As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492135043579 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 01-01-2018 and ending 12-31-2018 B Check if applicable D Employer identification number C Name of organization ECONOMIC COUNCIL OF OKEECHOBEE INC ☐ Address change 65-0174688 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 718 ☐ Final return/terminated (863) 467-0200 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return OKEECHOBEE, FL 349730718 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☐ Cash ☑ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►ECOK ORG **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization □ Corporation □ Trust □ Association □ 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) below) 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 1 2 Program service revenue including government fees and contracts . . . . . . . . . 2 4,190 3 70,556 Membership dues and assessments . . . . . . . 4 13 4 5a Gross amount from sale of assets other than inventory . . . . . 5b h Less cost or other basis and sales expenses . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 Less direct expenses from gaming and fundraising events **6**c 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 . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . 9 74,759 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 61,679 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 18,684 17 17 Total expenses. Add lines 10 through 16 80,363 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -5,604 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 43,075 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 37,471 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Form **990-EZ** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I

Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requiremen	ts in the	е	
	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		No
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		No
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		No
h	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		110
	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a	36		INO
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter	7		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
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		
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 sections4912, 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			
	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		No
41	List the states with which a copy of this return is filed -			
<b>42a</b> The	e organization's books are in care of ▶ JOHN WILLIAMS	<b>►</b> (863)	<b>4</b> 67-020	Λ
1110				<u> </u>
	Located at ▶ 2100 SOUTH PARROTT AVENUE OKEECHOBEE , FL ZIP + 4 U	➤ <u>34974</u>		
	At any long discount to a long day on a stable and a stab		Yes	No
D	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)?	42b		No
	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			
c	Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
·	If "Yes," enter the name of the foreign country	420		
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	_	▶ □	
	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	163	No
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		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
45b	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)	<b>45b</b>		No
		ı	ı	

								Yes	No
	the organization engage, directly or indiredidates for public office? If "Yes," complet			of or ın	opposition to				
Part VI		<u> </u>		•	• • •		46		No
-ait vi	All section 501(c)(3) organization		ions 47- 49b and 52	2, and	complete the ta	ables f	for lır	nes 50	and
	<ol><li>51.</li><li>Check if the organization used Schedu</li></ol>	le O to respond to any q	juestion in this Part VI						]
								Yes	No
	the organization engage in lobbying activ Yes," complete Schedule C, Part II	ities or have a section 50	01(h) election in effect	during	the tax year?	. [	47		
<b>18</b> Is t	he organization a school as described in s	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		. [4	48		
<b>19a</b> Dıd	the organization make any transfers to a	n exempt non-charitable	related organization?			. 4	49a		
<b>b</b> If "	Yes," was the related organization a section	on 527 organization? .				. 4	19b		
	mplete this table for the organization's five o each received more than \$100,000 of co					es and	key e	employe	ees)
	a) Name and title of each employee	(b) Average	(c) Reportable	(d	I) Health benefits,			ımated	
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	ributions to employ penefit plans, and erred compensation	´	f other	compe	ensatio
				1					
f To	otal number of other employees paid over	\$100,000		<u> </u>	· · · •				
<b>51</b> Con	mplete this table for the organization's five	highest compensated in		· ·	each received mor	re than	n \$100	,000 of	
<b>51</b> Con	nplete this table for the organization's five npensation from the organization. If there	highest compensated ir is none, enter "None "	·						
<b>51</b> Con	mplete this table for the organization's five	highest compensated ir is none, enter "None "	·		each received mor			,000 of	
<b>51</b> Con	nplete this table for the organization's five npensation from the organization. If there	highest compensated ir is none, enter "None "	·						
<b>51</b> Con	nplete this table for the organization's five npensation from the organization. If there	highest compensated ir is none, enter "None "	·						
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<b>51</b> Con	nplete this table for the organization's five npensation from the organization. If there	highest compensated ir is none, enter "None "	·						
51 Con	mplete this table for the organization's five npensation from the organization If there  (a) Name and business address of	highest compensated in is none, enter "None " each independent contr	actor						
d To	mplete this table for the organization's five inpensation from the organization. If there (a) Name and business address of the organization is five inpensation and business address of the organization is five inpensation.	e highest compensated in is none, enter "None " each independent control of the c	\$100,000	(b) T	ype of service				
d Tc	mplete this table for the organization's five npensation from the organization If there  (a) Name and business address of	e highest compensated in is none, enter "None " each independent contr cors each receiving over  NOTE. All section 501(6)	\$100,000	(b) T	ype of service	(c) Cc	ompe	nsation	
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d To	mplete this table for the organization's five inpensation from the organization. If there  (a) Name and business address of the organization of the independent contract of the organization complete Schedule A?	e highest compensated in is none, enter "None " each independent contr  ors each receiving over  NOTE. All section 501(a	\$100,000	(b) T	ype of service	. ▶ □	Yes	nsation  insation	
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d To  52 D  onder per nowledge as any ki	mplete this table for the organization's five inpensation from the organization. If there  (a) Name and business address of other independent contract of the organization complete Schedule A? completed Schedule A? correct, and complete in the interest of perjury, I declare that I have exampled before the interest of perjury, I declare that I have exampled before the interest of officer.    OHN WILLIAMS TREASURER   Type or print name and title     Print/Type preparer's name   CHERYL M WILLIAMS	e highest compensated in is none, enter "None " each independent contr  ors each receiving over  NOTE. All section 501(	\$100,000	(b) To	ch a sand statements, ed on all information and the control of the	. • [ and to tion of victor of victo	Yes the b which	nsation  insation	
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Page **4** 

