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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

- 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) (insert no) [] 4947(a)(1) or [] 527

K Form of organization [X] 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. \$ 164,919.

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 OCT 22 2015

SCANNED FEB 23 2016

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

	(A) Beginning of the year	(B) End of year
22 Cash, savings, and investments	50,265.	62,203.
23 Land and Buildings	51,131.	48,536.
24 Other assets (describe in Schedule O)	1,889.	940.
25 Total assets	103,285.	111,679.
26 Total liabilities (describe in Schedule O)	1,131.	1,202.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,154.	110,477.

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, 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 measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 <u>See Schedule O.</u>	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable Compensation (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Schedule	Attached			

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 significant 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	
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. <input type="text" value="0"/> 37a		
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 <input type="text" value=""/> 38b		
39	Section 501(c)(7) organizations Enter.		
a	Initiation fees and capital contributions included on line 9 <input type="text" value=""/> 39a		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value=""/> 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value=""/> ; section 4912 <input type="text" value=""/> , section 4955 <input type="text" value=""/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value=""/>		
d	Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value=""/>		
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. <input type="text" value="Florida"/>		
42 a	The organization's books are in care of <input type="text" value="Charlene Dewey"/> Tel. no. <input type="text" value="863-763-3101"/> Located at <input type="text" value="401 NW 4th St, Okeechobee, FL"/> ZIP + 4 <input type="text" value="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: <input type="text" value=""/>		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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: <input type="text" value=""/>		
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 <input type="text" value="43"/>		
44a	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
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		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		
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"		

(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 ▶ Jacob N. Larson 10-1-15
 Signature of officer Date

JACOB N. LARSON, PRESIDENT
 Type or print name and title

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

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

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

2014

**Open to Public
Inspection**

Name of the organization
Okeechobee County Farm Bureau

Employer identification number
59-1102390

Part I - Line 5, Sales of Securities and Non-inventory Items

Description	Sales Price	Cost	Expenses/ Imprvmnts	Deprec
Sump Pump		426.		354.
Date Acquired: 08/16/02				
How Acquired: Purchased				
Date Sold: 02/01/15				
Sold to: Discarded				

Part I, Line 8 - Other Revenue

Service Fees	73,596.
Sales Tax Collected	336.
Agent Reimbursements	1,021.
Adjuster Reimbursements	300.
	<u>75,253.</u>

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

Florida Farm Bureau Federation Dues	28,864.	
Okeechobee Educational Foundation	6,250.	
Totals:	<u>35,114.</u>	<u>0.</u>

Name of the organization

Okeechobee County Farm Bureau

Employer identification number

59-1102390

Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Total</u>
Meeting & Travel	5,140.
Fed Income Tax	4,279.
Office Expense	2,499.
Womens Comm	1,801.
Farm City & Ag Education	1,235.
Sales Tax	762.
Special Proj/Prom	482.
Awards	300.
Flowers/Gift/Misc	189.
Contributions	142.
Dues & Subscriptions	77.
Employee Education	27.
	<hr/>
Totals:	16,933.
	<hr/> <hr/>

Part II, Line 24 - Other Assets

Inventory	940.
	<hr/>
	940.
	<hr/> <hr/>

Part II, Line 26 - Other Liabilities

Federal Income Taxes	0.
Payroll Liabilities	1,202.
	<hr/>
	1,202.
	<hr/> <hr/>

Name of the organization

Okeechobee County Farm Bureau

Employer identification number

59-1102390

Page 2, Part III - Line 31, Other Program ServicesDescription

28) We foster and encourage youth involvement in agriculture at different levels. Our county promotes the betterment of agriculture by providing scholarships to high school students who pursue a career in this field.

29) The Women's Committee supports youth education by hosting a speech contest for middle and high school students. Participants were asked to research and speak on an agricultural-related topic. This gives students the opportunity to keep up to date on the current issues impacting agriculture. This contest provides opportunities to our youth to gain knowledge, appreciation, and understanding of agriculture.

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 Okeechobee County Farm Bureau	Employer identification number 59-1102390
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Page 2, Part IV - Other Officers, Directors, Trustees, & Key employees

Name & Title	Average hours per week	Compensation	emp bene plans /deferred comp	Other Comp
Jacob Larson President	3	0.	0.	0.
Travis J Larson Vice President	1	0.	0.	0.
David E Hazelief Secretary	1	0.	0.	0.
David E Raulerson Jr Treasurer	3	0.	0.	0.
Michael Bandi Director	1	0.	0.	0.
Ben Butler 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.
Jared Prescott Director	1	0.	0.	0.