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

OMB No 1545-0047

Inspection

Department 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.

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

Ā	For th	ne 2014 cale	ndar year, or tax y	ear beginning	January	, 2014,	and endir	g Dece	mbe/S	7 , 20 14		
В		ıf applicable	C Name of organization							yer identification number		
		ss change	Doing business as	1 2 2 2 2 2 2 2 2 2	0 0				126-1	4223402		
$\bar{\Box}$		change	Number and street	or P.O. box if ma	il is not delivered t	o street address)	Room/su	ite		one number		
$\bar{\sqcap}$	Initial re	- 1	P.o. Box	1136					803-			
ī		turn/terminated	City or town, state of	or province, count	try, and ZIP or fore	gn postal code			1000	<del></del>		
ī		led return	Newberry		-	- '			G Gross	receipts \$		
H			F Name and address					H(a) Is this a		r subordinates? Yes No		
لسا	Applica	ation pending	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p	•				-	es included? Yes No		
-	Tox ov	empt status.	501(c)(3)	501/6/		o.) 4947(a)(1) or	527			a list (see instructions)		
<u> </u>			u. newberrya			0.) 1 4947 (a)(1) 01			p exemptio			
<u>K</u>		f organization		st Associati	on Other >	I Va	ar of format	ion. 2009	<del>`</del>	e of legal domicile. SC		
P	art I	Summa		01 [] / 200014.0	OH CHICK'S		a or lornal	on ZOD	- M Otat	e or legar dorrhelle.		
	1		cribe the organiz	ration's mission	on or most sign	ificant activities	· Care	lund a	41150(-	) do:		
ø			private admi	catron s	head cons	sight as an	Manian	$\sim 0$	م میں سامار	s, plant and		
anc	<u>'</u>	what he	19 Whiled	0,000	COARD	0. 1+10 . 0. A.	Lat o		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Peup , fresh food		
Governance	2	Check this	s box ▶ ☐ if the c	rganization d	iscontinued its	operations or d	isposed o	t more tha	n 25% of	its let assets		
Š	3		f voting members						.   з	10		
	4		f independent vot	-			   line 1b)	• •	. 4	0		
es	5		ber of individuals	_	-	Z.C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			. 5	0		
Ξ	6		ber of volunteers				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		. 6	-50		
Activities &	7a		lated business re	•	Z-31211		<b>E/</b>		. 7a	50		
_	ь		ted business taxa				S. H.		. 7b	0		
		71010111010			Ale lol			Prior Y		Current Year		
_	8	Contribution	ons and grants (P	art VIII. line 1	h) . \ 38 \	N. W.		21203	1.94	13 267.00		
Revenue	9		ervice revenue (P		' " ~ 1	OFFICE	· · ·  -		.00	10 392 .32		
Ş	10		t income (Part VII				· ·	TA TU		8		
ď.	11	Other reve	nue (Part VIII, col	umn (A) lines	5. 6d. 8c. 9c.	10c and 11e)	· ·			0		
	12		ue-add lines 8 tl				ne 12)	33 399	4.94	23 659 . 38		
	13		similar amounts					4148		3000.00		
}	14		aid to or for mem					6	<u> </u>	6		
	15	•	her compensation			•	5-10)	6		0		
Se	16a		al fundraising fee		•		· · · · · ·	0		0		
Expenses	b		aising expenses	•	• •	•	· · ·  -					
Ä	17		enses (Part IX, col			************		1770	1. 29	21290.00		
ŀ	18	•	nses. Add lines 1			•	" <b>⊢</b>	2185	· · · · · · · · · · · · · · · · · · ·	24290.76		
	19	•	ess expenses. Sul	•	•	· • •	" ·  -		1.40	(631. 32)		
- 6	15	110 VOITUG IC	33 expenses. Ou	Stract line 10	HOTTIMIC IZ .	<u> </u>	· · ·	eginning of C		End of Year		
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)				F		11.03	12936.3		
Bak	21		ties (Part X, line 2	 6)			· · ⊢	10 10	(1.0)	10756.2		
E e	22		or fund balances	•			· ·	1292	1.03	12936 32		
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				yamined this reti	ım including acco	mnanying schedules	and etatem	ents and to t	he best of n	ny knowledge and belief, it is		
			e. Declaration of prepa							ny knowledge and belief, it is		
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Sig	3	Stoneti	ure of officer	<u></u>		<del></del>		Da	te			
Her		11 (7	Julie Ham	m Tro	asurer a	014		De		3-15		
1161	~		print name and title	"",	<u> </u>	-, ,			<u> </u>			
		· · · · ·	preparer's name	Pr	reparer's signature		Date	<del></del>	7	PTIN		
Pai			for the contract of the contra	[	,		Jan	-	Check [ self-emp			
Pre	pare	r							3011-01110	noyeu		

