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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)

2013

Open to Public Inspection

Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Header section containing: A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014; B Check if applicable; C Levy County Farm Bureau; D Employer identification no. 59-0762995; E Telephone number (352) 493-4780; F Group Exemption Number 1805; G Accounting method Cash; H Check if the organization is not required to attach Schedule B; I Website: N/A; J Tax-exempt status 501(c)(5); K Form of organization: Corporation.

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$155,949.

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 [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total 150,563). Rows 10-17: Expenses (Total 136,442). Rows 18-21: Net Assets (Total 337,682). Includes a 'RECEIVED' stamp from IRS-OSC dated NOV 24 2014.

SCANNED DEC 17 2014

9 P

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 the year	(B) End of year
22 Cash, savings, and investments	174,196.	191,930.
23 Land and Buildings	149,098.	145,473.
24 Other assets (describe in Schedule O)	267.	279.
25 Total assets	323,561.	337,682.
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	323,561.	337,682.

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? Education Information Economic
 Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Schedule O . Page 2.		
(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 (attach schedule)		
(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 (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
O. Chad Johnson Director	.5	0.	0.	0.
Cecil W Benton President	2.75	0.	0.	0.
Ida Arlene Bell Secretary	1.25	0.	0.	0.
Brad Etheridge Director	.5	0.	0.	0.
Rollin Hudson Director	.5	0.	0.	0.
Wesley Sache Director	.5	0.	0.	0.
Vivian E Whitehurst III Director	.5	0.	0.	0.
Travis Wiygul Director	.5	0.	0.	0.
John Gray VP	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 [X]

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any 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)
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 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
37 a Enter amount of political expenditures direct or indirect, as described in the instructions 37a 0
b Did the organization file Form 1120-POL for this year? 37b X
38 a 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 unpaid at the start of the period covered by this return? 38a X
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
40 a 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) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Form 990 or 900-EZ? If "Yes," complete Schedule L, Part I 40b
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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 X
41 List the states with which a copy of this return is filed Florida
42 a The organization's books are in care of Peggi Justesen Tel. no. 386-418-4008 Located at 14435 NW US Hwy 441 Unit 20, Alachua, ZIP + 4 32615-8519
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)? 42b X
If "Yes", enter the name of the foreign country:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X
If "Yes", enter the name of the foreign country:
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 X
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 X
c Did the organization receive any payments for indoor tanning services during the year? 44c X
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 X
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 instr) 45b

	Yes	No
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	46	X

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

	Yes	No
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	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the 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 from the organization (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 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 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 and 4947(a)(1) nonexempt charitable trusts 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, this return 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]* Signature of officer *[Signature]* Date *11/6/14*
Type or print name and title.

Print preparer's name Preparer's signature Date Check if self-employed PTIN

Paid Preparer Use Only Firm's name Firm's address Firm's EIN Phone no.

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/forms990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Levy County Farm Bureau

Employer identification number

59-0762995

Part I, Line 8 - Other Revenue

Service Fees	84,558.
Sales Tax Collected	1.
	<u>84,559.</u>

Part I, Line 10 - Expenses - Grants and similar amounts paid

Florida Farm Bureau Federation Dues	<u>37,741.</u>	
Totals:	<u>37,741.</u>	<u>0.</u>

Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Total</u>
Office Expense	3,014.
Meeting & Travel	4,312.
Dues & Subscriptions	350.
Special Proj/Promo	470.
Advertising	434.
State & Federal Taxes	5,506.
Awards	2,000.
Equip Rental & Lease	60.
Totals:	<u>16,146.</u>

Part II, Line 24 - Other Assets

Inventory	<u>279.</u>
	<u>279.</u>

Name of the organization

Levy County Farm Bureau

Employer identification number

59-0762995

Page 2, Part III - Line 31, Other Program ServicesDescription

Line 28) We participated and sponsored 'Spread the Love' campaign during Food Check-out Week where we distributed information to educate the general public at local grocery stores on our safe, abundant domestic food supply.

Line 29) We hosted the Tri-County Ag-Venture program in conjunction with Gilchrist County Farm Bureau and other organizations. Students were given the opportunity to learn about the many sides of local agriculture in the tri-county area through hands-on educational activity stations.

Line 30) We support our youth by offering scholarships to students who pursue a career in agriculture. By doing so, we are promoting the betterment of agriculture and keeping our youth involved and motivated to strive for excellence.

Name of the organization

Levy County Farm Bureau

Employer identification number

59-0762995

O. Chad Johnson
PO Box 998, Chiefland, FL 32644

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