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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
FLORIDA POULTRY FEDERATION INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1625 SUMMIT LAKE DRIVE RM/STE 300

City or town, state or province, country, and ZIP or foreign postal code
TALLAHASSEE, FL 32317

D Employer identification number
59-1117154

E Telephone number
(850) 402-2954

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ 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) - ☐ 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) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 80,831

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	2,500
	3	Membership dues and assessments	3	78,251
	4	Investment income	4	80
	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 exceeds $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		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	80,831
Expenses	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	
	13	Professional fees and other payments to independent contractors	13	65,692
	14	Occupancy, rent, utilities, and maintenance	14	425
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	38,483
	17	**Total expenses.** Add lines 10 through 16 ▶	17	104,600
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,769
	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	128,577
	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	104,808

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	128,577	22	104,808
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	128,577	25	104,808
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	128,577	27	104,808

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, optional for others)

What is the organization's primary exempt purpose?
PROMOTION OF THE POULTRY INDUSTRY IN THE STATE OF FLORIDA

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

28
See Additional Data Table

(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 (describe in Schedule O) . . . . . .
(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 (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
DARYL SARGENT VICE PRESIDE	1 00	0		
STEVE ANDERS SEC/TREAS	1 00	0		
NANCY D STEPHENS EXECUTIVE DI	20 00	0		
EARL BARRENTINE MEMBER	0 50	0		
JACQUES KLEMPF MEMBER	0 50	0		
JEFF HULL PRESIDENT	1 00	0		
CHRIS MYERS MEMBER	0 50	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 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
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		
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	Yes	
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 9,750			
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 **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		No
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 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 ▶ _____			
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		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ NANCY D STEPHENS Telephone no ▶ (850) 402-2954 Located at ▶ 1625 SUMMIT LAKE DRIVE STE 300 TALLAHASSEE, FL ZIP + 4 ▶ 32317			
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		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 Accounts (FBAR)**			
c	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 ▶ _____			
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			

			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		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
c	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)	45b		No

		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	Yes	

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 a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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 — 2017-05-09 Date

NANCY D STEPHENS EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ABBY F DUPREE		2017-05-09		P00163190

Firm's name ▶ CARROLL AND COMPANY CPAS — Firm's EIN ▶ 59-3038528

Firm's address ▶ 2640-A MITCHAM DRIVE, TALLAHASSEE, FL 32308 — Phone no (850) 877-1099

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

Additional Data

Software ID:

Software Version:

EIN: 59-1117154

Name: FLORIDA POULTRY FEDERATION 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.)	
28 PROMOTION OF THE POULTRY INDUSTRY IN THE STATE OF FLORIDA THE FLORIDA POULTRY FEDERATION SERVES MEMBERS, EMPLOYEES AND CONTRACT PRODUCERS IN THE POULTRY INDUSTRY (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
FLORIDA POULTRY FEDERATION INC	59-1117154

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $ 9,750
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ 9,750
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 9,750
4 Did the filing organization file**Form 1120-POL** for this year? ☐ Yes ☑ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1 See Additional Data Table				
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	78,251
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	43,601
b	Carryover from last year	2b	-32,744
c	Total	2c	10,857
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	50,863
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	-40,006
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1	POLITICAL CONTRIBUTIONS TO CANDIDATES AS REPORTED IN PART I-C, LINE 5
SCHEDULE C, PART I-C, LINE 5	DENNIS BAXLEY CAMPAIGN 46-3585100 500 0 2640-A MITCHAM DRIVE, TALLAHASSEE, FL 32308 DOROTHY HUKILL CAMPAIGN 27-4537577 500 0 PO BOX 238136, PORT ORANGE, FL 32123 DOUG HOLDER CAMPAIGN 20-3683926 500 0 133 SOUTH HARBOR DRIVE, VENICE, FL 34285 EDWIN NARAIN CAMPAIGN 46-2460960 500 0 PO BOX 4835, TAMPA, FL 33677 ELIZABETH PORTER CAMPAIGN 45-0591751 250 0 526 EAST PARK AVE, TALLAHASSEE, FL 32301 GARY SIPLIN CAMPAIGN 500 0 PO BOX 535564, ORLANDO, FL 32858 HOLLY RASCHEIN CAMPAIGN 46-2032982 250 0 102411 OVERSEAS HIGHWAY, KEY LARGO, FL 33037 JACK LATVALA CAMPAIGN 26-4720208 500 0 610 SOUTH BLVD, TAMPA, FL 33606 JEFF BRANDES CAMPAIGN 45-5394887 500 0 PO BOX 76276, ST PETERSBURG, FL 33734 JENNIFER SULLIVAN CAMPAIGN 47-1957779 250 0 133 HARBOR DRIVE SOUTH, VENICE, FL 34285 JOE GRUTERS CAMPAIGN 47-4026741 250 0 133 HARBOR DRIVE SOUTH, VENICE, FL 34285 JOE NEGRON CAMPAIGN 26-3077938 500 0 PO BOX 1816, STUART, FL 34995 KAMIA BROWN CAMPAIGN 26-3077938 250 0 PO BOX 927, OCOEE, FL 34761 KELLY SKIDMORE CAMPAIGN 26-4698078 250 0 6209 WOODBURY ROAD, BOCA RATON, FL 33433 KEVIN RADER CAMPAIGN 500 0 10750 AVENIDA DEL RIO, DELRAY BEACH, FL 33446 LIZBETH BENAQUISTO CAMPAIGN 500 0 PO BOX 60543, FT MYERS, FL 33906 LORANNE AUSLEY CAMPAIGN 250 0 118 NORTH GADSDEN STREET, TALLAHASSEE, FL 32301 MARY LYNN MAGAR CAMPAIGN 45-2061518 250 0 12400 A SOUTH SHORE BLVD, WELLINGTON, FL 33414 MATT HUDSON CAMPAIGN 46-1968444 500 0 610 SOUTH BLVD, TAMPA, FL 33606 RITCH WOIRKMAN CAMPAIGN 81-2969861 500 0 6450 ANDERSON WAY, MELBOURNE, FL 32940