Use Only Firm's name Firm's address 🟲 May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

 <u> </u>	self-employed
F	irm's ElN ▶
	lhono no

Yes 🗌 No

Part			On and III	
	Check if Schedule O contains a resp Briefly describe the organization's mission:			
•	Conduct a tus (3) do animal exhibits, plan animal exhibits, and	us arest agricultur	al girent Consisting	<b>c</b> a
	animal & Whileto in solar	as amal reactable s	son white , local crafts ,	Diame
	made food broducts, and	Wouth publicity (So	C bligh Scool Royles and	FFA)
2	Did the organization undertake any significa			
	prior Form 990 or 990-EZ?		· · · · · · · · · · · · ·	res ☑No
_	If "Yes," describe these new services on Sc			
3	Did the organization cease conducting, of services?			
				res Lyno
	If "Yes," describe these changes on Schedu		a thurs layeret averyour conject of	
4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) or			
	the total expenses, and revenue, if any, for		t the amount of grants and anocation	ns to others,
	, , , , , , , , , , , , , , , , , , , ,	, 3		
4a	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
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4b	(Code: ) (Expenses \$	including grants of \$	) (Payanua ¢	
40	(Code:) (Expenses #		) (Neverlue \$	/
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
			·····	
		***************************************	<del>-</del>	
			······································	
			·	
4d	Other program services (Describe in Schedu	le O)		
-	(Expenses \$ including grant		\$	
40	Total program service expenses ▶			

Form **990** (2014)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		V
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		V
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		/
4	Section 501(c)(3) organizations. 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	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		V
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		/
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	/
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		V
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b		12b		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	V
14 a		14a		V
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		/
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		V
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>✓</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	_	/
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		V
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		V
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		V
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√ √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		V
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		:	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		7
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		\ \ \
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	_	7
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		ν ν
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		V
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	

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	90 (2014)		Page
Part			_
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes No
1a b c	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	Yes No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2b	<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	1
4a	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)?	4a	V
b	If "Yes," enter the name of the foreign country: ▶	1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_ /
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	V
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	_
	gifts were not tax deductible?	6b	V
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	V
b b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7b	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	<del></del>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	V
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	7
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h	
^	sponsoring organization have excess business holdings at any time during the year?	8	
9 a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b	- 1
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12	]	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]	
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	1	
a b	Gross income from other sources (Do not net amounts due or paid to other sources		
12a	against amounts due or received from them.)		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	-   V
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12	1,
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a	V
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
С	100		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedula O	14a	<del>-   •</del>

