

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)

2018

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

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

- B Check if applicable:
  - Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

C  
 Okeechobee County Farm Bureau, Inc.  
 401 NW 4th St  
 Okeechobee, FL 34972-2550  
 05

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) (insert no.)  4947(a)(1) or  527

K Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

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 ... \$ 187,092.

## Part II 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.

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1	Contributions, gifts, grants, and similar amounts received		1	
2	Program service revenue including government fees and contracts		2	1,814.
3	Membership dues and assessments		3	67,688.
4	Investment income		4	1,081.
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	13,403.	
c	Less: direct expenses from gaming and fundraising events	6c	9,013.	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,390.	
7a	Gross sales of inventory, less returns and allowances	7a	8,911.	
b	Less: cost of goods sold	7b	6,967.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	1,944.	
8	Other revenue (describe in Schedule O)	8	94,195.	
9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	171,112.	
10	Grants and similar amounts paid (list in Schedule O)	10	35,082.	
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12	73,148.	
13	Professional fees and other payments to independent contractors	13		
14	Occupancy, rent, utilities, and maintenance	14	20,905.	
15	Printing, publications, postage, and shipping	15	1,451.	
16	Other expenses (describe in Schedule O)	16	27,314.	
17	<b>Total expenses</b> Add lines 10 through 16	17	157,900.	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,212.	
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	157,339.	
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	170,551.	

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	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

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	Yes	No
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 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 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** Signature of officer: Michael L Band Date: 11-7-18  
 Type or print name and title: Vice President Michael L Band

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 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

▶ **Attach to Form 990 or 990-EZ.**

▶ **Go to [www.irs.gov/form990](http://www.irs.gov/form990) for instructions and the latest information.**

**2018**



Department of the Treasury  
Internal Revenue Service

Name of organization  
**Okeechobee County Farm Bureau, Inc.**

Employer identification no.  
**59-1102390**

**Part II 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							
<b>Total</b>							

**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 <small>(event type)</small>	(b) Event #2  <small>(event type)</small>	(c) Other Events  <small>(total number)</small>	(d) Total Events (Add Col. (a) through Col. (c))
1 Gross receipts .....	13,403			13,403
2 Less. Contributions .....				
3 Gross income (line 1 minus line 2) .....				
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	9013			9013
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				9013
11 Net income summary. Subtract line 10 from line 3, column (d) .....				4390

**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 .....				
<b>Direct Expenses</b>				
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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**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	87,496.
Sales Tax Collected	15.
Adjuster Reimbursements	300.
Agent Reimbursements	3,984.
Rent	2,400.
	<u>94,195.</u>

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

Florida Farm Bureau Federation Dues	30,832.	
Okeechobee Educational Foundation	4,250.	
Totals:	<u>35,082.</u>	<u>0.</u>

Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Total</u>
Office Expense	3,608.
Meeting & Travel	7,369.
Contributions	997.
Dues & Subscriptions	76.
Special Proj/Prom	719.
Fed Income Tax	8,954.
Misc	59.
Ag Education	3,700.
Sales Tax	653.
Awards	875.
Farm City Week	59.
Sponsorship	100.
Employee Educ	145.
Totals:	<u>27,314.</u>

Part II, Line 24 - Other Assets

Inventory	2,582.
	<u>2,582.</u>

Name of the organization

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Employer identification number

59-1102390

Part II, Line 26 - Other Liabilities

Payroll Liabilities

1,240.

1,240.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) Okeechobee County Farm Bureau participated in a local Ag-Venture program. This two day program gives fourth grade students an opportunity to gain experience, understanding, and appreciation for our local agriculture. Students visit various commodity stations where they learn about our county's diverse agriculture.

Line 30) Okeechobee County Farm Bureau along with other agricultural businesses, local municipalities and associations banded together to educate and discuss the economic and environmental impacts arbitrarily lowering Lake Okeechobee levels would have on South Florida.

Name of the organization

Okeechobee County Farm Bureau, Inc.

Employer identification number

59-1102390

## Page 2, Part IV - Other Officers, Directors, Trustees, &amp; 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.
Davy Altman Director	1	0.	0.	0.
Sage Gray Director	1	0.	0.	0.
Stephanie Pelaez Director	1	0.	0.	0.
John Small Director	1	0.	0.	0.
Morgan Johnson 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, &amp; Key employees

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