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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

(except private foundations)
► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014

Open to Publications

Α			calendar year, or tax year beginning , 2014, and ending		,		
뭐		ieck if applicable Idress change	D En	Employer identification number			
Ļ	=	me change	57-0350642				
}	Initial return 1763 Pageland Hwy					umber	
ᅡ	=	al return/terminated	8	03-9	36-4676		
F	≓ .	nended return					
ř	≓ .	plication pendin		oup ⊏x ⊔mber	emption ► 2393		
Ğ	A	counting M	ethod: X Cash Accrual Other (specify) ► H Check	× X	of the	organization is not	
, [Schedule B	
į J				990,	990-EZ	, or 990-PF).	
્રે K	Fo	orm of organi	zation: X Corporation Trust Association Other				
L	Ad as	dd lines 5b, ssets (Part li	6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or it l, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total	► \$	81,807.	
	art		nue, Expenses, and Changes in Net Assets or Fund Balances (see the ins	truct	ions fo		
			f the organization used Schedule O to respond to any question in this Part I		.00	$\overline{\mathbf{X}}$	
_			utions, gifts, grants, and similar amounts received		1	55,640.	
	-		n service revenue including government fees and contracts		2	25.	
	- 1	=	ship dues and assessments		3		
		4 Investm	ent income		4	13, 382.	
			mount from sale of assets other than inventory 5 a		, 12	15, 502.	
			ost or other basis and sales expenses 5 b				
			oss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c		
		•	and fundraising events		<u> </u>		
	- 1		ncome from gaming (attach Schedule G if greater than \$15,000)		4		
F 6 1	<u>.</u>	-	ncome from fundraising events (not including \$ of contributions		1 3/8		
į			ndraising events reported on line 1) (attach Schedule G if the sum		l ta		
į			gross income and contributions exceeds \$15,000) 6 b				
			rect expenses from gaming and fundraising events 6 c				
		d Net inco		6 d			
		7a Gross s	ales of inventory, less returns and allowances 7a				
S		b Less co	ost of goods sold 7 b				
\mathfrak{O}		c Gross p	rofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c		
			evenue (describe in Schedule O) . See Schedule O		8	12,760.	
SCANNED	┸	9 Total re	venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-	9	81,807.	
	1		and similar amounts paid (list in Schedule O)		10		
		11 Benefits	s paid to or for members		11		
	[1		s, other compensation, and employee benefits		12	2,647.	
	1		ional fees and other payments to independent contractors ncy, rent, utilities, and maintenance Applications, postage, and shipping	၂ပ္ဟ	13		
	1	14 Occupa	ncy, rent, utilities, and maintenance MAY 1 8 2015	ΙĢ	14	11,118.	
	[] 1	_	, publications, postage, and shipping	FS-OSC	15	2,337.	
ĭES ₩ 2015			xpenses (describe in Schedule O)	E 148	16	33, 366.	
売 _	1		cpenses. Add lines 10 through 16		17	49,468.	
		18 Excess	or (deficit) for the year (Subtract line 17 from line 9)		18	32, 339.	
N E T	S 1 S E		ets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of eported on prior year's return)	-year	19	206,176.	
т	Ť ź	_	hanges in net assets or fund balances (explain in Schedule O)		20		
	* I		ets or fund balances at end of year. Combine lines 18 through 20	•	21	238,515.	
В			ork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2014)	

