

Form 990-EZ

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)

2017

Open to Public Inspection

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Form header section including: A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018; B Check if applicable; C Okeechobee County Farm Bureau, Inc.; D Employer identification no. 59-1102390; E Telephone number (863) 763-3101; F Group Exemption Number 1805; G Accounting method Cash; H Check if the organization is not required to attach Schedule B; I Website: N/A; J Tax-exempt status 501(c)(5); K Form of organization: Corporation; L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts...

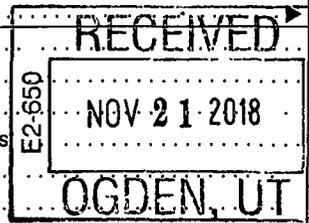
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

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

Table with 21 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts (1,265). Row 3: Membership dues and assessments (65,247). Row 4: Investment income (490). Row 5a: Gross amount from sale of assets other than inventory. Row 5b: Less: cost or other basis and sales expenses (336). Row 5c: Gain or (loss) from sale of assets other than inventory (-336). Row 6: Gaming and fundraising events. Row 6a: Gross income from gaming. Row 6b: Gross income from fundraising events (14,399). Row 6c: Less: direct expenses from gaming and fundraising events (6,441). Row 6d: Net income or (loss) from gaming and fundraising events (7,958). Row 7a: Gross sales of inventory, less returns and allowances (8,835). Row 7b: Less: cost of goods sold (8,286). Row 7c: Gross profit or (loss) from sales of inventory (549). Row 8: Other revenue (94,616). Row 9: Total revenue (169,789). Row 10: Grants and similar amounts paid (36,225). Row 11: Benefits paid to or for members. Row 12: Salaries, other compensation, and employee benefits (76,283). Row 13: Professional fees and other payments to independent contractors. Row 14: Occupancy, rent, utilities, and maintenance (20,612). Row 15: Printing, publications, postage, and shipping (1,583). Row 16: Other expenses (20,888). Row 17: Total expenses (155,591). Row 18: Excess or (deficit) for the year (14,198). Row 19: Net assets or fund balances at beginning of year (143,141). Row 20: Other changes in net assets or fund balances (0). Row 21: Net assets or fund balances at end of year (157,339).

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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 [X]

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...
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35 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
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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures direct or indirect, as described in the instructions. 37a 0.
37 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?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 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:
40 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 900-EZ?
40 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
40 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 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
42 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)?
42 c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
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 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
44 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
44 c Did the organization receive any payments for indoor tanning services during the year?
44 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

Table with Yes/No columns and a checked 'X' in the No column for line 46.

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

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

Table with Yes/No columns for line 47.

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

Table with Yes/No columns for line 48.

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

Table with Yes/No columns for line 49a.

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

Table with Yes/No columns for line 49b.

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 title of each employee, (b) 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, (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: Travis Larson, President. Date: 10-24-18.

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 G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

▶ Attach to Form 990 or 990-EZ.

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Department of the Treasury
Internal Revenue Service

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of organization

Employer identification no.

Okeechobee County Farm Bureau, Inc.

59-1102390

Part I Fund Raising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitations of non-government grants
- f Solicitations of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entites (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 YF & R (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add Col. (a) through Col. (c))
	1 Gross receipts	14,399		
2 Less: Contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	6,179			6,179
8 Entertainment				
9 Other direct expenses	262			262
10 Direct expense summary. Add lines 4 through 9 in column (d)				6,441
11 Net income summary. Subtract line 10 from line 3, column (d)				7,958

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.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add Col. (a) through Col. (c))
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

- 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? Yes No
- b If "No," Explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If "Yes," Explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 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? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, Columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
Okeechobee County Farm Bureau, Inc.

Employer identification number
59-1102390

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

Description	Sales Price	Cost	Expenses/ Imprvmnts	Deprec
Roof		494.		158.
Date Acquired:				
How Acquired:				
Date Sold:				
Sold to:				
Light Pole		220.		220.
Date Acquired:				
How Acquired:				
Date Sold:				
Sold to:				

Part I, Line 8 - Other Revenue

Service Fees	85,441.
Sales Tax Collected	657.
Adjuster Reimbursements	300.
Agent Reimbursements	6,618.
Rent	1,600.
	94,616.

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

Florida Farm Bureau Federation Dues	29,725.	
Okeechobee Educational Foundation	6,500.	
Totals:	36,225.	0.

Name of the organization

Okeechobee County Farm Bureau, Inc.

Employer identification number

59-1102390

Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Total</u>
Office Expense	2,955.
Meeting & Travel	7,654.
Contributions	279.
Dues & Subscriptions	77.
Special Proj/Prom	397.
Fed Income Tax	5,843.
Misc	272.
Ag Education	2,100.
Sales Tax	406.
Awards	750.
Farm City Week	155.
	<hr/>
Totals:	20,888.
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Part II, Line 24 - Other Assets

Inventory	1,719.
	<hr/>
	1,719.
	<hr/> <hr/>

Part II, Line 26 - Other Liabilities

Payroll Liabilities	1,661.
	<hr/>
	1,661.
	<hr/> <hr/>

Name of the organization

Okeechobee County Farm Bureau, Inc.

Employer identification number

59-1102390

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

Line 28) 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. This year's topic was 'How has the introduction of agricultural mobile apps impacted the agriculture industry?'

Line 29) In 2017 Florida agriculture suffered unprecedented losses due to Hurricane Irma. All farm sectors on the peninsula were affected, including dairies. In addition to structural, fencing and crop damages, farm owners and their employees endured major disruptions to food, water, fuel and electrical power supplies. Dairy farmers were especially supportive of their workers and families by providing home repairs and emergency supplies such as tarpaulins, generators food and water. Farm Bureau members, county Farm Bureau board members and their employees were leaders in this community relief effort. They ensured that employees and their families received sufficient necessities of life during the lengthy period of recovery and reconstruction work following this natural disaster.

Line 30) Following the release of a series of so-called animal rights videos that targeted animal care at dairies later in the year, Farm Bureau was instrumental in combating the misinformation distributed throughout social media. Our members hosted public tours to offer guests firsthand educational information about the family farms that produce milk and other dairy products in our state.

Name of the organization

Employer identification number

Okeechobee County Farm Bureau, Inc.

59-1102390

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 Director	1	0.	0.	0.
Travis J Larson President	3	0.	0.	0.
David E Hazellief 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.
Davy Altman Director	1	0.	0.	0.
Sage Gray Director	1	0.	0.	0.
Carey Daniel Director	1	0.	0.	0.
Stephanie Pelaez Director	1	0.	0.	0.

(continued)

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

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

Name & Title	Average hours per week	Compensation	emp bene plans /deferred comp	Other Comp
John Small Director	1	0.	0.	0.