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)

2019

OMB No 1545-0047

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

Internal Revenue Service Go to www.irs.gov/rormssoc2 for instructions and the latest information.						<u>'/</u> -							
A For the 2019 calend		2019 calend	ar year, or tax year beginning	9-1	, 2019 <u>,</u>	and ending		3-31	, 20 20				
B Check if applicable			C Name of organization			D Employer identification number							
	Address change		Oklahoma Farm Bureau Jackson (73-0718013					
닏	Name change		Number and street (or P O box if mail is	not delivered to street a	ddress)	Room/suite	E Teleph	one nun	nber				
님	Initial retur		1001 E. Tamarack					580-	482-5211				
H	Final return/terminated Amended return City or town, state or province, country, and ZIP or foreign postal code					76	F Group	Group Exemption					
=	Application		Altus, OK 73521			()7	Numb	umber ▶ 1480					
		ing Method	Cash Accrual Other (sp	pecify) ►	_	Н	Check ▶	 √ if t	he organization is not				
	Vebsite	-						ed to attach Schedule B					
			eck only one) — 501(c)(3) 501(d	c) (5) ◀ (insert no) 4947(a)(1) o	<u>- □52</u> 7	•	990, 990-EZ, or 990-PF)					
_		organization		Association			<u>·</u>						
			7b to line 9 to determine gross receip			nore, or if tota	l assets						
			\$500,000 or more, file Form 990 inste)	▶ •	98,546				
	art i		e, Expenses, and Changes i		Fund Balanc	es (see the	instruct	tions f					
-	arti		the organization used Schedule										
	1		ons, gifts, grants, and similar amo					1					
			ervice revenue including governm				· · · -	2					
	2	_					· ·	3	40 400				
	3		ip dues and assessments				· · · -	4	19,188				
	4	Investmen				 I	· · · }	4					
	5a		ount from sale of assets other that	•	. <u>5a</u>								
	b	· · · · · · · · · · · · · · · · · · ·											
	C	, , , , , , , , , , , , , , , , , , , ,							DEORNATE				
	6	Gaming and fundraising events RECEIVED											
a)	a	445,000											
Ž		-			6a			C23	FED A 1 2004				
Revenue	b		ome from fundraising events (not i			f contribution	ıs	S	FEB 0 1 2021				
æ	1		raising events reported on line 1)					I					
		sum of suc	ch gross income and contribution	s exceeds \$15,000					OGDEN, UT				
	С		ct expenses from gaming and fun-			L		7					
	d		ie or (loss) from gaming and fun	draising events (a	dd lines 6a and	d 6b and sul	btract _						
		line 6c)					. [6d					
	7a	Gross sale	es of inventory, less returns and al	lowances	7a								
	b		of goods sold		7b								
	С	Gross prof	fit or (loss) from sales of inventory	(subtract line 7b f	rom line 7a) .	`	[7c					
3	8	Other reve	nue (describe in Schedule O)				[8	79,358				
j	9		nue. Add lines 1, 2, 3, 4, 5c, 6d,				. ▶	9	98,546				
Net Assets Expenses	10	Grants and	d similar amounts paid (list in Sch	edule O)				10					
	11	Benefits pa	aid to or for members				[11	14,091				
	12	Salaries, o	ther compensation, and employe	e benefits			[12	0				
	13		Professional fees and other payments to independent contractors				[13	300				
	. 14	Occupano	Occupancy, rent, utilities, and maintenance				[14	35,415				
	15	•	inting, publications, postage, and shipping				15	585					
	16		enses (describe in Schedule O) .					16	20,987				
	17		enses. Add lines 10 through 16.				` ▶	17	71,378				
<u>خ</u>	18	Excess or	(deficit) for the year (subtract line	17 from line 9)				18	27,168				
.Vž	19		s or fund balances at beginning				with		27,100				
SS	1		ar figure reported on prior year's r					19	290,456				
۲	20	-	nges in net assets or fund balance	-				20	230,430				
Š	20		•		•		_	21	247.624				
_	21	ivet assets	et assets or fund balances at end of year. Combine lines 18 through 20					<u> </u>	317,624				

	<u> </u>					
Pa	Balance Sheets (see the instructions			.		
•	Check if the organization used Schedule	O to respond to ar		(A) Beginning of year	<u> </u>	
	Cook source and investments		-			``
22	Cash, savings, and investments			53,440		126,968
23	Land and buildings		· · · · · ·	222,462 14,806		182,981
24 25	Total assets		· · · · ·	290,708		7,960
26	Total liabilities (describe in Schedule O)		· · · · · ·	290,708		317,909
27	Net assets or fund balances (line 27 of column			290,456		
Par						317,024
1 41	Check if the organization used Schedule	•		•		Expenses
What	is the organization's primary exempt purpose?					uired for section
	ribe the organization's program service accompli			rogram convices		c)(3) and 501(c)(4)
as m	easured by expenses. In a clear and concise m	nanner, describe the	e services provided	the number of	other	
	ons benefited, and other relevant information for ea		promote promote	,		
28						
		includes foreign gra			28a	
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here	▶ 🗆	29a	
30						
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
	Total program service expenses (add lines 28a				32	(5
Par	•					_
	Check if the organization used Schedule		(c) Reportable	Part IV	\div	· · · · <u>U</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
IT D			, , , , , , , , , , , , , , , , , , , ,	,	+	
JT Be Presi	***************************************	1	o		0	0
	Bates				" -	
	President	1 1	0		اه	0
	Howard	<u> </u>			1	
Secre		1 1	o		o	0
	Moreau					
Treas		1	o		o	0
	Felty		_			
Direc		1	0		o	0
Matt	Muller					
Direc	tor] 1	0	_	0	0
Bran	don Bush					
Direc	tor	1	О		0	0
		i	1	I	1	



