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Department of the Treasury Internal Revenue Service

PLENTE WATE WAY I 41 LUIS

Form **990-EZ**

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)

► 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

Open to Public Inspection

_		e 2014 calendar year, or tax year beginning , 2014, and ending	!		
		f applicable c C	D Employer identification number		
	Name o	Colleton County Farm Bureau	57-0403385		
	Initial re	1206 N. Jefferies Blvd.	E Telephone number		
ᄤ		Walterboro, SC 29488	803-936-4676		
ᄤ		ed return	Group E		
Ħ		tion pending	Number	× 2393	
<u></u>	Αςςοι	unting Method: X Cash Accrual Other (specify) ► H Check	► X if the	organization is not	
	Webs	ite: N/A require	d to attach	Schedule B	
J	Tax-ex	empt status (check only one) — 501(c)(3) X 501(c) (5) ◄(insert no.) 4947(a)(1) or 527 (Form 5	990, 990-E	Z, or 990-PF)	
		of organization: X Corporation Trust Association Other			
-	Add I	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ►\$	67,996.	
Pa	rt 🖹	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	ructions f		
- 20		Check if the organization used Schedule O to respond to any question in this Part I		X	
	1	Contributions, gifts, grants, and similar amounts received	1	54,019.	
	2	Program service revenue including government fees and contracts	2	846.	
	3	Membership dues and assessments	3		
	4	Investment income	4	13,131.	
	5 a	Gross amount from sale of assets other than inventory 5 a	338		
	ь	Less cost or other basis and sales expenses 5b			
	l c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c		
		Gaming and fundraising events	77.3	······································	
Ŗ		Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a			
Ň		Gross income from fundraising events (not including \$ of contributions			
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	С	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)	6 d		
	7 a	Gross sales of inventory, less returns and allowances 7 a			
	b	Less: cost of goods sold 7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
	8	Other revenue (describe in Schedule O)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	67,996.	
	10	Grants and similar amounts paid (list in Schedule O)	3(3) 10		
	11	Benefits paid to or for members	\ <u>igg</u> 11		
Ê	12	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors MAY 1 8 2015	0 12		
Ê	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	13 13		
XPENSES	14	Occupancy, rent, utilities, and maintenance	F 14	5,080.	
	15	Printing, publications, postage, and shipping	15	2,294.	
	16	Other expenses (describe in Schedule O)	16	44,665.	
	17	Total expenses. Add lines 10 through 16	17	52,039.	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,957.	
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y figure reported on prior year's return)	/ear	249,773.	
T T S	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	265,730.	
ВА	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.	<u> </u>	Form 990-EZ (2014)	



	990-EZ (2014) Colleton County			57	-040	3385 Page 2
Par	Balance Sheets (see the Insti Check if the organization used Sche	ructions for Part II)	setion in this Part II			X
	Check if the organization used Sched	dule O to respond to any que	estion in this Part ii	(A) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments			187,533		203,490.
23	Land and buildings			44,250		44,250.
24	Other assets (describe in Schedule O)	See Schedule	9 0	17,990		17,990.
	Total assets			249,773		265,730.
	Total liabilities (describe in Schedule O)					0.
	Net assets or fund balances (line 27 of c			249,773	27	265,730.
Par	Statement of Program Service Ac Check if the organization used Sch	complishments (see the INST redule O to respond to any d	ructions for Part III) Hestion in this Part	III X		Expenses
What	is the organization's primary exempt purpose? See		acouotr in this i are		4 () \e\	uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service ad	complishments for each of it	ts three largest proc	ram services, as	òrgai	nizations, optional
mea: bene	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	: manner, describe the servic ach program title	ces provided, the nu	mber of persons	Tor o	thers.)
28	Provide a central location					
	information promoting agr	icultural interest	s and meetin	gs		
	7					
-00		s amount includes foreign gr			28 a	
29	Sponsor county officers t		<u>sent their c</u>	ounty_farm	-	
	bureau at regional and na	cronar evencs.			1	
	(Grants \$) If thi	is amount includes foreign gr	rants, check here		29 a	
30	Sponsor county volunteers	to represent thei	r county far	m bureau at	1	
	meetings and events promo			- 		
]	
		is amount includes foreign greature () See Sched		>	30 a	
31	, ,				21.	
32	(Grants \$) If the Total program service expenses (add line)	is amount includes foreign gi	ants, check here		31 a	
	t IV List of Officers, Directors,		lovees (list each one	even if not compensated —		Instructions for Part IV)
1 41	Check if the organization used Sci				300 1110	X
	(a) Name and title	(b) Average hours per	(c) Reportable compensa	d) Health benef	its,	(e) Estimated amount of
	(a) Name and the	week devoted to position	(Forms W-2/1099-MIS((If not paid, enter -0-	benefit plans, and de compensation		other compensation
See	Schedule_0					
				0.	0.	0.
-						
			-			
BA		TEEA0812L (05/28/14			Form 990-EZ (2014)
DA	1	ICEAU012L (UU120/14			FORM 330-EZ (2014)

