

Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2017

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pend.

C

Holmes County Farm Bureau, Inc.
1108 N Waukesha St
Bonifay, FL 32425-1406

D Employer identification no.

59-0919996

E Telephone number

(850) 547-4227

F Group Exemption

Number ▶ 1805

G Accounting method: ☒ Cash ☐ Accrual Other (specify) ▶

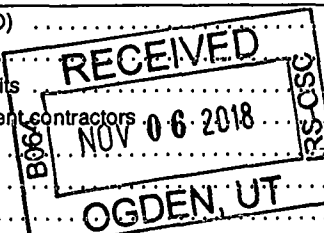
H Check ☒ If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(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 ▶ \$ 103,036.

Part II 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	900.
	3	Membership dues and assessments	3	44,724.
	4	Investment income	4	677.
	5a	Gross amount from sale of assets other than inventory	5a	805.
	b	Less: cost or other basis and sales expenses	5b	921.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-116.
	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	6,352.	
b	Less: cost of goods sold	7b	8,352.	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-2,000.	
8	Other revenue (describe in Schedule O)	8	49,578.	
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	93,763.	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	26,419.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	43,598.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	18,932.
	15	Printing, publications, postage, and shipping	15	1,574.
	16	Other expenses (describe in Schedule O)	16	11,392.
	17	Total expenses Add lines 10 through 16	17	101,915.
NET ASSETS OR FUND BALANCES	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,152.
	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	185,342.
	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	177,190.



Check if the organization used Schedule O to respond to any question in this Part II

Check if the organization used Schedule O to respond to any question in this Part III ☒ X

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.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional
for others.)

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

28a

29

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

29a

(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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructionsfor Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☒ **X**

	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 0	37a	<input checked="" type="checkbox"/>
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	38b	<input checked="" type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a	39a	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b	39b	<input checked="" type="checkbox"/>
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a	40a	<input checked="" type="checkbox"/>
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	40b	<input checked="" type="checkbox"/>
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 40c	40c	<input checked="" type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d	40d	<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 40e	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. Florida		
42 a The organization's books are in care of Jeremy Rolling Tel. no. 850-547-4227		
Located at 1108 N. Waukesha Street, Bonifay, FL ZIP + 4 32425-1406		
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	42b	<input checked="" type="checkbox"/>
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 of the U.S.? 42c	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: 43		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-- Check here 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a	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	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? 44c	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	44d	<input checked="" type="checkbox"/>
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a	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	45b	<input checked="" type="checkbox"/>

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

	Yes	No
48		

49 a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization(s) a section 527 organization?

	Yes	No
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, 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

Type or print name and title.

Date

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

Holmes County Farm Bureau, Inc.

Employer identification number

59-0919996

Part I - Line 5, Sales of Securities and Non-inventory Items

Description	Sales Price	Cost	Expenses/ Imprvmnts	Deprec
Copier		308.		190.
Date Acquired:				
How Acquired:				
Date Sold:				
Sold to:				
New Doors & Repair	805.	805.		2.
Date Acquired:				
How Acquired:				
Date Sold:				
Sold to:				

Part I, Line 8 - Other Revenue

Service Fees	48,974.
Rent	600.
Sales Tax	4.
	<u>49,578.</u>

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

Florida Farm Bureau Federation Dues	22,919.	
Scholarships	3,500.	
	<u>26,419.</u>	<u>0.</u>

Name of the organization

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Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Total</u>
Meetings & Travel	7,004.
Office Expense	3,216.
Contributions	628.
Federal Taxes	-529.
Awards	493.
Dues & Subscriptions	100.
Employee Education	50.
State Tax	2.
Advertising	428.
	<u>11,392.</u>
Totals:	

Part II, Line 24 - Other Assets

Inventory	911.
	<u>911.</u>

Part II, Line 26 - Other Liabilities

Payroll Liabilities	903.
	<u>903.</u>

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

Line 28) We encourage our future agricultural leaders by awarding scholarships to Holmes County high school graduates who are majoring in an agricultural field of study.

Line 29) We support youth education in our county by holding a coloring contest for 3rd grade students. The purpose of this event is to raise awareness and promote agriculture in our county.

Line 30) Farm City Week celebrates the partnership between rural and urban communities. We recognized a Farm Family of the Year and presented a C.A.R.E.S. (County Alliance for Responsible Environmental Stewardship) award. These recognitions allow us to spotlight the environmentally sound and economically viable farming practices which allows farmers to continue to provide food to our communities.