Additional Data

Software ID:
Software Version:
EIN: 59-1117154
Name: FLORIDA POULTRY FEDERATION INC

Form 990, Schedule C, Part 1-C, Line 5

(a)Name	(b)Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
BEN ALBRITTON CAMPAIGN	8489 CABIN HILL ROAD TALLAHASSEE, FL 32311	462092030	250	
BOBBY POWELL CAMPAIGN	960 42ND STREET WEST PALM BEACH, FL 33407	463693938	500	
BRUCE ANTONE CAMPAIGN	PO BOX 618134 ORLANDO, FL 32861		250	
CHRIS LATVALA CAMPAIGN	2050 TALL PINES STE A LARGO, FL 33771	463349328	250	
COLLEEN BURTON	133 HARBOR DRIVE SOUTH VENICE, FL 34285	462379528	250	
DAVID SANTIAGO CAMPAIGN	2631 EUSTACE AVE DELTONA, FL 32725	080642291	250	
DENNIS BAXLEY CAMPAIGN	2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308	463585100	500	
DOROTHY HUKILL CAMPAIGN	PO BOX 238136 PORT ORANGE, FL 32123	274537577	500	
DOUG HOLDER CAMPAIGN	133 SOUTH HARBOR DRIVE VENICE, FL 34285	203683926	500	
EDWIN NARAIN CAMPAIGN	PO BOX 4835 TAMPA, FL 33677	462460960	500	
ELIZABETH PORTER CAMPAIGN	526 EAST PARK AVE TALLAHASSEE, FL 32301	450591751	250	
GARY SIPLIN CAMPAIGN	PO BOX 535564 ORLANDO, FL 32858		500	
HOLLY RASCHEIN CAMPAIGN	102411 OVERSEAS HIGHWAY KEY LARGO, FL 33037	462032982	250	
JACK LATVALA CAMPAIGN	610 SOUTH BLVD TAMPA, FL 33606	264720208	500	
JEFF BRANDES CAMPAIGN	PO BOX 76276 ST PETERSBURG, FL 33734	455394887	500	
JENNIFER SULLIVAN CAMPAIGN	133 HARBOR DRIVE SOUTH VENICE, FL 34285	471957779	250	
JOE GRUTERS CAMPAIGN	133 HARBOR DRIVE SOUTH VENICE, FL 34285	474026741	250	
JOE NEGRON CAMPAIGN	PO BOX 1816 STUART, FL 34995	263077938	500	
KAMIA BROWN CAMPAIGN	PO BOX 927 OCOEE, FL 34761	263077938	250	
KELLY SKIDMORE CAMPAIGN	6209 WOODBURY ROAD BOCA RATON, FL 33433	264698078	250	
KEVIN RADER CAMPAIGN	10750 AVENIDA DEL RIO DELRAY BEACH, FL 33446		500	
LIZBETH BENAQUISTO CAMPAIGN	PO BOX 60543 FT MYERS, FL 33906		500	
LORANNE AUSLEY CAMPAIGN	118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301		250	
MARY LYNN MAGAR CAMPAIGN	12400 A SOUTH SHORE BLVD WELLINGTON, FL 33414	452061518	250	
MATT HUDSON CAMPAIGN	610 SOUTH BLVD TAMPA, FL 33606	461968444	500	
RITCH WOIRKMAN CAMPAIGN	6450 ANDERSON WAY MELBOURNE, FL 32940	812969861	500	

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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/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
FLORIDA POULTRY FEDERATION INC

Employer identification number
59-1117154

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE EXPENSES 3,315 TRAVEL 3,210 CONFERENCES & MEETINGS 5,763 INSURANCE 1,282 C ONTRIBUTIONS 22,500 AEB PROJECT 2,413 TOTAL 38,483