	990-EZ (2014) Lancaster County					<u>57</u>	<u>-035</u>	0642 Page 2
Pai	Balance Sheets (see the Insti Check if the organization used Sche	ructions for Part II)	estion in this Part II					X
	Check if the organization used Sche	date o to respond to any que	Ston in this part in	(A) Beg	nnina of	f vea	ar I	(B) End of year
22	Cash, savings, and investments			<u> </u>	30,8			59,797.
23	Land and buildings		_		164,6			164,632.
24	Other assets (describe in Schedule O)	See Schedule	e O .		11,2			14,086.
25	Total assets		_		206,7			238,515.
26	Total liabilities (describe in Schedule O)	See Schedule	● 0.			10	_	0.
27	Net assets or fund balances (line 27 of of	column (B) must agree with	line 21)		206,1			238,515.
Pai	RIII Statement of Program Service Ac	complishments (see the inst	ructions for Part III)					Expenses
	Check if the organization used Sch	nedule O to respond to any q	uestion in this Part	Ш		X	(Rea	uired for section 501
What	is the organization's primary exempt purpose? See	Schedule 0					(c)(3)) and 501(c)(4)
Desc	cribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of its manner, describe the service	ts three largest prog	gram servi	ces, as	İ		nizations; optional thers.)
bene	efited, and other relevant information for ea	ach program title			0130113			
28	Provide a central location	n for services, th	e disseminat	ion of				
	information promoting agr	<u>icultural interest</u>	s and meetin	gs				
		s amount includes foreign gr				Ш	28 a	
29	Sponsor county officers t		<u>sent their c</u>	ounty_	<u>farm </u>	_		
	bureau at regional and na	<u>tional events.</u>						
	- <u></u>	s amount includes foreign gr				Щ	29 a	· · · · · · · · · · · · · · · · · · ·
30	Sponsor county volunteers		<u>r county far</u>	m_bure	<u>au at</u>			
	<u>meetings</u> <u>and events</u> <u>promo</u>	<u>ting_agriculture.</u>						
	76						20 -	
21	(Grants \$) If the Other program services (describe in Scho	is amount includes foreign gredule O) See Sched				Щ	30 a	
31	, -	is amount includes foreign gr			-		31 a	
32	Total program service expenses (add lin		ants, check here			븻	32	
	List of Officers, Directors,		OVERS (list each one	even if not c	nmnensater	1 9		Instructions for Part IV
[F-Q	Check if the organization used Sch				ompensatet		CC CIIC	X
-		(b) Average hours per	(c) Reportable compensa	ation (d) Health be	enefit	5,	
	(a) Name and title	week devoted to	(Forms W-2/1099-MIS(C) COIII	ibutions to it plans, an	d def		(e) Estimated amount of other compensation
			(vivo paid, and a	<u>-</u>	compensa	tion		
See	_Schedule_0						_	
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OHILI	770-62	(2017)	Dancascer	Country	гатш	Dureau