Form 9					Page <b>6</b>
Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			ions.
Sooti	ion A	Check if Schedule O contains a response or note to any line in this Part VI	<del>· · · ·</del>	<u> </u>	. <u>v</u>
Secu	OII A	. Governing Body and Management		Yes	No
1a	Ente	er the number of voting members of the governing body at the end of the tax year   1a   10		1.00	110
		ere are material differences in voting rights among members of the governing body, or	7		
		e governing body delegated broad authority to an executive committee or similar			
	com	mittee, explain in Schedule O.			
b		r the number of voting members included in line 1a, above, who are independent		İ	
2		any officer, director, trustee, or key employee have a family relationship or a business relationship with		l	١.
•	•	other officer, director, trustee, or key employee?	2	ļ <u>-</u>	/
3		the organization delegate control over management duties customarily performed by or under the direct ervision of officers, directors, or trustees, or key employees to a management company or other person?	ı	Ì	V
4	-		4	<del> </del>	V
4 5		he organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets?	5	<del> </del>	V
6		the organization have members or stockholders?	6		1/
7a		the organization have members, stockholders, or other persons who had the power to elect or appoint		<del> </del>	_
		or more members of the governing body?	7a		1
b	Are	any governance decisions of the organization reserved to (or subject to approval by) members,		ļ	
		kholders, or persons other than the governing body?	7b		V
8		the organization contemporaneously document the meetings held or written actions undertaken during			
	-	vear by the following:			,
a		governing body?	8a	ļ	/
ь 9		n committee with authority to act on behalf of the governing body?	8b		V
9		organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ļ	1
Secti		Policies (This Section B requests information about policies not required by the Internal Reve		ode)	<u></u>
				Yes	No
10a	Did t	he organization have local chapters, branches, or affiliates?	10a		V
b		es," did the organization have written policies and procedures governing the activities of such chapters,			
		ates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b		cribe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u></u>
b		·	12b		~
С		the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> ribe in Schedule O how this was done	12c		~
13		he organization have a written whistleblower policy?	13		1
14		he organization have a written document retention and destruction policy?	14		~
15		the process for determining compensation of the following persons include a review and approval by			
	indep	pendent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		organization's CEO, Executive Director, or top management official	15a		1
b		r officers or key employees of the organization	15b	<u> </u>	V
40		es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement a taxable entity during the year?			/
<b>h</b>		es," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	ļ	
b		cipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	orga	nization's exempt status with respect to such arrangements?	16b		
Secti		Disclosure		L	
17	List t	he states with which a copy of this Form 990 is required to be filed > South Carolina			
18		ion 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	c)(3)s	only)
	_	able for public inspection. Indicate how you made these available. Check all that apply.			
		Own website			
19		cribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	iterest	bolic	, and
20		cial statements available to the public during the tax year.		. 🛌	
20		the name, address, and telephone number of the person who possesses the organization's books and rounie Hamm 93 Hawkins load, Newberry 15( 20108 803-271-			
		will high to templis town homostid 121 april00 002- 7 11.			(001.4)

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no		d ora	aniz	atio	n c	ompe	nsa	ated any curren	t officer, directo	r. or trustee.
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, uni		Position of check more unless person or and a direct Key employee		re than one n is both an tor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Lisa Sligh  133 Bearington ed, Newberry &  (2) Julic Harrim  93 Hawkins Ed, Newberry, SC	y							0	0	75
(2) Julie Hamm 93 Hawkins Rd, Newberry, SC	10							0	0	0
(3) Denise Berry 2304 Orman St., Newberry SC	Ç							0	0	0
(3) Denise Berry 2304 Orchard St., Newberry, SC (4) Allen Sligh 133 Bearington Ed, Newberry, SC	ه							0	0	D
(5)									-	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, a	nd F	lighe	st C	ompensated E	mployees (	continue	1)	
					(0	C)							
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)		(1	-
	Name and title	Average hours per	box, unicos person is bot						Reportable compensation	Reportable compensation from		Estimated amount of	
		week (list any	<del> </del>	· · · · · · · · · · · · · · · · · · ·					from	related	(		ner
		hours for related	Individual trustee or director	Institutional	Officer	Key e	ng g	Former	the organization	organizatio (W-2/1099-M		compe	nsation i the
		organizations	ecto	tion	=	employee	st co	۳ ا	(W-2/1099-MISC)		Í	organ	
		below dotted (ine)	ੋ <u>ਵ</u> ੍ਹ	altr		oyee	ğ	Į				and re organi	
			Ê	trustee		"	Highest compensated employee					Ū	
				e	_		ē						
(15)													
				<u>L</u> .									
(16)		ļ											
		<del> </del>		_	<u> </u>	_		<u> </u>		<u> </u>			
(17)		<del> </del>											
(40)		<del>  -</del>							ļ	<u> </u>			
(18)		<del> </del>											
(19)		<del> </del>		H			_	$\vdash$					
X		<del> </del>		1							]		
(20)			_		_								
			<u> </u>								_		
(21)													
(22)											1		
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(23)		ļ						l					
(0.4)		<del></del>	ļ					ļ					
(24)		ļ											
(25)				$\vdash$	_				<u> </u>				
(20)													
1b	Sub-total			٠ا	•			<b>•</b>	0	0		0	
С	Total from continuation sheets to Part	VII, Sectio	n A					▶	0	Q		0	
d_	Total (add lines 1b and 1c)	· · · · ·	<u> </u>					<b></b>	0	0		٥	
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received mo	ore than \$10	0,000 o	f	
	reportable compensation from the organi	zation 🕨 🖠	<u> </u>										
_		e: 1:									(		res No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete 3												
											j.	3	
4	For any individual listed on line 1a, is the organization and related organizations												1
	individual											4	1.1
5	Did any person listed on line 1a receive o										vidual		
	for services rendered to the organization?											5	
Section	on B. Independent Contractors							-	<u>`</u>				
1	Complete this table for your five highest of	compensate	ed inc	lepe	nde	ent o	contra	acto	ors that receive	d more than	1 \$100,0	00 of	
	compensation from the organization. Rep												ı's tax
	year.												
	(A)								(B)			(C)	
	Name and business add	ress 				_			Description of se	ervices	Co	mpensa	tion
0													
	<del></del>												
		<del></del>											
2	Total number of independent contracto	rs (includin	na bu	t no	ot li	mit	ot be	th	nee listed abo	Who who			
_	received more than \$100,000 of compens							u n		,,,, will			
				<u></u>								Form	990 (001.4)

000 ....

Par	t VIII					_
	·	Check if Schedule O contains a response or note t	o any line in this  (A)  Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a	<del>                                     </del>			0.20.7
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b	1			
	C	Fundraising events 1c	1			
	d	Related organizations 1d	1			
	е	Government grants (contributions) 1e				
i i	f	All other contributions, gifts, grants,	<b>5</b>			
at at		All other contributions, gifts, grants, and similar amounts not included above 1 1 13267				
d d	g	Noncash contributions included in lines 1a-1f: \$	1			
<u>ම</u>	h	<b>Total.</b> Add lines 1a–1f ▶	13210.00			
		Business Code				
Şe.	2a	SC High School Bodeo Steple Supper Fundraiser	88000			<u> </u>
æ	b	Sleok Supper Fundraiser	1592.38			
. <u>Ş</u>	C					
Ser	d					
a a	е					ļ
Program Service Revenue	f	All other program service revenue .				<u> </u>
<u>-ā</u>	9	Total. Add lines 2a–2f ▶	10392.38			
Other Revenue	3	Investment income (including dividends, interest,				
		and other similar amounts)	ļ			<del></del>
	4	Income from investment of tax-exempt bond proceeds				<del> </del>
	5	Royalties	<del> </del>			ļ
	6a	Gross rents				
	b	Less: rental expenses	1			
	ر د	Rental income or (loss)  Net rental income or (loss)				
	d 7a	Gross amount from sales of (i) Securities (ii) Other				<del> </del>
	14	assets other than inventory				
	ь	Less: cost or other basis				
		and sales expenses .				
	C	Gain or (loss)				
	ď	Net gain or (loss)				
	Oa	Gross income from fundraising events (not including \$				
ler R		of contributions reported on line 1c). See Part IV, line 18 a				
5		Less: direct expenses b				
		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
		Less: direct expenses b				
	C	Net income or (loss) from gaming activities •				<u> </u>
	10a	Gross sales of inventory, less returns and allowances a				
	þ	Less: cost of goods sold b				
	C	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	income from Vendors	3015.00			<u> </u>
	b					
	С					
	đ	All other revenue	<u> </u>			
	е	Total. Add lines 11a-11d	<u> </u>			
	12	Total revenue. See instructions	コロトミリ.20	ļ		1

	90 (2014)  LIX Statement of Functional Expenses				Page
	on 501(c)(3) and 501(c)(4) organizations must con		VI other organization	ns must complete col	umn (A).
	Check if Schedule O contains a respon				
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3000.00			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1000.00			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				_
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	27 1-0			
а	Management	1427.60			
b	Legal		<del></del>		<del></del>
C	Accounting				
d	Lobbying	<del>-</del>			
e	Professional fundraising services. See Part IV, line 17		<del></del>		
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	4694.47			
13	Office expenses				
14	Information technology		_ <del></del>		<del></del>
15	Royalties				<del></del>
16	Occupancy				
17	Travel				

<u>088.00</u>

8745.07

3522.00

24 2010.70

985.86

927.70

Payments of travel or entertainment expenses

for any federal, state, or local public officials

Conferences, conventions, and meetings .

