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Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

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

Open to Public Inspection

		of the Treasury enue Service  ► Information about Form 990-EZ and its instructions is at www.irs.g	ov/form99	0.			
Ā	For t	he 2016 calendar year, or tax year beginning 07/01, 2016, and ending		/30 ,2017			
=	Check applica	able C	D Emp	loyer Identification no.			
님		osceola County Farm Bureau, Inc.	59	-1140157			
$\vdash$		change 1680 E Irlo Bronson Mem Hwy		E Telephone number			
=	Initial i	Kiggimmee FT. 34744_3729	(4	(407)847-5189			
$\overline{}$		eturn , ded return		p Exemption			
$\equiv$		ation pend.	Num	ber ▶1805			
		with a most hood. (X) O I I I I I I I I I I I I I I I I I I		f the organization is			
				quired to attach Schedule B			
		ite: ► N/A  xempt status (check only one) - 501(c)(3)  \$\begin{align*} \text{501(c)(5} \) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		990, 990-EZ, or 990-PF)			
_							
K	orm	of organization: X Corporation Trust Association Other					
			:	l <del></del>			
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or mor I, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ					
	art I						
, г	a1 ( 1	Check if the organization used Schedule O to respond to any question in this Part I		m.			
	1	Contributions, gifts, grants, and similar amounts received		<u></u>			
	2	Program service revenue including government fees and contracts	. 2	350			
	3	Membership dues and assessments	3	250.			
	4	Investment income	4	67,450.			
	5a		··	1,384.			
	L						
			5c	-			
_	٦	Gaming and fundraising events					
8 E	1	Gross income from gaming (attach Schedule G if greater than					
٧	<b>'</b>	\$15,000)					
E		Gross income from fundraising events (not including \$ of contribut	ions				
Ü	i	from fundraising events reported on line 1) (attach Schedule G if					
E	-	the sum of such gross income and contributions exceed \$15,000)   6b					
		Less' direct expenses from gaming and fundraising events 6c	•				
	1	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	t				
		line 6c)	6d	-!			
	7 a	Gross sales of inventory, less returns and allowances	70.				
	. t	Less cost of goods sold					
	6	Gross profit or (loss) from sales of Inventory (Subtract line 7b from-line 7al, and from the results of the sales of the s	7c	43.			
	8	Other revenue (describe in Schedule O)	() 8	90,145.			
	9	Total revenue Add lines 1 2 3 4 5c 6d 7c and 8	(1) ▶ 9	159,272.			
	10	Grants and similar amounts paid (list in Schedule O)	91. 10	34,563.			
E	11		图 11				
Ž	12	Salaries, other compensation, and employee benefits	12	64,416.			
Ë	13	Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors	<u>13</u>				
E F E N S	14	Occupancy, rent, utilities, and maintenance	14	17,579.			
Ē	15	Printing, publications, postage, and shipping		2,181.			
	16	Other expenses (describe in Schedule O)		43,735.			
	17	Total expenses Add lines 10 through 16		162,474.			
ļ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		-3,202.			
ΡS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		100 005			
NSET T	<b> </b>	end-of-year figure reported on prior year's return)	-	193,297.			
9	20	Other changes in net assets or fund balances (explain in Schedule O)		190 095			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	190,095.			

