

2008

OMB No 1545-0047

2019

Open to Public Inspection

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)

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

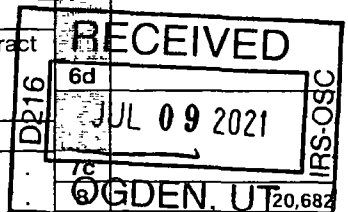
A For the 2019 calendar year, or tax year beginning 9-1, 2019, and ending 8-31, 20 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OKLAHOMA FARM BUREAU GARFIELD COUNTY Number and street (or P O box if mail is not delivered to street address) Room/suite 408 W WILLOW RD City or town, state or province, country, and ZIP or foreign postal code ENID, OK 73701
D Employer identification number 73-0581461	E Telephone number 580-137-1181
F Group Exemption Number 1480	G Accounting Method <input type="checkbox"/> Cash <input checked="" 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: ▶
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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 48,534	

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 <input checked="" type="checkbox"/>	
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 24,867
4 Investment income	4 3,296
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 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
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 48,845
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11 19,495
12 Salaries, other compensation, and employee benefits	12 0
13 Professional fees and other payments to independent contractors	13 300
14 Occupancy, rent, utilities, and maintenance	14 15,737
15 Printing, publications, postage, and shipping	15 143
16 Other expenses (describe in Schedule O)	16 18,530
17 Total expenses. Add lines 10 through 16	17 54,205
Net Assets	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18 -5,360
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)	19 297,095
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	21 291,735

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2019)



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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	259,263	22 258,868
23 Land and buildings	31,002	23 30,032
24 Other assets (describe in Schedule O)	7,520	24 3,320
25 Total assets	297,785	25 292,220
26 Total liabilities (describe in Schedule O)	690	26 485
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	297,095	27 291,735

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)	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 ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
GARY JOHNSON President	2	0	0	0
JOE PEEPER Vice President	2	0	0	0
WENELL VENCL Secretary	2	0	0	0
RANDY DENKER Treasurer	2	0	0	0
ELMER ANGLIN Director	1	0	0	0
BRADY BOND Director	1	0	0	0
KIM FORD Director	1	0	0	0
CLINT MACK Director	1	0	0	0
DESDIVE MILACEK Director	1	0	0	0

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	39a	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	39b	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	40a	<input type="checkbox"/>
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	<input type="checkbox"/>
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 ▶	40c	<input type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	40d	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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, OKLAHOMA CITY, OK ZIP + 4 ▶ 73105		
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 ▶	42b	<input checked="" type="checkbox"/>
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 ▶	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>	43	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

- 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		<input checked="" type="checkbox"/>

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

	Yes	No
47		

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

48		
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- 49a 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 a section 527 organization?

49b		
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- 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."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (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 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	Signature of officer <i>Joseph Peeper</i>	Date <i>1-7-2021</i>
	Type or print name and title <i>Joseph Peeper Co-President</i>	

Paid Preparer Use Only	Print/Type preparer's name DONNA PACE	Preparer's signature <i>Donna Pace</i>	Date <i>12/11/2020</i>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <i>OKLAHOMA FARM BUREAU</i>	Firm's EIN <i>73-0382001</i>			
	Firm's address <i>2501 N STILES, OKLAHOMA CITY, OK 73102</i>	Phone no <i>405-523-2300</i>			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

90-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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019**Open to Public Inspection**Treasury
Service

ization

ARM BUREAU GARFIELD COUNTY

Employer identification number

73-0581461

PART 1 - OTHER REVENUE

REIMBURSEMENT \$12,558.06

GROSS INCOME 2,775.00

REIMBURSEMENT 300.13

FAMILY DAY 5,048.70

20,681.89

EXPENSES

SUPPLIES & EXPENSES 6,119.38

TAXES & INSURANCE 5,310.90

INCOME TAX 2,500.00

INCOME TAX -82.21

EQUIPMENT MAINTENANCE 3,936.97

OTHER EXPENSES 385.14

RETIREMENT CONTRIBUTIONS 360.00

18,530.18

PART 2 - OTHER ASSETS

BEGINNING OF THE YEAR

END OF THE YEAR

EQUIPMENT & FIXTURES 2,320.04 1,319.89

CASH DEPOSITS 4,000.00 1,500.00

DEPOSITS 1,200.00 500.00

7,520.04 3,319.89

E 690.50 485.50

690.50 485.50

Name of the organization

Employer identification number

OKLAHOMA FARM BUREAU GARFIELD COUNTY

73-0581461

The Organization does not have stockholders, but it does have members. There are two types of members. One is the Associate member and the other is the Voting member. An Associate member includes some one 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 the 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 gross income from the sale of average 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

ANNUAL COUNTY ACTIVITY REPORT

DATE	ACTIVITY	PARTICIPANTS	HOURS
Sept 2019-Aug 2020	BOARD MEETINGS	BOARD MEMBERS	1.5 hrs each
SEP 2019	WLC STATE LEADERSHIP CONF	DESI MILACEK & MARY JO PEEPER	19 hrs
SEP 2019	WHEAT NUTRITION MEETING	WENDELL VENCL	2 hrs
OCT 2019	FCCLA TAKE AIM WLC	MARY JO PEEPER	
NOV 2019	OKFB ANNUAL STATE CONV	9 ATTENDED	
JAN 2020	KNID AGRIFEST BOOTH	20 PRESENT	
FEB 2020	GREAT PLAINS CO-OP MTG	ANGLINS	
MAY 2020	FOOD FOR SHUT-INS	WLC	
AUG 2020	AREA MEETING	JOHNSON, MILACEK, ANGLIN, MACK, BUKMINSTER	3 hrs