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ENVELOPE
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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)

OMB No 1545-1150

2013

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning <u>07/01</u> , 2013, and ending <u>06/30</u> , 2014	C Pinellas County Farm Bureau 1165 Lakeview Rd Clearwater, FL 33756-3586	D Employer identification no. <u>59-0792529</u>
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pend		E Telephone number <u>(727) 466-6390</u>
G Accounting method: ☒ Cash ☐ Accrual Other (specify) _____		F Group Exemption Number <u>1805</u>
I Website: <u>N/A</u>		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(5) (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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 83,522.

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	<u>0.</u>
	2 Program service revenue including government fees and contracts	2	<u>648.</u>
	3 Membership dues and assessments	3	<u>36,205.</u>
	4 Investment income	4	<u>3,172.</u>
	5a Gross amount from sale of assets other than inventory	5a	
	b 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		
	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 exceed \$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	<u>4,089.</u>	
b Less: cost of goods sold	7b	<u>3,715.</u>	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>374.</u>	
8 Other revenue (describe in Schedule O)	8	<u>39,408.</u>	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<u>79,807.</u>	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	<u>15,457.</u>
	11 Benefits paid to or for members	11	<u>0.</u>
	12 Salaries, other compensation, and employee benefits	12	<u>48,085.</u>
	13 Professional fees and other payments to independent contractors	13	<u>378.</u>
	14 Occupancy, rent, utilities, and maintenance	14	<u>14,443.</u>
	15 Printing, publications, postage, and shipping	15	<u>824.</u>
	16 Other expenses (describe in Schedule O)	16	<u>8,192.</u>
	17 Total expenses Add lines 10 through 16	17	<u>87,379.</u>
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>-7,572.</u>
	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	<u>247,376.</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	<u>6,182.</u>
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	<u>245,986.</u>

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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 the year	(B) End of year
22 Cash, savings, and investments	148,126.	22 148,917.
23 Land and Buildings	99,125.	23 96,942.
24 Other assets (describe in Schedule O)	167.	24 169.
25 Total assets	247,418.	25 246,028.
26 Total liabilities (describe in Schedule O)	42.	26 42.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	247,376.	27 245,986.

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

Expenses

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

optional for others)

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

28 See Schedule O. Page 2

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

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
David G Kudelko Director	1	0.	0.	0.
Debby Laramee President	2	0.	0.	0.
Jack S Bowman Director	1	0.	0.	0.
W Fred Petty Director	1	0.	0.	0.
Richard C Carroll Treasurer	2	0.	0.	0.
Alicia Chivers Vice Preside	1	0.	0.	0.
G Prentice Dort Director	1	0.	0.	0.
Jennifer Scott Director	1	0.	0.	0.
Leslie Waters Director	1	0.	0.	0.
Victoria S Bay Secretary	1.5	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 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)		X
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)?	X	
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	X	
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		X
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?		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?		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	Cathy Stock	
Located at	1165 Lakeview Rd, Clearwater, FL	
Tel no.	727-466-6390	
ZIP + 4	33756-3586	
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	

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		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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If

	Yes	No
47		

"Yes," complete Schedule C, Part II

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

48		
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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		
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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

Sign Here

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.

Deborah A. Laramie

Signature of officer

11/4/14
Date

Deborah A. Laramie
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

Pinellas County Farm Bureau

Employer identification number

59-0792529

Part I, Line 8 - Other Revenue

Service Fees

39,408.

39,408.

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

Florida Farm Bureau Federation Dues 15,457.

Totals: 15,457. 0.

Part I, Line 16 - Other Expenses

Description

Total

Office Expense

1,232.

Meetings & Travel

6,003.

Contributions

50.

Ag Education/Womn's Comm

795.

Misc

8.

Awards/Speech Contest

104.

Totals:

8,192.

Part I, Line 20 - Other changes in net assets or fund balances

Unrealized gain on Investment

6,182.

6,182.

Part II, Line 24 - Other Assets

Inventory

169.

169.

Part II, Line 26 - Other Liabilities

Payroll Liabilities

42.

42.

Name of the organization

Pinellas County Farm Bureau

Employer identification number

59-0792529

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

28) In November, we participated in Farm City Week held at Heritage Village in Largo. Our volunteers in conjunction with FNGLA, UF/IFAS, FFA, and the Pinellas County Government were able to serve over 500 people. This years theme was farming from the past, present, & the future. There were multiple commodity stations set up for hands on experiences. This event gives us the opportunity to educate mostly the urban population about the importance of agriculture.

29) During the Great American Teach In, our volunteers visit local elementary schools and read a agriculture related book to pre-K children. The children learned how cream becomes butter thru a hands on demonstration.

30) Each year we co-sponsor the annual State Floriculture and Nursery/Landscape career development day. The event is attended by 300 students, 60 advisors, and aprox. 50 volunteers. At school, students are taught the fundamentals and are given the opportunity to demonstrate what they have learned through projects and testing.

Name of the organization

Pinellas County Farm Bureau

Employer identification number

59-0792529

David G Kudelko
1165 Lakeview Rd, Clearwater, FL 33756

Debby Laramée
1165 Lakeview Rd, Clearwater, FL 33756

Jack S Bowman
1165 Lakeview Rd, Clearwater, FL 33756

W Fred Petty
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