displays to educate the public about our organizations purpose and mission as well as products that promote agriculture. Volunteers were available to answer questions and educate the public on agriculture in our community.

Name of the organization

Employer identification number

Okeechobee County Farm Bureau

59-1102390

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

| <u>Name & Title</u> | <u>Average hours per week</u> | <u>Compensation</u> | <u>emp bene plans /deferred comp</u> | <u>Expense account</u> |
|-----------------------------------|-----------------------------------|---------------------|--|----------------------------|
| Jacob Larson President | 3 | 0. | 0. | 0. |
| Travis J Larson Vice President | 3 | 0. | 0. | 0. |
| David E Hazelief Secretary | 1 | 0. | 0. | 0. |
| David E Raulerson Jr Treasurer | 1 | 0. | 0. | 0 |
| Michael Bandi Director | 1 | 0. | 0. | 0 |
| Ben Butler Director | 1 | 0. | 0. | 0 |
| Dan Byrd Director | 1 | 0. | 0. | 0 |
| James Daniel Director | 1 | 0. | 0. | 0 |
| Amy Daniel Director | 1 | 0. | 0. | 0 |
| William Butler Director | 1 | 0. | 0. | 0 |
| Courtney B Davis Director | 1 | 0. | 0. | 0 |
| Jared S Figley Director | 1 | 0. | 0. | 0 |
| Chase Rucks Director | 1 | 0. | 0. | 0 |
| Matthew R Stokes Director | 1 | 0. | 0. | 0 |

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number. Values: Okeechobee County Farm Bureau, Member Services, 59-1102390

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Amount, and other columns. Includes lines 1-13 for Section 179 election details.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 14-16 for special depreciation allowance.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, Amount. Includes lines 17-18 for MACRS deductions.

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i for various property types.

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

Table with 3 columns: Line number, Description, Amount. Includes lines 20a-c for alternative depreciation system assets.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, Amount. Includes lines 21-23 for summary totals.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
|--|-------------------------------|---|----------------------------|--|------------------------|--|-------------------------------|---------------------------------|--|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost | |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . | | | | | | 25 | | | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| | | % | | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| | | % | | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . | | | | | | 28 | | | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | 29 | | |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle 1 | | (b) Vehicle 2 | | (c) Vehicle 3 | | (d) Vehicle 4 | | (e) Vehicle 5 | | (f) Vehicle 6 | |
|---|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) . | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year. Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No |
| | | | | | | | | | | | | |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? . . | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

| | | |
|--|------------|-----------|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . | | |
| 39 Do you treat all use of vehicles by employees as personal use? | | |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . | | |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2013 tax year (see instructions): | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2013 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |