

## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

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.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

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

Flagler County Farm Bureau, Inc.  
145 Cypress Point Pkwy # 201  
Palm Coast, FL 32164-8427

D Employer identification no.

59-6177723

E Telephone number

(386) 447-5282

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  527K Form of organization:  Corporation  Trust  Association  Other

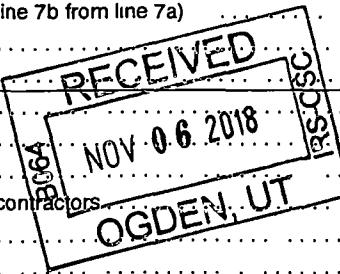
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ► \$ 131,308.

## 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 ..... 

1	Contributions, gifts, grants, and similar amounts received .....	1	
2	Program service revenue including government fees and contracts .....	2	250.
3	Membership dues and assessments .....	3	51,087.
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	6d	
a	Gross income from gaming (attach Schedule G if greater than \$15,000) .....	6a	
b	Gross income from fundraising events (not including \$ 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	3,986.
b	Less: cost of goods sold .....	7b	3,975.
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	7c	11.
8	Other revenue (describe in Schedule O) .....	8	75,985.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	9	127,333.
10	Grants and similar amounts paid (list in Schedule O) .....	10	20,951.
11	Benefits paid to or for members .....	11	
12	Salaries, other compensation, and employee benefits .....	12	62,913.
13	Professional fees and other payments to independent contractors .....	13	
14	Occupancy, rent, utilities, and maintenance .....	14	22,133.
15	Printing, publications, postage, and shipping .....	15	978.
16	Other expenses (describe in Schedule O) .....	16	10,161.
17	Total expenses Add lines 10 through 16 .....	17	117,136.
18	Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18	10,197.
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	14,549.
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	24,746.



**Part III 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 .....	11,689.	22,008.
23 Land and Buildings .....	417.	201.
24 Other assets (describe in Schedule O) .....	3,908.	3,897.
<b>25 Total assets</b> .....	<b>16,014.</b>	<b>26,106.</b>
<b>26 Total liabilities</b> (describe in Schedule O) .....	<b>1,465.</b>	<b>1,360.</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) .....	<b>14,549.</b>	<b>24,746.</b>

**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

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

28 SEE ATTACHED SCHEDULE Q

(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 (attach schedule) . . . . .**

31a  
If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a). ► 32

**List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. (see the instructions for Part IV.)

**Part V.1 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 .....	33	
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	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)? .....	35a	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 .....	35b	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 .....	35c	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   0	37a	0
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 any such loans made in a prior year and still unpaid at the start of the period covered by this return? .....	38a	X
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 .....	39a	
b Gross receipts, included on line 9, for public use of club facilities .....	39b	
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 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 sections 4912, 4955, and 4958 .....	40b	
d Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization .....	40b	
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	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 ► Barbara Foster Tel. no. ► 904-443-0013  
Located at ► 6015 Chester Circle Suite 204, Jax, FL ZIP + 4 ► 32217b 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)? .....

Yes No

42b 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.? .....

Yes No

42c 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

Yes No

43a X

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .....

Yes No

44a 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 .....

Yes No

44b X

c Did the organization receive any payments for indoor tanning services during the year? .....

Yes No

44c 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 .....

Yes No

44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....

Yes No

45a 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.) .....

Yes No

45b X

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Form 990-EZ (2017)

		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	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's true, correct, and complete. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer Samuel J Berth, II President	
Type or print name and title		Date 10/24/16

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

**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

Flagler County Farm Bureau, Inc.

Employer identification number

59-6177723

Part I, Line 8 - Other Revenue

Service Fees	58,905.
Payroll Reimbursement	17,080.
	<u>75,985.</u>

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

Florida Farm Bureau Federation Dues	20,951.
Totals:	<u>20,951.</u> 0.

Part I, Line 16 - Other Expenses

Description	Total
Office Expense	1,537.
Meeting & Travel	917.
Contributions	2,625.
Accounting/Payroll Serv	1,952.
Equipment Rent	780.
Dues & Subscriptions	200.
Special Projects & Promo	2,000.
Awards	150.
Totals:	<u>10,161.</u>

Part II, Line 24 - Other Assets

Rent Deposit	2,250.
Inventory	443.
Prepaid Rent	<u>1,204.</u>
	<u>3,897.</u>

Part II, Line 26 - Other Liabilities

Payroll Liabilities	1,360.
	<u>1,360.</u>

Name of the organization

Flagler County Farm Bureau, Inc.

Employer identification number

59-6177723

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

Line 28) Flagler County Farm Bureau supports youth education. Volunteers participated in Ag Literacy Day where students are read a book highlighting one of Florida's agricultural industries or commodities. This year's book was titled, 'Drive Through Florida: Fruit'. We also sponsored the Bonnie Plant Program whose purpose is to expand agricultural literacy and spread knowledge to students about the source of their food.

29) Water policy is important to agriculture in Flagler County. Members serve on county water planning units and advocate for farmers and ranchers for water and supply and drainage issues and water quality.

30) Flagler County Farm Bureau had the opportunity to participate in 'Farm to Table' sponsored by the Young Professional Group of Flagler County. The event was held to bring awareness and appreciation where our food comes from. Proceeds of the event went to support the Youth Leadership Flagler and Flagler Count 4-H and FFA groups. Local farmers attended and supplied products for the event. This event gave us a forum to talk to the community about who Farm Bureau is and about our mission and purpose.