	m'990-EZ (2016) Osceola Count art II Balance Sheets. (see the in		Inc.	59-1	14(	0157 Page <b>2</b>
٠ ٠	Check if the organization used Sci		uestion in this Part II			[X]
_				Beginning of the year	T-	(B) End of year
22	Cash, savings, and investments		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	171,609.	22	168,217.
23	Land and Buildings			21,036.	23	21,239.
24	Other assets (describe in Schedule O)			1,616.	24	1,896.
25	Total assets			194,261.	25	191,352.
26	Total liabilities (describe in Schedule O)			964.	26	1,257.
27	Net assets or fund balances (line 27 of co		· · · · · · · · —	193,297.	27	190,095.
	art III   Statement of Program Se			<del></del>	21	
; ,	Check if the organization used Sci	-			(Re	Expenses equired for section
						1(c)(3) and 501(c)(4)
	at is the organization's primary exempt purpo				_	janizations; optional
	cribe the organization's program service acco asured by expenses. In a clear and concise n				for	others.)
_	efited, or other relevant information for each	program title.				
28	SEE SCHEDULE O					1
	(Grants \$ ) If this :	amount includes foreign grant	s, check here	▶ □	28a	
29						
			<del></del>			
	(Grants \$ ) If this a	amount includes foreign grant	s check here	▶ □	29a	
20	Talans \$	arrioditi iticiades foreign gran	s, oncor nere		23a	
30						
		amount includes foreign grant		▶ ⊔	30a	
31	Other program services (attach schedule).					
		amount includes foreign grant			31a	
=	Total program service expenses (add line				32	<u>L</u>
Pa	Irt IV List of Officers, Directors, Truste					instructions for Part IV.)
	Check if the organization used Sch			1/-13/14 444 5 44		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable Compensation (If not paid, enter -0-	(d) Health benefit contributions to em benefit plans, a deferred compens	s, ployee nd ation	(e) Estimated amount o other compensation
He	rbert D Harbin					
Pr	esident	3	0.		0.	0.
Sc	ott Ramsey					
	rector	1	0.		0.	0.
	d Hutchcraft					
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SP	Copyright 2016 Saxon Tax Software	<u> </u>	<u> </u>	1	Form	990-EZ (2016)
~~	, Copfigin Lord Cason Tax Contract					

Form 990-EZ (2016)	Osceola	County	Farm	Bureau	Tnc.

59-1140157

Page 3

			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		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	<u> </u>		X
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on			]
	Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	1	ı	l
	(such as those reported on line 2, 6a, and 7a, among others)?	35a	X	<u> </u>
þ	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	X	<u> </u>
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	ļ	X
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		X
37 a	Enter amount of political expenditures direct or indirect, as described in the instructions > 37a	<b> </b>		
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	l		
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	ļ	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		1
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			ŀ
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	İ		
	section 4911 ▶; section 4912 ▶; section 4955 ▶	ļ		l
				i
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	1		
	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	40b		
c	Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			j
	on organization managers or disqualified persons during the year under sections 4912,			
	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			ĺ
е	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 ▶ Patricia Wilson Tel no. ▶ 407-847-		<u>89</u>	
	Located at ▶ 1680 E Irlo Bronson Mem Hwy, Kissimme ZIP+4 ▶ 34744-37	<u> 729</u>		
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		Yes	No
	account)?			X
		42b		
	If "Yes", enter the name of the foreign country:	42b		
		42b		
	If "Yes", enter the name of the foreign country:	42b		-
c	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	42b 42c		x
С	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).  At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	~ ~~	
c 43	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).  At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		×
	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).  At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		
	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).  At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		
	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).  At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		<b>-</b>
43	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).  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes", enter the name of the foreign country:  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	42c		<b>-</b>
43	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).  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes", enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling 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	42c		No
43 44a	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).  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes", enter the name of the foreign country:  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	42c		No
43 44a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes", enter the name of the foreign country:  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	42c		No X
43 44a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes", enter the name of the foreign country:  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  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization recieve any payments for indoor tanning services during the year?	42c 44a 44b		No X
43 44a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes", enter the name of the foreign country:  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  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization recieve any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	42c 44a 44b		No X
44a b c d	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).  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes", enter the name of the foreign country:  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.  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44a 44b 44c		No X
43 44a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside of the U S?  If "Yes", enter the name of the foreign country:  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  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization recieve any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44a 44b 44c 44d 45a		No X X