Form 990-EZ (2018)

## **Additional Data**

Software ID: Software Version:

**EIN:** 65-0174688

Name: ECONOMIC COUNCIL OF OKEECHOBEE INC

## Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)		
THE ECONOMIC COUNCIL OF OKEECHOBEE IS A NOT-FOR-PROFIT, NON-GOVERNMENTAL, NON-PARTISAN ORGANIZATION, AND TO SUCH END, SHALL UNDERTAKE OPERATIONS THAT (A) ACT AS A CATALYSIT BETWEEN THE PUBLIC AND PRIVATE SECTORS TO FOSTER DIALOGUE, PLANNING AND ACTION, (B) INVOLVE THE ECONOMIC, POLITICAL, AND SOCIAL PROCESSES OF THE COUNTY, (C) COMPRISE THE TOP INDUSTRY, BUSINESS, AND PROFESSIONAL LEADERS OF THE COMMUNITY, (D) PROMOTE PRINCIPLES OF GOOD GOVERNMENT AND GOOD CITIZENSHIP, (E) PROVIDE A FORUM FOR OPEN DISCUSSION OF MATTERS OF PUBLIC INTEREST, AND (F) ENCOURAGE SERVICE-MINDED INDIVIDUALS TO SERVE THEIR COMMUNITY	28a		
(Grants \$ ) If this amount includes foreign grants, check here ▶ □			

(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
JOHN WILLIAMS TREASURER	1 50	0		
KEITH WALPOLE CHAIR-ELECT	4 50	0		
FRANK IRBY PAST CHAIRMA	1 50	0		
TODD CLEMONS DIRECTOR	1 50	0		
STEVE DOBBS DIRECTOR	1 50	0		
JUSTIN DOMER DIRECTOR	1 50	0		
FRED FANIZZI SECRETARY	1 50	0		
STEPHANIE MITRIONE DIRECTOR	1 50	0		
SANDY PERRY DIRECTOR	1 50	0		
JEFF SUMNER CHAIRMAN	1 50	0		
WES WILLIAMSON DIRECTOR	1 50	0		
MACK WORLEY DIRECTOR	1 50	0		
DAWN HOOVER ALTERNATE DI	1 50	0		
ASHLEY TRIPP ALTERNATE DI	1 50	0		

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data -		DLN:	93492135043579	
(Form 990 or 990- EZ) Complete to provide inform Form 990 or 990-EZ or ► Attacl			ovide information for or 990-EZ or to prov Attach to Forn	ation to Form 990 or 990-EZ on for responses to specific questions on provide any additional information. Form 990 or 990-EZ. orm990 for the latest information.		2018 Open to Public Inspection	
Namel Betherofg ECONOMIC COUNC 990 Schedul	IL OF OKEECH	OBEE INC emental Informati	on		Employer identi 65-0174688	fication number	
Return Reference				Explanation			
FORM 990- EZ, PART I, LINE 16	898 MEMB	ERSHIP SOCIAL EXP	4,254 LICENSES & TA	INSURANCE 1,294 GENERAL XES 61 SOFTWARE 180 TELE 40 FORUM EXPENSES 2,315 (	PHONE & INTERN	IET 2,37	

NON-INVESTMENT DEPRECIATION 110 TOTAL 18,684

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990- EZ, PART II,	OFFICE FURNITURE & EQUIPMENT 2,472 2,472 LESS ACCUMULATED DEPRECIATION 2,005 2,115 TOTAL 467 357

LINE 24

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990-DEFERRED REVENUE 8,500 20,900 EZ, PART II, LINE 26

Return Explanation

990 Schedule O, Supplemental Information

Reference	·
FORM 990-	THE MISSION OF THE ECONOMIC COUNCIL OF OKEECHOBEE IS TO CREATE AN ENVIRONMENT THAT PROMOTE

EZ. PART III IS PRUDENT ECONOMIC GROWTH AND IMPROVES THE QUALITY OF LIFE IN OKEECHOBEE COUNTY, FLORIDA

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-	THE ECONOMIC COUNCIL OF OKEECHOBEE IS A NOT-FOR-PROFIT, NON-GOVERNMENTAL, NON-PARTISAN ORG
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LINE 28	N THE PUBLIC AND PRIVATE SECTORS TO FOSTER DIALOGUE, PLANNING AND ACTION, (B) INVOLVE THE
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