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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)

OMB No 1545-1150 2018

Department 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.

Open to Public Inspection

ĀF	A For the 2018 calendar year, or tax year beginning 9-1 , 2018, and ending					8-31 , 20			
Вс	heck if ap	pplicable C Name of organization			D Employer identification number				
	Address cl	hange	Jackson County Farm Bureau	73-0718013					
=	Name cha	•	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	hone n	umber			
=	nitial retur	n/terminated	1001 E. Tamarack	_	58	30.482.5211			
=	Amended		City or town, state or province, country, and ZIP or foreign postal code	F Grou	лр Ехе	mption			
=	Application		Altus, OK 73521	Nun	nber 🕨	>	1480		
G A	\ccount	ing Method	☐ Cash	Check I	▶	if the organiza	ation is not		
I V	Vebsite	:▶		required	I to att	ach Schedule	в		
J T	ax-exem	npt status (che	eck only one) — ☐ 501(c)(3)	(Form 9	90, 990	0-EZ, or 990-	PF)		
		organization							
			7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total	al assets					
_			6500,000 or more, file Form 990 instead of Form 990-EZ		<u>▶</u> \$	<u> </u>	112,542		
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the						
			the organization used Schedule O to respond to any question in this Part I				<u> √</u>		
	1		ons, gifts, grants, and similar amounts received		1	ļ <u>.</u>			
	2	-	ervice revenue including government fees and contracts		2				
	3		ip dues and assessments		3		17,977		
	4	Investment	1		4				
	5a		ount from sale of assets other than inventory			=1, (=0			
	b		or other basis and sales expenses	Ę		EIVED			
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Id fundraising events:	_[-50-		7 없는		
	6	-	ome from gaming (attach Schedule G if greater than	J 1005	AN.	7 2020	ΙΫΙ		
ō	a	\$15,000)	· · · · · · · · · · · · · · · · · · ·				RS-O		
Revenue	ь		me from fundraising events (not including \$ of contribution			CN LIT	┛═╽		
ě			alsing events reported on line 1) (attach Schedule G if the	ns O		EN, UT			
ш			th gross income and contributions exceeds \$15,000) 6b		7				
	С	Less: direc	t expenses from gaming and fundraising events 6c						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract	, 4 h				
		line 6c) .			6d				
	7a	Gross sale	s of inventory, less returns and allowances		. **		•		
	b	Less cost	of goods sold		لمستد				
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other reve	nue (describe in Schedule O)		8		94,565		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨	9		112,542		
Expenses	10		I similar amounts paid (list in Schedule O)		10				
	11	•	aid to or for members		11	_	14,279		
	l		ther compensation, and employee benefits	•	12		35,433		
	13		al fees and other payments to independent contractors		13		300		
	14		y, rent, utilities, and maintenance		14		32,024		
	15		ublications, postage, and shipping	• •	15		302		
	16	•	enses (describe in Schedule O)		16 17		23,464		
Net Assets	17		enses. Add lines 10 through 16		18		105,802		
	18 19		(deficit) for the year (Subtract line 17 from line 9) or fund balances at beginning of year (from line 27, column (A)) (must agree	 e with	'0		6,740		
	'3		ir figure reported on prior year's return)		19		202 716		
Ϋ́	20	•	ages in net assets or fund balances (explain in Schedule O)		20		283,716		
Ž	21		or fund balances at end of year. Combine lines 18 through 20	•	21		290,456		
		1451 833613	A A A A A A A A A A A A A A A A A A A			5arm 000-			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

						
Pa	Ralance Sheets (see the instructions					r==
	Check if the organization used Schedule	e O to respond to ar		(A) Beginning of year	_	
00	Cook source and investments		}-	· · · · · · · · · · · · · · · · · · ·		· · ·
22 23	Cash, savings, and investments		` ` ` ` ` }	47,131 231,838		53,440
24	Other assets (describe in Schedule O)			12,115		222,462 14,806
25	•			291,084		290,708
26	Total liabilities (describe in Schedule O)			7,368		250,700
27	Net assets or fund balances (line 27 of column		n line 21)	283,716		290,456
Par						230,430
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
	cribe the organization's program service accomplineasured by expenses. In a clear and concise r					nizations, optional for
	ons benefited, and other relevant information for e		•	,		
28						
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	▶ 🗆	28a	
29						
	(Grants \$) If this amoun	t includes foreign gra	ints, check here .	<u> ▶ ⊔</u> _	29a	
30	•••••					
						İ
	(O				20-	
24	(Grants \$) If this amount Other program services (describe in Schedule O)	t includes foreign gra			30a	·
31		t includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	
	List of Officers, Directors, Trustees, and Ke					tions for Part IV
	Check if the organization used Schedule					
	Official in the digulification according to	(b) Average	(c) Reportable	(d) Health benefits,		· ·
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0	Estimated amount of other compensation
Bran	don Bush	_]				
Pres	dent	1	0		0	0
TJ B	each	-1				
<u>Vice</u>	President	11	. 0		0	0
Sean	Bates					
Secr	-	11	0		<u> </u>	0
	Howard	-				_
Treas		1	0		0	0
	Moreau	-	0		0	O
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		\Box
22	Dubban and the IDOO K Was I amount of		Yes	No
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	33		- v
•	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	1	
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	✓.	
	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	✓	
С	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	25-		,
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		✓
00	during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	32477		702 790
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			1312
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	AMESSO A	√
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations Enter. Initiation fees and capital contributions included on line 9			
- 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 ▶			
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			
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	65.00	Transfer of the second
С	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			A T
	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			
41	List the states with which a copy of this return is filed Oklahoma	40e		✓
42a		405.52	3.2300	0
	Located at ► 2501 N. Stiles, OKC, OK ZIP + 4 ►		105	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	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).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	42c		
	If "Yes," enter the name of the foreign country ▶	720		
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		. 1	▶ ⊔
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			340
	completed instead of Form 990-EZ	44a	u=16 721m2.	√
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	4.47 @com	On 60 5517
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O.			
AE-	explanation in Schedule O	44d 45a		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	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		1