Page 3

33 Dut the organization engage in any significant activity no Schedule of If Yes, 3 rounds a detailed description of each activity in Schedule () and the any significant harden make to the digitating or governing documents? If Yes, attains a conformed copy of the annoted occument of they reflect a charge to the proparation have unrelated business grass income of \$1,000 or more during the year from business activities (such as those reported on interes, 26s, and 78, annot port 15,000 or more during the year from business activities (such as those reported on times, 26s, and 78, annot port 15,000 or more during the year from business activities (such as those reported on times, 26s, and 78, annot port 1500, or 501(c)(5), 950(c)(5), 950(c)(5	Par	tV Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V) Check if the organization used Schedule O to respond to any				
34 Were any significant changes make to the organizing or governing documents? If "Yes," attant a conformed copy of the amented document of they reflect act hange to the drapage of Sebeldy (Decembushoon). 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 lines 2, 6s. and 7s. among others). 36 b If "Yes," to line 35s. has the organization filed a Form 990-T for they year? If "No," provide an explanation in Schedule O c Was the organization on Schedule O (CWS) the organization of the solid property than the year? If "Yes," complete Schedule C, Part III and organization as the property of the year? If "Yes," complete Schedule C, Part III and organization of the dissets during the year? If "Yes," complete Schedule C, Part III and organization borrow from or make any solid property of the organization borrow from organization of the organization organiz	33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activates (such as those reported on lines 2, 6a, and 7a, among others). bit "Yes," to line 35a, has the organization filed a Form 990-T for the year? If No, provide an explanation in Schedule O c Was the organization activation of 10(c)(4), 5010(c)(5), or 5010(c)(6), o	34		amended documents if they reflect	33		<u> </u>
such as those reported on lines 2.5, ash and 7a, among others)? bit 1'Yes', to line 35a. has the organization filed a Form 990-17 for the year? If No.' provide an explanation in Schedule O 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 35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition on fer assests during the year? If Yes', complete Schedule C, Part III 55 C X 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions * 27a 0. 37 b LY (3) and the organization borrow from, or make any loans to, any difficer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 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 outstanding at the end of the tax year covered by this return? 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 outstanding at the end of the tax year covered by this return? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such as any such as a complete schedule L, Part II and enter the total b Group Schedule L, Part II and enter the total 10				34		X
c. Was the organization a section 501(c)(4), 501(c)(6) or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule (?, Part III	35 a		business activities	35 a	х	
reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III				35 b	Х	
disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a 0. 37b 0.		reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	ion 6033(e) notice, I .	35 c		<u>x</u>
b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b	36			36		_ X_
38a Dut 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 outstanding at the end of the tax year covered by this return? b If 'Yes,' complete Schedule L. Part II and enter the total amount involved. 39 Section 501(c)(7) organizations. Enter: 39 Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39 Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 P year under: N/A section 4915 P N/A section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or dissuisatified persons during the year under sections 4912, 4955, and 4985 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year under sections 4912, 4955, and 4985 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year under: 42a The organizations At any time during the class with which a copy of this return is filed P None 42a The organizations At any time during the classified and 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)? If 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial			37a 0.	37 h	نه .	
b if Yes,' complete Schedule L, Part II and enter the total amount involved. 38 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: N/A section 4991 * N/A; section 4995 * N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of the organization engage in any section 4958 excess benefit transaction of timp the year, of 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-E27. If Yes, complete Schedule L, Part I continued to the 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 windows and the programization of the section of th		Did the organization borrow from, or make any loans to, any officer, director, trustee, or key	employee or were by this return?		<u>\$.0</u>	
39 Section 501(c)(7) organizations. Enter: a initiation fees and captidal 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 vinder: N/A b Section 9911 * N/A; section 49912 * N/A, section 4995 * N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? 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 disqualitied persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 O. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization A line organization at any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If 'Yes,' complete Form 8986-T Located at * 724 Knox Abbott Drive Cayce SC 2IP +4 * 29033 Yes No Located at * 724 Knox Abbott Drive Cayce SC 2IP +4 * 29033 Yes No Located at * 724 Knox Abbott Drive Cayce SC 2IP +4 * 29033 Yes No 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 is used as a bank account, securities account, or other financial account)? 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 any dionor advised funds during the year? If 'Yes,' Form 9	t	If 'Yes,' complete Schedule L, Part II and enter the total	ĺ	7	; A.S.	A
b Gross receipts, included on line 9, for public use of club facilities 40a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4991 * N/A; section 4992 * N/A; section 4994 * N/A;	39		32 N/A	, (1. \$ 10.30	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 * N/A; section 4912 * N/A; section 4915 * N/A	ā	Initiation fees and capital contributions included on line 9	39a N/A	٠٠, ٧	4	- N
section 4911 > N/A; section 4912 > N/A; section 4955 > N/A 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-E27; 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 imposed on organization adjusted the 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 imposed on organization and 4958 excess the sections 4912, 4955, and 4958 excess the sections 4912, 495, and 4958 excess the sections 4912, 491	t	Gross receipts, included on line 9, for public use of club facilities	39 b N/A	_		1
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 arising the 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)(5), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax more by the organization of the organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the 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 42a The organization's books are in care of * SC Farm Bureau	40 a		year under: N/A	٠ž		-2.5
benefit transaction during the year, of 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-EZZ [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 of the foliation of the	_			4.0		(4
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 in line 40c reimbursed by the organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed * None 42a The organization's books are in care of * SC Farm Bureau	t	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in ar benefit transaction during the year, or did it engage in an excess benefit transaction in a pric	by section 4958 excess or year that has not been	i	32	فعيتا
managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501c(3), 501c(6)(4), and 501(c)(29) organizations. Enter amount of fax 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 41 List the states with which a copy of this return is filed * None 42a The organization's books are in care of * SC Farm Bureau		·	•	40 b		ļ
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shelter transaction? If "Yes," complete Form 8886-T 142 a The organization's books are in care of SC Farm Bureau Located at P 724 Knox Abbott Drive Cayce SC Located at P 724 Knox Abbott Drive Cayce SC Abbott Drive Cayce SC All P 44 P 29033 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)? If 'Yes,' enter the name of the foreign country F 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 the U.S.? If 'Yes,' enter the name of the foreign country: F 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 C Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ C Did the organization receive any payments for indoor tanning services during the year? 446 X 45 Did the organization and schedule O 45 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur by the organization			*****	
42 a The organization's books are in care of * SC Farm Bureau Telephone no * 803-936-4676 Located at * 724 Knox Abbott Drive Cayce SC ZIP+4 * 29033 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)? If 'Yes,' enter the name of the foreign country * See the instructions for exceptions and filling 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 the U S? If 'Yes,' enter the name of the foreign country: * 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 to the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ to the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 44	•	All organizations. At any time during the tax year, was the organization a party to a prohibite	ed tax	40 -		الأستينة X
42 a The organization's books are in care of SC Farm Bureau Located at 724 Knox Abbott Drive Cayce SC IP+4 29033 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)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling 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 the U.S.? If 'Yes,' enter the name of the foreign country: Figure 142	41			400		<u></u>
A2b X If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling 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 the U.S.? If 'Yes,' enter the name of the foreign country: A3 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Ves A4a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? f 'No,' provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	42 a	books are in care of SC Farm Bureau		<u>36-4</u>	<u>676</u>	
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 the U.S.? 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fi	r authority over a inancial account)?	42b	Yes	
c At any time during the calendar year, did the organization maintain an office outside the U S ? 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			,	120		
c At any time during the calendar year, did the organization maintain an office outside the U S ? 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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		See the instructions for exceptions and filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial A	accounts (FRAP)	Service Services		
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 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			• • •	42 c		X
and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A				L		
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 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 c Did the organization receive any payments for indoor tanning services during the year? 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)?	43		1 1		- []	N/A
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 c Did the organization receive any payments for indoor tanning services during the year? 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 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 8	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be	completed instead	AA -	Yes	
c Did the organization receive any payments for indoor tanning services during the year? 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)? 45 a X	ŀ		t be completed			
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)? 45 a X						
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?		44 d		
	45 a	•			<u> </u>	X
	ŀ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	g of section 512(b)(13)? If 'Yes,'	45 b		X

