

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning <u>07/01</u> , 2017, and ending <u>06/30</u> , 2018	<b>D</b> Employer identification no. <u>59-1140157</u>
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>E</b> Telephone number <u>(407) 847-5189</u>
<b>C</b> <u>Osceola County Farm Bureau, Inc.</u> <u>1680 E Irlo Bronson Mem Hwy</u> <u>Kissimmee, FL 34744-3729</u>	<b>F</b> Group Exemption Number <u>1805</u>
<b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: <u>N/A</u>	
<b>J</b> 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	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 . . . . . ▶ \$ 162,978.**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 . . . . . ☒

<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	<u>250.</u>
<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<u>66,887.</u>
<b>4</b> Investment income . . . . .	<b>4</b>	<u>1,375.</u>
<b>5a</b> Gross amount from sale of assets other than inventory . . . . . <b>5a</b>		
<b>b</b> Less: cost or other basis and sales expenses . . . . . <b>5b</b>		<u>298.</u>
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>		<u>-298.</u>
<b>6</b> Gaming and fundraising events . . . . .		
<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . . <b>6a</b>		
<b>b</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) . . . . . <b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . . <b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . <b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>		<u>4,565.</u>
<b>b</b> Less: cost of goods sold . . . . . <b>7b</b>		<u>4,973.</u>
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>		<u>-408.</u>
<b>8</b> Other revenue (describe in Schedule O) . . . . . <b>8</b>		<u>89,901.</u>
<b>9</b> <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . <b>9</b>		<u>157,707.</u>
<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>		<u>36,276.</u>
<b>11</b> Benefits paid to or for members . . . . . <b>11</b>		
<b>12</b> Salaries, other compensation, and employee benefits . . . . . <b>12</b>		<u>69,334.</u>
<b>13</b> Professional fees and other payments to independent contractors . . . . . <b>13</b>		
<b>14</b> Occupancy, rent, utilities, and maintenance . . . . . <b>14</b>		<u>17,938.</u>
<b>15</b> Printing, publications, postage, and shipping . . . . . <b>15</b>		<u>2,287.</u>
<b>16</b> Other expenses (describe in Schedule O) . . . . . <b>16</b>		<u>37,289.</u>
<b>17</b> <b>Total expenses</b> Add lines 10 through 16 . . . . . <b>17</b>		<u>163,124.</u>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b>		<u>-5,417.</u>
<b>19</b> 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) . . . . . <b>19</b>		<u>190,095.</u>
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>		<u>0.</u>
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . <b>21</b>		<u>184,678.</u>

For Paperwork Reduction Act Notice, see the separate instructions.  
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**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 ☒

	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 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)		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		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		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		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
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 ▶		
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		
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		
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		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. ▶ 407-847-5189 Located at ▶ 1680 E Irlo Bronson Mem Hwy, Kissimmee ZIP + 4 ▶ 34744-3729		
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)?		X
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.?		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		
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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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.)		X

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  
**HERB HAABIN, President**  
Type or print name and title.

Date  
**10/23/18**

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

Osceola County Farm Bureau, Inc.

Employer identification number

59-1140157

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

Description	Sales Price	Cost	Expenses/ Imprvmnts	Deprec
Roof		2395.		2097.
Date Acquired:				
How Acquired:				
Date Sold:				
Sold to:				

Part I, Line 8 - Other Revenue

Service Fees	82,102.
Rent	7,400.
Adjuster Reimbursement	220.
Sales Tax Collected	179.
	<u>89,901.</u>

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

Florida Farm Bureau Federation Dues	34,276.	
Scholarship	2,000.	
Totals:	<u>36,276.</u>	<u>0.</u>

Part I, Line 16 - Other Expenses

Description	Total
Meetings & Travel	17,000.
Special Projects/Promo	3,015.
Contributions	12,630.
Office Expense	3,173.
Dues & Subscriptions	744.
Equipment Rent/Lease	546.
Sales Tax	181.
Totals:	<u>37,289.</u>

Name of the organization

Employer identification number

Osceola County Farm Bureau, Inc.

59-1140157

Part II, Line 24 - Other Assets

Inventory

2,214.

2,214.Part II, Line 26 - Other Liabilities

Payroll Liabilities

1,206.

1,206.Page 2, Part III - Line 31, Other Program ServicesDescription

Line 28) Osceola County Farm Bureau works closely with the Cattlemen's Association on many activities. We co-hosted various leadership training opportunities. Participants visited local cattle and citrus operations as well as learn about the issues impacting these industries.

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. This year we provided scholarships to six students who will be transferring to UF/IFAS.

Line 30) We know the importance to educating students on the importance of agriculture at all grade levels. Two mini-grants were awarded to local teachers to fund their project. One teacher involves teaching students about a plant's life cycle, plant classification, crop diversity, science of food production and sustainability. The other project is a school garden which helped ESE students became more involved in hands on activities outside the classroom. They learned about photosynthesis, pollination and parts of a plant. They also learned about soil, how to test soil and its components.