Form 990)-EZ (20	018)					•		Page 4	
			·	-				Ye	 _	
		ne organization engage, directly or in niction in didates for public office? If "Yes," of the contract of the							TEN	
Part V		Section 501(c)(3) Organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 7			
		All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and co	mplete the	e tables	for l	ines	
		50 and 51. Check if the organization used Sc	hadula O to respond	to any question in	thic Part VI					
		Check if the organization used Sc	nedule O to respond	to any question in	triis rait vi	· · ·	<u>· · · · </u>	Ye	s No	
		ne organization engage in lobbying If "Yes," complete Schedule C, Pai		section 501(h) electi		_	tax 4	7		
		organization a school as described i								
		ne organization make any transfers t					. 49	\rightarrow		
		s," was the related organization a solete this table for the organization's					. 49 ors. trus		L and kev	
		oyees) who each received more that								
			(b) Average	(c) Reportable		benefits,	(e) Estim	stimated amount of		
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC	contributions to employee benefit plans, and deferred compensation		other c			
				 	ООПРЕ	nsation				
		•••••								
					T -					
					 					
		••••••								
										
			{			Ĭ				
f	Total	number of other employees paid ov	rer \$100,000	. ▶ _						
		olete this table for the organization			t contractor	s who each	receive	ed mo	re than	
	\$100,	000 of compensation from the orga	anization. If there is no	one, enter "None."						
	(a)	Name and business address of each indepen-	dent contractor	(b) Type of se	(c) Compensation					
						<u> </u>				
	-			1						
										
				1						
				<u> </u>		<u> </u>				
		number of other independent contri	_			avet ettech				
		he organization complete Schedi leted Schedule A	uie a/ Note: Ali se	ection 501(c)(3) orga			. a .▶∐ Y	es [] No	
		of penjury, I declare that I have examined this d complete Declaration of preparer (other tha					owledge a	and beli	ef, it is	
	_	Banker Bush				2/30/19				
Sign		Signature of officer	D > 1 1		Da	te				
Here		Type or print name and title	President	/ 						
 Paid		Print/Type preparer's name	Preparer's signature	// // 10	ate	Check	ıf PTIN	1		
Prepa	rer	Chris Howard	1 Jul	Hell	12/12	self-employ	yed			
- 1			1 / '	, • ·	1 -	_			_	

Firm's name > Oklahoma Farm Bureau

Firm's address ► 2501 N Stiles, OKC, OK 73105

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

Use Only

73-0382001

405 523 2300

► ✓ Yes 🗌 No

Firm's EIN ▶

Phone no

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Jackson County Farm Bureau 73-0718013 Form 990EZ Part 1 - Other Revenue Office Reimbursement \$79,984.20 Rent Income & Salary Reimb. 14,581.00 Total \$94,565.20 Part 1 - Other Expenses Office Supplies and Expense \$2,494.98 Property Taxes and Insurance 7,990.00 Federal Income Tax 7,650.91 State Income Tax 5,234.06 Interest Expense 94.22 Total \$23,464.17 Page 2 Part II Beginning of Year End of Year Other Assets Furniture & Fixtures \$7,955.29 \$4,766 41 Federal Tax Deposit 2,800.00 7,640.00 State Tax Deposit 1,200.00 2,400.00 Accounts Receivable 160.00 -0-Total \$12,115.29 \$14,806.41 Liabilities OFB Payable \$324.50 \$252.00 Loan Payable 7,043.76 Total \$7,368.26 \$252.00

2/18/19 Leadership Conference

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number 73-0718013 Jackson County Farm Bureau 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 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 member that gets the majority of its average gross income from the sale of agricultrual 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 County activities 9/6/18 Annual Meeting Tyler, Mary, KC, Kerrick, Cole 9/26/18 OALP Tour Matt, Keeff 8 hours 10/10/18 Board Meeting Matt, Brandon, Brad, Keeff, Haley 11/16/18 State Convention Brandon, Brad, Keeff, Bob, Jennifer, Renee 8 hours 12/12/18 Board Meeting Matt, Brandon, Sean, Bob, Brad, Keeff 1/9/19 Board Meeting Matt, Brandon, TJ, Bob, Keeff, Monte, Haley, Berry Brandon, TJ, Sean, Bob, Brad, Matt, Keeff, Haley 2/6/19 Board Meeting

Bob Howard, Brad Moreau, Matt Muller