orı	m 990-EZ (2014) Colleton County Farm Bureau 57-040338	5	F	Page 3
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
34	If 'Yes,' provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		X
~	a change to the organization's name. Otherwise, explain the change on Schedule 0 (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			t
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		<u> </u>
	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 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 b 35 c		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.			
	b Did the organization file Form 1120-POL for this year?	37 b		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 outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	124	ر برز ز	
39	Section 501(c)(7) organizations. Enter:		* ,	
	a Initiation fees and capital contributions included on line 9		٠.	
	b Gross receipts, included on line 9, for public use of club facilities N/A		,	1
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A	2.25	~	
	section 4911 N/A; section 4912 N/A, section 4955 N/A		ái.	,
	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	- COLUMN S	1185.7	-
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		L.,
	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 □ 0.		3	
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed		`	
	by the organization •0.	100 m	ù	
	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	40 e		X
41	List the states with which a copy of this return is filed None	406		
42	Telephone no. ► 803-9 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	·	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		X
	If 'Yes,' enter the name of the foreign country: ►	3 77 7	i	
		a		1
	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 ?	42 c		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		▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		Ц	N/A
	<u> </u>		Yes	_
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	44 a	ļ]
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	44 8	 	X
	instead of Form 990-EZ	44 b	1	X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		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	44 d	 	

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

45 a

Form	990-EZ (2014) Colleton Co	ounty Farm	Bureau		57-04	03385		age 4
46	Did the organization engage, dire candidates for public office? If 'Y	ectly or indirectles,' complete S	ly, in political campai Schedule C. Part I	gn activities on behalf o	of or in opposition to	46	Yes	No X
Pär	Section 501(c)(3) org All section 501(c)(3) for lines 50 and 51.	anizations organization	only ns must answer q		nd 52, and complete		S	
	Check if the organization i	used Schedule	O to respond to any	question in this Part VI			T	
47	Did the organization engage in lobb complete Schedule C, Part II	ying activities of	r have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47	Yes	No
48 Is the organization 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?							
	 b If 'Yes,' was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and lemployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' 							
	(a) Name and title of each employed	е	(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) Estimated other com		
f 51	Total number of other employees Complete this table for the organizat compensation from the organizat	ation's five highe	est compensated independent	endent contractors who e	each received more than	\$100,000 of		
	(a) Name and business address of ea			(b) Type	of service	(c) Comp	ensation	
- - -								
	Total number of other independe Did the organization complete Sc completed Schedule A		-		attach a	► Yes	· [No
Under true, c	penalties of perjury, I declare that I have exa prrect, and complete. Declaration of preparer	mined this return, ir (other than officer)	ncluding accompanying sche	dules and statements, and to the which preparer has any know	he best of my knowledge and by	elief, it is	-	=
	Ven de	green		- p -pare was any mov	5/13/18			
Sig Her	Eric Seymour	<i>U</i>			Tax Officer			
	Type or print name and title Print/Type preparer's name		Preparer's signature	Date		PTIN		
Daid	The type property shallo	ł	Non-Paid Prepa		Check if self-employed	· 1114		
Paid Prep								
Use					Firm's EIN			

May the IRS discuss this return with the preparer shown above? See instructions

> ► Yes No Form **990-EZ** (2014)

Firm's EIN Phone 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 57-0403385 Colleton County Farm Bureau Form 990-EZ, Part I, Line 16 Other Expenses Conferences, Conventions, and Meetings 7,658. 4,345. CONTRIBUTIONS Insurance 336. MANAGEMENT FEES 11,097. 1,348. MINOR PURCHASE Office Expenses 367. PAC STATE DUES 19,509. Total \$ 44,665. Form 990-EZ, Part II, Line 24 Other Assets Ending Beginning 990. 17,990 Furniture and Fixtures Total 990 990. 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. Form 990-EZ. Part III. Line 31 **Statement of Program Service Accomplishments** Program Service <u>Description</u> 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 0. Total \$

Name of the organization

Colleton County Farm Bureau

Employer identification number
57-0403385

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.
Randy Ulmer President	0.3	\$ 0.	\$ 0.	\$ 0.
IM Benton Vice President	0.3	0.	0.	0.
Marion Barnes Secretary/Treas	0.3	0.	0.	0.
Cleveland Hiott, III Secretary/Treas	0.3	0.	0.	0.
Timmy Benton State Director	0.3	0.	0.	0.
Keith Ulmer State Director	0.3	0.	0.	0.
Wesley Ulmer Director	0.3	0.	0.	0.
Michelle Benton Womens comm Chr	0.3	0.	0.	0.
Wendell Benton Director	0.3	0.	0.	0.
Jerry Breland Director	0.3	0.	0.	0.
Donald Crosby Director	0.3	0.	0.	0.
J. Michael Crosby Director	0.3	0.	0.	0.
Johnny Litchfield Director	0.3	0.	0.	0.
Perry Smith Director	0.3	0.	0.	0.
Lamar Godley Director	0.3	0.	0.	0.
	Total	\$ 0.	<u>\$ 0.</u>	\$ 0.