orm 990-EZ	(2014)	Lancaster	County	Farm	Bureau
OIIII 220 EE	(2017)	nancascer	COULTE	LULM	Durcau

57-0350642

Page 4

							162	NO
46		e organization engage, directly or indirect dates for public office? If 'Yes,' complete		gn activities on behalf o	f or in opposition to	. 46		X
Ran	3 V 0	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	the table	es	
		Check if the organization used Schedul	e O to respond to any	question in this Part VI				
47		e organization engage in lobbying activities lete Schedule C. Part II	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47	Yes	No
48	•	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sched	dule E	48	 	
		ne organization make any transfers to an		related organization?		49 a	 	
		s,' was the related organization a section lete this table for the organization's five high	-	vees (other than officers	directors, trustees and k	49 b	<u>4</u>	L
	emplo	yees) who each received more than \$100,0	00 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 (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
f	Total	number of other employees paid over \$1	00,000	l	<u> </u>	<u> </u>		
51	Comp	lete this table for the organization's five high	nest compensated indepe	endent contractors who ea	ach received more than \$	\$100,000 of		
		(a) Name and business address of each independent of		(b) Type	of service	(c) Com	nensatic	
		(a) Traine and Basiness state as of seast independent of		(, .),,,		(5,55)		
				· · · · · · · · · · · · · · · · · · ·		 		
					·-··-			
- - -								
	 -							
						<u> </u>		
		number of other independent contractors ne organization complete Schedule A? N	•	•	ttach a		—	
	comp	leted Schedule A				► L Yes	<u> </u>	No
Under true, c	penaltie orrect, a	s of perjury, I declare that I have examined this return, nd complete Declaration of preparer (other than office	ncluding accompanying scheor) is based on all information o	lutes and statements, and to the f which preparer has any knowle	e best of my knowledge and be	elief, it is		
C:	_	Signature of officer Segretor						
Sig:	n e	Eric Sevmour			Tax Officer			
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	Date	Check 🖳 ıf	PTIN		سيجين
Paid Prep		Firm's name ▶	Non-Paid Prepa	TGL	self-employed			
Use		Firm's address ►			Firm's EIN			
					Phone no			
May	the IR	S discuss this return with the preparer sh	nown above? See instru	ctions .		► Yes		No (0014)
						Form 99	U-EZ ((2014)