Payments to affiliates . . . . . . . .

Depreciation, depletion, and amortization .

Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Acodeo Program

Steak Supper

Enter-lainment

All other expenses CONCESSIONS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)

18

19

20

21 22

23

24

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C d

25

P	art X	Balance Sheet			·
_		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	12,921.03	1	12,936.37
	2	Savings and temporary cash investments		2	6
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	Į.	5	
S.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12A21.03	16	12,934.32
	17	Accounts payable and accrued expenses		17	0
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	- 1		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	0
ģ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ည		complete lines 27 through 29, and lines 33 and 34.	15.001.03		
<u>la</u>	27	Unrestricted net assets	12921.03	27	12936.32
B	28	Temporarily restricted net assets		28	0
Net Assets or Fund Balances	29	Permanently restricted net assets		29	0
S	30	Capital stock or trust principal, or current funds		30	D
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	Ö
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	0
ē	33	Total net assets or fund balances		33	12936.32
~	34	Total liabilities and net assets/fund balances	12 921.03		12936. 32

Page	1	2
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	<u> </u>				
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	05	4.38
2	Total expenses (must equal Part IX, column (A), line 25)	2	24	290	7,7
3	Revenue less expenses. Subtract line 2 from line 1	3	(a	36.	92)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>	
			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990:   Cash Cash Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	in		
	Schedule O.		į		ت ا
2a			. 2a	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or		
	reviewed on a separate basis, consolidated basis, or both:		l	1	}
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				_
b	Were the organization's financial statements audited by an independent accountant?	• • •	. 2b	<del> </del>	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ea on	a		
	Separate basis Consolidated basis Both consolidated and separate basis		.		ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the second selection selection of the second selection				<b>/</b>
	If the organization changed either its oversight process or selection process during the tax year, ex			+	1
	Schedule O.	фат	n		
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth:	_		
3а	the Single Audit Act and OMB Circular A-133?	iOftii i			1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ran th	· 3a	-	<del>  -</del>
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		e   3b		
	Togain at addit at additing oxplain tilly in contoduce of and account any stops taken to undergo such a			rm <b>99</b> 0	1004.5
			1.0	1111 ラブし	<i>(</i> 2014)

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Publio Inspection 20

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

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tantiate the	the selection criteria used to award the grants or assistance?	Document of the contraction of t
Ψ.		C

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	nd address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description or grant cash assistance (book, FMV, appraisal, non-cash assistance other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLATURE FORMERS OF CAMPENS OF		50163	9,000.	٥	7	9 C) C) C	S want an educe
(2)							
(6)							
(4)							
(9)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	vernment organiza	tions listed in the li	ne 1 table			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e the Instruction	s for Form 990.		ပိ	Cat. No. 50055P		Schedule I (Form 990) (2014)

## SCHEDULE O · (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization Newberry Agricultural Expo	Employer identification number 26- 422340み
Part VI Section B Policies, item 11a - Form 990	
the treasurer and upon completion of all tax rep	•
quiancial data the dicuments are presented to the org	
and Vice President and two directors for reciew a	,
this form 990 is available upon with reguest, to	
participants or contributors that have participal	
ant 1111, lim +: this figure includes all proceeds and	contributions of
oponeous and partricipones	
Part VIII, line 201: this figure includes all proceed	and contributions
of participands in the South Carolina pigh Icha	
held during the agricultural Expo event.	
ant VIII, line 20: this jugue includes all proceeds	and contributions
of participants and supporters that of the o	
ag Expo Steak Suppn.	
Part VIII, sine 11a: this pigure victudes all proceeds	and contributions
of participands in the renda display at	
Expo west.	
Part 1x, line 1: this expense was the event desatter	int charitys:
ne Newborry Country Luture Farmers an	
ag Ego Scholarships	7
Part 1x, line 2: uniorepense was me event dorot	coins de civic/pouric
occups that assisted with project admi	
to the local food bonks.	