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Form 990-EZ

Short Form

2949202619305 9
OMB No 1545-1150

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
InspectionDepartment of the Treasury
Internal Revenue Service

► 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. 1808

A For the 2017 calendar year, or tax year beginning 9-1 , 2017, and ending 8-31 , 20 18

B Check if applicable	C Name of organization Cleveland County Farm Bureau		D Employer identification number 73-6102131
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 800 S W. 134th		E Telephone number 405.912.5021
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code Oklahoma City, OK 73170		F Group Exemption Number ► 1480
<input checked="" type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

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: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ▲ (insert no) 4947(a)(1) or 527K 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **152,260.62**

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

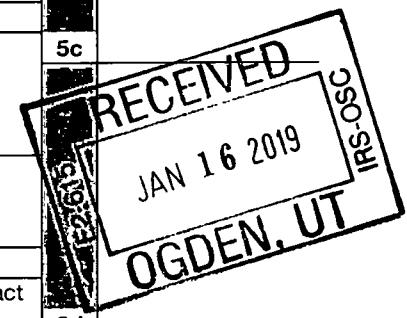
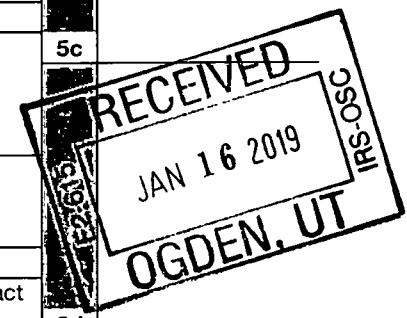
Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 38,723
	4 Investment income	4 366
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis 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
Expenses	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 exceeds \$15,000)	6b
	c Less: direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8 113,172
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 152,261
	10 Grants and similar amounts paid (list in Schedule O)	10
Net Assets	11 Benefits paid to or for members	11 8,153
	12 Salaries, other compensation, and employee benefits	12 118,519
	13 Professional fees and other payments to independent contractors	13 2,560
	14 Occupancy, rent, utilities, and maintenance	14 21,320
	15 Printing, publications, postage, and shipping	15 1,533
	16 Other expenses (describe in Schedule O)	16 8,471
	17 Total expenses. Add lines 10 through 16 ►	17 160,556
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -8,295
	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)	19 361,355
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 353,060

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2017)

SCANNED MAR 20 2019



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 year	(B) End of year
22	Cash, savings, and investments	275,001	269,980
23	Land and buildings	91,501	87,819
24	Other assets (describe in Schedule O)	50	0
25	Total assets	366,552	357,799
26	Total liabilities (describe in Schedule O)	5,197	4,739
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	361,355	353,060

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

What is the organization's primary exempt purpose? **Improving the lives of rural Oklahomans**

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, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28			
(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 (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>		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.

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

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) 34

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a

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 35b

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 35c

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 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

38a 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 outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter. 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40b

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 40c

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 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

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 ► Oklahoma

42a The organization's books are in care of ► AgRecords Dept. of OFB Telephone no. ► 405.523.2300
Located at ► 2501 N. Stiles, OKC, OK ZIP + 4 ► 73105 42b

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 ► 42c
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 the United States? 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 ► 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 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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 instructions) 45b

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 Yes No 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

		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 a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's 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."		

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

51 Complete this table for the organization's 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 business 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 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	<input style="width: 100%; height: 20px; border: 1px solid black; border-radius: 5px; margin-bottom: 5px;" type="text" value="Bobby Lee"/> <input style="width: 100%; height: 20px; border: 1px solid black; border-radius: 5px; margin-bottom: 5px;" type="text" value="Bobby Lee"/>	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="11/19"/>
	<input style="width: 100%; height: 20px; border: 1px solid black; border-radius: 5px; margin-bottom: 5px;" type="text" value="Signature of officer"/> <input style="width: 100%; height: 20px; border: 1px solid black; border-radius: 5px; margin-bottom: 5px;" type="text" value="Bobby Lee"/>	<input style="width: 100px; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="Date"/>
	<input style="width: 100%; height: 20px; border: 1px solid black; border-radius: 5px; margin-bottom: 5px;" type="text" value="Type or print name and title"/> <input style="width: 100%; height: 20px; border: 1px solid black; border-radius: 5px;" type="text" value="president"/>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Chris Howard	<i>Chris Howard</i>	11/20/10		
	Firm's name ► Oklahoma Farm Bureau		Firm's EIN ►	73-0382001	
	Firm's address ► 2501 N. Stiles, OKC, OK 73105		Phone no	405 523.2300	

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

Form 990-EZ (2017)

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

Cleveland County Farm Bureau

Employer identification number

73-6102131

Form 990EZ Page 1 - Other Revenue

Office Reimbursement	\$110,972.25
Rental Income	2,200.00
Total	\$113,172.25

Part 1 - Other Expenses

Office Supplies & Expenses	\$3,931.74
Property Taxes & Insurance	4,539.00
Federal Income Tax	-0-
State Income Tax	-0-
Interest Expense	-0-
Charitable Contributions	-0-
Total	\$8,470.74

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Part II - Other Assets	Beginning of Year	End of Year
Federal Tax Deposit	\$-0-	\$-0-
State Tax Deposit	-0-	-0-
Furniture & Fixtures	50.00	-0-
Total	\$50.00	\$-0-

Part II - Other Liabilities

Mortgage Payable	\$-0-	\$-0-
OFB Statement Payable	(335.00)	(793.50)
Hail Claim	5,531.96	5,531.96
Total	\$5,196.96	\$4,738.46

Name of the organization

Cleveland County Farm Bureau

Employer identification number

73-6102131

The organization does not have stockholders but it does have members. There are two types of members. One is an Associate member and the other is a Voting member. An Associate member includes someone who runs or operates a farm but whose average gross agricultural income is less than half their total income. An Associate member also includes someone working in Agribusiness Someone who is not directly related to Agriculture is an Associate member. Lastly, an Associate member can hold their membership through a church, FFA chapter, an association or by a corporation not producing agricultural products. A Voting member can be a family that gets the majority of its average gross income from the sale of agricultural products. A Voting member can also be held by a retired agricultural person living on an income or social security accrued and not employed full time in another occupation. A Voting member can also be held by a partnership or corporation receiving the majority of income from the sale of agricultural products.

Date	Activity	Participants	Hours
2/20-23/18	Spring Bonus Auction & Livestock Show	35 Members	30hrs.
10/10/17	Annual Meeting	89 Members	3hrs.
9/7-10/18	County Fair & Stock Show	60 Members	24hrs.