Part				
'	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
20	Did the annual to the IDC2 If "Vee " provide a		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 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	15	√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		S.C.	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	ma fr	√
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
700	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ν, 	13, 13
ь	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		
С	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	, a , j	, , ,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	1000	✓
41	List the states with which a copy of this return is filed ▶ Oklahoma			
42a	The organization of books are in our of the state of the	105-52		0
	Located at ► 2501 N Stiles, Oklahoma City, OK ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	731		NI -
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO /
	If "Yes," enter the name of the foreign country ▶	720		-2-1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	3 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1	. : [;:	1-
	Financial Accounts (FBAR).	, , , , , , , , , , , , , , , , , , ,	1. 1	
,C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	_	✓.
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
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	EE	✓
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	, rej	\ \
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	4, 1, 2, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	
		1.00		

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Form **990-EZ** (2019)

		n engage, directly or in ublic office? If "Yes," o						Tes No		
Part \	Section 501 All section 50 50 and 51.	(c)(3) Organizations 01(c)(3) organization organization used Scl	s Only s must answer que	stions 47–49b and	52, and cor		•	or lines		
48 49a b 50	Did the organization year? If "Yes," communities the organization and the organization of "Yes," was the recomplete this table employees) who ea		47 48 49a 49b ors, truste	es, and key						
	(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			
			2100.000							
f Total number of other employees paid over the organization \$100,000 of compensation from the organization (a) Name and business address of each independent			's five highest compe inization. If there is no				received			
d	Total number of other	ner independent contra	actors each receiving	over \$100,000						
52	Did the organizati completed Schedu	on complete Schedule A	ule A? Note: All se	ection 501(c)(3) orga			.►□ Yes			
Sign Here	rect, and complete Declar Signature of	re that I have examined this iration of preparer (other that officer Bottes) name and title	return, including accompan n officer) is based on all info	ying schedules and stateme ormation of which preparer i	ents, and to the has any knowled	-13-2	nowledge and	1 belief, it is		
Paid Prepa Use (Only Firm's name Firm's address	Oklahoma Farm Bure 2501 N Stiles, Oklaho eturn with the prepare		Check self-emplo		-2300				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(Name of the organization)

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

(Employer identification number)

73-0718013 Oklahoma Farm Bureau Jackson County FORM 990EZ PART 1 - OTHER REVENUE OFFICE REIMBURSEMENT \$68,301.47 11,057.00 RENT INCOME TOTAL \$79,358.47 OFFICE SUPPLIES & EXPENSES \$2,248.67 PROPERTY TAXES & INSURANCE 8,590.00 FEDERAL INCOME TAX 8,098.95 STATE INCOME TAX 2,049 82 TOTAL \$20,987.44 PAGE 2 PART II - OTHER ASSETS BEGINNING OF THE YEAR END OF THE YEAR FURNITURE & FIXTURES \$4,766.41 \$2,859.85 FEDERAL TAX DEPOSITS 7,640 00 4,100.00 1,000.00 STATE TAX DESPOSITS 2,400.00 TOTAL \$14,806.41 \$7,959 85 LIABILITIES OFB PAYABLE \$252.00 \$284 50 TOTAL \$252.00 \$284.50 (Name of the organization)

Oklahoma Farm Bureau Jackson County

73-0718013

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 ACTIVITY PARTCIPANTS HOURS DATE 9/5/2019 Annual Meeting Brandon, TJ, Sean, Bob, Keeff, Matt 10/28/2019 Board Meeting Brandon, TJ, Sean, Bob, Brad, Keeff, Ericka, Kathryn 11/8/2019 State Convention Brad, Bob, Keeff, Matt, Kellie, Lincoln, Renee, Brent, Jennife 10 hours each 11/18/2019 Hosted Farm Tour Navaho PS Matt & Kellie 12/5/2019 Cheyenne HS Career Day **Brandon Bush** 12/5-6/2019 NAWG Strategy Planning Keeff Felty Ag Pref Christmas Dinner 12/8-9/2019 TJ Beach 12/13-14/2019 Cotton Seed Mtg Keeff Felty 12/18/2019 Board Meeting Brandon, TJ, Sean, Bob, Keeff, Matt Hakey 1/20/2020 TJ, Sean, Bob, Brad, Keeff, Matt, Thad Board Meeting 1/9/2020 OK Wheat mtg Bob, Keeff 1/17/2020 AFBF Convention Bob, Renee H 1/22-23/2020 Red River Crops Conf Keeff, Matt, Bob H, TJ 2/10/2020 Cotton Tour Matt, Kellie, TJ, Diane, Jason 2/12/2020 Board Meeting TJ, Bob, Brad, Keeff, Matt, Brandon, Haley, Dewayne 2/20/2020 Water Issues Advisory Board Matt Muller May-August 2020 **Board Meetings** Bob, Brad, Keeff, Brandon, Haley, TJ, Sean