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OMB No 1545-1150

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

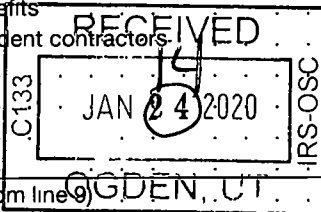
A For the 2018 calendar year, or tax year beginning 9-1, 2018, and ending 8-31, 2019	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHEROKEE COUNTY FARM BUREAU Number and street (or P O box, if mail is not delivered to street address) Room/suite 1919 MAHANEY AVE City or town, state or province, country, and ZIP or foreign postal code TAHLEQUAH OK 74464
D Employer identification number 73-0662032	
E Telephone number 918-456-8841	
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. \$ 74,538	

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	12,917
	4	Investment income	4	2,759
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	58,862	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,538	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	21,980
	12	Salaries, other compensation, and employee benefits	12	25,871
	13	Professional fees and other payments to independent contractors	13	360
	14	Occupancy, rent, utilities, and maintenance	14	16,873
	15	Printing, publications, postage, and shipping	15	343
	16	Other expenses (describe in Schedule O)	16	21,541
	17	Total expenses. Add lines 10 through 16	17	86,968
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,430
	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	389,790
	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	377,360

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)SCANNED
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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	313,880	22 302,771
23	Land and buildings	73,389	23 69,624
24	Other assets (describe in Schedule O)	5,385	24 7,947
25	Total assets	392,654	25 380,341
26	Total liabilities (describe in Schedule O)	2,865	26 2,982
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	289,789	27 377,359

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? **IMPROVE THE LIVES OF RURAL OKLAHOMA**

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) <input type="checkbox"/>		
	(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 ☐

[illegible]

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		✓
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	✓	
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)?	✓	
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	✓	
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		✓
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		✓
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:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	40b	
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 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	40e	✓
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	✓
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	✓
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		<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>Ronald Timmons</i>	Date <i>01/09/2020</i>
	Type or print name and title <i>Ronald Timmons Co Bd President</i>	

Paid Preparer Use Only	Print/Type preparer's name JERILYN LUCY	Preparer's signature <i>Jerilyn Lucy</i>	Date <i>10-24-19</i>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ OKLAHOMA FARM BUREAU	Firm's EIN ▶ 73-0382001			
	Firm's address ▶ 2501 N STILES OKLAHOMA CITY OK 73105	Phone no 405-523-2300			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHEROKEE COUNTY FARM BUREAU

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

2018

**Open to Public
Inspection**

Employer identification number

73-0662032

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PART 1 - OTHER REVENUE

OFFICE INCOME 58,862.01

RENTAL INCOME 0

TOTAL OTHER REVENUE 58,862.01

PART 1 - OTHER EXPENSES

OFFICE SUPPLIES 8,701.03

PROPERTY TAXES & INSURANCE 5,535.00

FEDERAL INCOME TAX 5,913.63

STATE INCOME TAX 1,391.42

TOTAL OTHER EXPENSES 21,541.08

PART II - OTHER ASSETS BEGINNING OF YEAR ENDING OF YEAR

FEDERAL TAX DEPOSIT 3,500.00 5,800.00

STATE TAX DEPOSIT 1,400.00 1,800.00

FURNITURE & FIXTURES 485.25 346.61

TOTAL OTHER ASSETS 5,385.25 7,946.61

PART II - OTHER LIABILITIES

OFB PAYABLE 2,864.50 2,981.50

TOTAL OTHER LIABILITIES 2,864.50 2,981.50

Name of the organization

Employer identification number

CHEROKEE COUNTY FARM BUREAU

73-0662032

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.

ANNUAL COUNTY ACTIVITY REPORT

DATE	ACTIVITY	PARTICIPANTS	TIME -- MEMBER
08-16-2018	OKFB AREA MEETING	BOARD MEMBERS	2 HOURS
09-17-2018	RESOLUTIONS MEETING	BOARD MEMBERS	1 1/2 HOURS
10-08-2018	ANNUAL MEETING	BOARD MEMBERS	2 HOURS
12-18-2018	WELDING PROGRAM - VOTECH	BOARD MEMBERS	2 HOURS
02-21-2019	OPEN HOUSE	BOARD MEMBERS	3 HOURS
03-18-2019	FFA BONUS AUCTION (2)	BOARD MEMEBRS	4 HOURS
04-15-2019	WILDLIFE MNGT CLASS	BOARD MEMBERS	6 HOURS
08-19-2019	NATIONAL TRAPPER CONV	BOARD MEMBERS	6 HOURS