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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

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

A For the 2014 calendar year, or tax year beginning	07/01, 2014, and ending	06/30, 2015
B Check if applicable	C Flagler County Farm Bureau 145 Cypress Point Pkwy # 201 Palm Coast, FL 32137-4749	
<input checked="" type="checkbox"/> Address change	D Employer identification no. 59-6177723	
<input type="checkbox"/> Name change	E Telephone number (386) 447-5282	
<input type="checkbox"/> Initial return	F Group Exemption	
<input type="checkbox"/> Final return	Number . . . ► 1805	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pend.		

G Accounting method: <input checked="" type="checkbox"/> Cash <input 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: ► N/A	
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: 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 ► \$ 111,925.

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 0 .
	2 Program service revenue including government fees and contracts	2 0 .
	3 Membership dues and assessments	3 47,852 .
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c 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 3,990 .
	b Less: cost of goods sold	7b 3,318 .
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 672 .
	8 Other revenue (describe in Schedule O)	8 60,083 .
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 108,607 .
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10 28,024 .
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 49,085 .
	13 Professional fees and other payments to independent contractors	13 250 .
	14 Occupancy, rent, utilities, and maintenance	14 20,982 .
	15 Printing, publications, postage, and shipping	15 1,018 .
	16 Other expenses (describe in Schedule O)	16 13,371 .
	17 Total expenses Add lines 10 through 16	17 112,730 .
NET ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -4,123 .
	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 29,194 .
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0 .
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 25,071 .

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	19,821	22	16,930
23 Land and Buildings	6,647	23	5,880
24 Other assets (describe in Schedule O)	3,283	24	3,553
25 Total assets	29,751	25	26,363
26 Total liabilities (describe in Schedule O)	557	26	1,292
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,194	27	25,071

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 measured by 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	We support Ag in The Classroom by hosting tours for teachers, students and administrators. These tours promote ag education and provide educational information.		
	(Grants \$) If this amount includes foreign grants, check here	28a	<input type="checkbox"/>
29	Our county promotes the betterment of agriculture by advocating, enhancing, and supporting ag related youth programs and training youth in proper animal welfare.		
	(Grants \$) If this amount includes foreign grants, check here	29a	<input type="checkbox"/>
30	We accomplish an Ag Venture ed. program for 500 students. This program focuses on agriculture and its benefits to Flagler Cty. Education Promotes Ag & its benefits		
	(Grants \$) If this amount includes foreign grants, check here	30a	<input type="checkbox"/>
31	Other program services (attach schedule).....		
	(Grants \$) If this amount includes foreign grants, check here	31a	<input type="checkbox"/>
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
Sam J Bertha II	1.5	0.	0.	0.
President				
Shannon Strickland	1	0.	0.	0.
VP				
Daniel C Johnston Jr	.5	0.	0.	0.
Treasurer				

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	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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)?	35a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37 a	Enter amount of political expenditures direct or indirect, as described in the instructions. ► 37a	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:	39a	
a	Initiation fees and capital contributions included on line 9	39b	
b	Gross receipts, included on line 9, for public use of club facilities		
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 ► _____	40b	
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 900-EZ? If "Yes," complete Schedule L, Part I	40c	
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	40d	
d	Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	<input checked="" type="checkbox"/>
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		
41	List the states with which a copy of this return is filed. ► Florida		
42 a	The organization's books are in care of ► Barbara Foster	Tel. no. ► 904-443-0013	
	Located at ► 6015 Chester Cir Ste 204, Jax, FL	ZIP + 4 ► 32217	
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	<input checked="" type="checkbox"/>
	If "Yes", enter the name of the foreign country: ► _____	42c	<input checked="" type="checkbox"/>
	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 of the U.S.?	42d	
	If "Yes", enter the name of the foreign country: ► _____	42e	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-- Check here ► <input type="checkbox"/>		
	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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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 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

Sign Here 11/4/15
 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.

Signature of officer *Sam Bertha II*
 Type or print name and title. *President*

Print preparer's name	Preparer's signature	Date	Check if self-employed ► <input type="checkbox"/>
			PTIN

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

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

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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

2014

**Open to Public
Inspection**

Name of the organization

Flagler County Farm Bureau

Employer identification number

59-6177723

Part I, Line 8 - Other Revenue

Service Fees	57,083.
Agent Reimbursement	3,000.
	<hr/>
	60,083.

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

Florida Farm Bureau Federation Dues	28,024.
Totals:	<hr/> 28,024. <hr/> 0.

Part I, Line 16 - Other Expenses

Description	Total
Office Expense	9,912.
Special Projects & Promo	1,183.
Meeting & Travel	931.
Advertising	720.
Contributions	575.
Tax Penalties	50.
Totals:	<hr/> 13,371.

Part II, Line 24 - Other Assets

Rent Deposit	2,944.
Inventory	609.
	<hr/> 3,553.

Part II, Line 26 - Other Liabilities

Payroll Liabilities	<hr/> 1,292. <hr/> 1,292.
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