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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)

2016

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning <u>07/01</u> , 2016, and ending <u>06/30</u> , 2017	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pend.	C <u>Okeechobee County Farm Bureau, Inc.</u> <u>401 NW 4th St</u> <u>Okeechobee, FL 34972-2550</u>
D Employer identification no. <u>59-1102390</u>	E Telephone number <u>(863) 763-3101</u>
F Group Exemption Number ▶ <u>1805</u>	
G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ <u>N/A</u>	
J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(5) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ... ▶ \$ 178,698.

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 ...

	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	342.
	3 Membership dues and assessments	3	66,740.
	4 Investment income	4	337.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	11,157.
	c Less: direct expenses from gaming and fundraising events	6c	5,513.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,644.
	7a Gross sales of inventory, less returns and allowances	7a	10,920.
	b Less: cost of goods sold	7b	10,150.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	770.
	8 Other revenue (describe in Schedule O)	8	89,202.
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	163,035.
	10 Grants and similar amounts paid (list in Schedule O)	10	40,402.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	75,171.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	20,583.
	15 Printing, publications, postage, and shipping	15	1,866.
	16 Other expenses (describe in Schedule O)	16	18,693.
	17 Total expenses Add lines 10 through 16	17	156,715.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,320.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	136,821.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	143,141.

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	
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), 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	40b	
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		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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. ▶ <u>Florida</u>		
42 a	The organization's books are in care of ▶ <u>Charlene Dewey</u> Tel. no. ▶ <u>863-763-3101</u> Located at ▶ <u>401 NW 4th St, Okeechobee, FL</u> ZIP + 4 ▶ <u>34972-2550</u>		
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 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.?	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 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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.)	45b	X

	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	48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
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b If "Yes," was the related organization(s) a section 527 organization?	49b		
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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 ▶

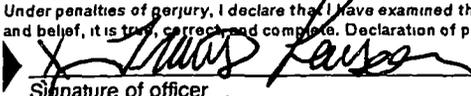
51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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  Date 11-2-17

Signature of officer Travis Larson President

Type or print name and title.

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

2016

**Open to Public
Inspection**

Name of the organization

Okeechobee County Farm Bureau, Inc.

Employer identification number

59-1102390

Part I, Line 8 - Other Revenue

Service Fees	82,660.
Sales Tax Collected	389.
Adjuster Reimbursements	300.
Agent Reimbursements	5,853.
	<u>89,202.</u>

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

Florida Farm Bureau Federation Dues	30,402.	
Okeechobee Educational Foundation	10,000.	
	<u>40,402.</u>	<u>0.</u>

Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Total</u>
Office Expense	2,786.
Meeting & Travel	5,671.
Contributions	1,675.
Women's Expense	255.
Dues & Subscriptions	77.
Special Proj/Prom	869.
Employee Education	22.
Fed Income Tax	6,512.
Misc	246.
Ag Education	208.
Sales Tax	372.
	<u>18,693.</u>

Part II, Line 24 - Other Assets

Inventory	1,785.
Accounts Receivable	34.
	<u>1,819.</u>

Name of the organization

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Part II, Line 26 - Other Liabilities

Payroll Liabilities

1,684.1,684.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, Inc.

Employer identification number

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>Other Comp</u>
Jacob Larson Director	1	0.	0.	0.
Travis J Larson President	3	0.	0.	0.
David E Hazelief Secretary	1	0.	0.	0.
David E Raulerson Jr Director	1	0.	0.	0.
Michael Bandi Vice President	3	0.	0.	0.
Ben Butler Director	1	0.	0.	0.
Amy Daniel Treasurer	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.
Jared Prescott Director	1	0.	0.	0.
Fallon Curren Director	1	0.	0.	0.
Carey Daniel Director	1	0.	0.	0.