Form 99	0-EZ (2016) USCEOTA	1 County	Farm	Bureau,	inc.	59 <i>-</i> _	114015		Page 4
	Did the organization engage,								Yes No
	andidates for public office? VI Section 501(c)(3						····	. 46	X
rait		<del>-</del>			0h and 50 and annual	asa sha sablaa faa	!! ro	a) F4	
	All section 501(c)(3) or								_
	Check if the organizati			<del>`</del>					<u> </u>
	Did the organization engage				• •	•		<del>- 1</del>	Yes No
	Yes," complete Schedule C, s the organization operating							-	
	Did the organization make ar			-					
	f "Yes," was the related orga			-				. 49b	Щ.
	Complete this table for the five eceived more than \$100,000						ey employe	es) wh	io each
			<del></del>	·	ir there is notice, enter	Notie.	<del></del>		
(a)	Name and title of each emp	oloyee	hou	Average rs per week ed to position	(C) Reportable compensation from the organization (Forms W-2/1099-MISC	(d) Health benef contributions to en benefit plans, and d compensatio	nployee ( <b>e</b> ) E		ed amount o
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_	otal number of other employ	•	•	•		, .,			
	Complete this table for the fivorm the organization of there			idependent con	tractors who each rec	eived more than	\$100,000 61	i comp	ensation
	(a) Name and address of	each independe	ent contra	ctor	(b) Type of s	ervice	(c) comp	ensatic	n
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d T	otal number of other indepe	endent contractor	s each re	ceiving over \$1	00,000 ▶				
	old the organization complete			•		17(a)(1)			
n	onexempt charitable trusts r		<u> </u>		<u> </u>			es [	No
	Under penalties of perjury, I and belief, it is true correct,								
Sign		Allm	<i>[[4]</i>				6/17		
Here	Signature of officer HERB  Type or print name as	HARBIN nd title	Pe	ESIDEN	Τ	Date			
Print pre	parer's name		er's signa	ature	Date	Check if self-	PTIN		
						employed ▶			
Paid	Firm's name					Firm's EIN ▶			
Prepai Use Oi	'er Firm's address				<del></del>	Phone no. ▶			
	IRS discuss this return with	the preparer sho	wn abov	e? See Instructi	ons	· · · · · · · · · · · · · · · · · · ·	. <b>&gt;</b> \( \) Y	es [	No
	oyright 2016 Saxon Tax Soft						Form 99	0-EZ	(2016)

#### 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 890 or 990~EZ) and its instructions is at www.irs.gov/forms990

OMB No. 1545-0047

2016

Open to Public Inspection

OSCEULA	_ country	rariii

Name of the organization Oggoola County Bureau, Inc. **Employer Identification number** 59-1140157

# Part I, Line 8 - Other Revenue

Service Fees	79,956.
Rent	9,600.
Adjuster Reimbursement	260.
Sales Tax Collected	329.
	90,145.
	90,

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

Florida	Farm	Bureau	Federation	Dues	34,563.	
			Total	ls:	34,563.	0.

### Part I, Line 16 - Other Expenses

Description	Total
Meetings & Travel	20,389.
Special Projects/Promo	3,897.
Contributions	13,676.
Office Expense	3,367.
Dues & Subscriptions	425.
Equipment Rent/Lease	544.
Awards/Misc	167.
Tax Penalty	50.
Sales Tax	224.
Farm City Week	996.
Totals:	43,735.

#### Par

Totals:	43,735.
rt II, Line 24 - Other Assets	
Inventory	1,896. 1,896.
	<del></del> -

Name of the organization
Osceola County Farm Bureau, Inc.

Employer identification number

## Part II, Line 26 - Other Liabilities

Payroll Liabilities

1,257. 1,257.

59-1140157

## Page 2, Part III - Line 31, Other Program Services

#### Description

Line 28) We worked with the Cattlemen's Association Beef Council and University of Florida's Institute of Food and Agricultural Sciences Extension office to host a Leadership Conference. Attendees were educated on the needs of agriculture in a highly urbanized area. We discussed cattle ranching beef promotion & marketing, water quality and regulations, diversification of agriculture, agriculture's economic impact and consumer misconceptions.

Line 29) Osceola County Farm Bureau is working with Valencia Community College to develop an agricultural course curriculum where one hundred percent of the coursework could be transferred to UF/IFAS. Valencia is a two-year technical college that provides the necessary skills to pursue a career in agriculture. The curriculum will help students who would like to continue an advanced degree.

Line 30) We know the importance to educating students on the importance of agriculture at all grade levels. A mini-great was awarded to a local kindergarten teacher to fund gardening equipment to grow different varieties of lettuce and tomatoes in the outdoor garden. The teacher used the curriculum provided by Florida Agriculture in the Classroom 'Lettuce Be Different' to teach about the importance of diversity by analyzing variations within the same type of plant.