SCHEDULE 0 (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. ► 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.

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number	ime of the organization
57-0350642	ancaster County Farm Bureau
	Form 990-EZ, Part I, Line 8 Other Revenue
\$ 12,695 65	Service Fees Miscellaneous Income
Total \$ 12,760	
	Form 990-EZ, Part I, Line 16 Other Expenses
\$ 6,324	Conferences, Conventions, and Meetings CONTRIBUTIONS
1,075 . 1,152	Insurance
8,392	MANAGEMENT FEES .
1,965 5	Office Expenses PAC
5	Reconciliation Discrepancies
14,448	STATE DUES
Total \$ 33,366	
	Form 990-EZ, Part II, Line 24 Other Assets
Beginning Ending	
\$ 9,789. \$ 12,58	Furniture and Fixtures
1,500. 1,50	LEASE DEPOSIT
Total $\frac{$}{11,289}$ $\frac{$}{14,08}$	
	Form 990-EZ, Part II, Line 26 Total Liabilities
Beginning Ending	
\$ 412. \$	EMPLOYEE BC/BS.
-5. (Federal Payroll Tax Payable
	Social Security - Company Social Security - Employee
-1.	State Payroll Tax Payable
-5. 95. -2. -2.	FUTA Social Security - Company Social Security - Employee

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Promote agricultural interests and to optimize the lives of those involved in agriculture while being respectful to the needs and concerns of all citizens in our state.

11<u>3.</u>

610.

Total \$

<u>ŏ.</u>

0.

Name of the organization

Lancaster County Farm Bureau

57-0350642

Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments

Program
Service
Description Grants Expenses

Fund and engage organization's volunteers (members) to promote agricultural and consumer education through various state and local agricultural literacy programs.

Includes Foreign Grants:

Work through organization's volunteers (members) to prompt conversations about agriculture through promotional, educational and professional events and other opportunities.

Includes Foreign Grants: No

Total \$ 0. \$ 0

11--1-5

Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Robert Yoder, Jr. President	0.3	\$ 0.	\$ 0.	0 .
Tim Jackson Vice President	0.3	0.	0.	0.
Billy Catoe Secretary/Treas	0.3	0.	0.	0.
Douglas Barfield State Director	0.3	0.	0.	0.
Scott Croxton Director	0.3	0.	0.	0.
Barry Blackmon Director	0.3	0.	0.	0.
Luke Croxton Director	0.3	0.	0.	0.
Dean Elliott Director	0.3	0.	0.	0.
Harold Funderburk Director	0.3	0.	0.	0.
Tim Howie Director	0.3	0.	0.	0.

Name of the organization

Lancaster County Farm Bureau

Employer identification number 57-0350642

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
David Kirk Director	0.3	\$ 0.	\$ 0.	\$ 0.
Reece Kirk Director	0.3	0.	0.	0.
James R. Knight Director	0.3	0.	0.	0.
George Mungo Director	0.3	0.	0.	0.
Sam Robinson Director	0.3	0.	0.	0.
Randy E. Wilson Director	0.3	0.	0.	0.
Fred Plyer Jr. Director	0.3	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.