

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# 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)

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

► 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.lrs.gov/form990.

Open to Public Inspection

		e 2014 calendar year, or tax year beginning , 2014, and ending		,			
┡		applicable C C	D Employer	identification number			
H	Name o	Dillon County Form Purcou	57-04	57-0427793			
H	Initial re	307 West Hampton Street	E Telephone	Telephone number			
H		Dillon, SC 29536	803-9	36-4676			
Ħ				Group Exemption			
Ħ	Applica	ion pending	Number	×emption ► 2393			
G	Accou	nting Method X Cash Accrual Other (specify) ► H Check	► X if the	e organization is not			
				Schedule B			
J	Tax-ex			Z, or 990-PF)			
		of organization: X Corporation Trust Association Other					
L	Add I	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to see (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ►\$	46 206			
D-			•	46,386.			
Fe	II ( I ·	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the Instr Check if the organization used Schedule O to respond to any question in this Part I	ructions	ior Part I)			
	1	Contributions, gifts, grants, and similar amounts received					
	2	Program service revenue including government fees and contracts	1	31,857.			
	3	Membership dues and assessments	3				
	4	Investment income.	4	^ 510			
	1 -		\ 4 \ \ 2 \ \ \	9,619.			
		Gross amount from sale of assets other than inventory  Less: cost or other basis and sales expenses  5 a  5 b	s .				
	-						
	6 C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events	5 c				
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000)					
Ž	l	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 6 c	\$				
	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)  See Schedule O	8	4,910.			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	5 91	46,386.			
	10	Grants and similar amounts paid (list in Schedule O)	U_10\				
	11	Benefits paid to or for members	18				
E	12	Salaries, other compensation, and employee benefits	)15				
Ê	13	Professional fees and other payments to independent contractors	1\$6				
XPENSES	14	Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance		5,944.			
Ę	15	Printing publications postage and shipping	U 15	1,297.			
3	16	Other expenses (describe in Schedule O).  See Schedule O.	16	19,732.			
	17	Total expenses. Add lines 10 through 16	<b>►</b> 17	26,973.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,413.			
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)	year	126,720.			
ŤŠ	20	Other changes in net assets or fund balances (explain in Schedule O)	20	120,120.			
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	146,133.			
BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.	,:.	Form <b>990-EZ</b> (2014)			

Form	990-EZ (2014) Dillon County Fa	arm Bureau			57-	-042	27793 Page <b>2</b>	
Par	Partill Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II							
					Beginning of year	ar	(B) End of year	
22	Cash, savings, and investments				16,991	. 22	36,320.	
23	Land and buildings		_		98,453		98,453.	
24	Other assets (describe in Schedule O)	See Schedule	e 0		11,360		11,360.	
25	Total assets				126,804	_	146,133.	
26	Total liabilities (describe in Schedule O)	See Schedule	e O		84	26	0.	
	Net assets or fund balances (line 27 of o		ine 21)		126,720	. 27	146,133.	
	Statement of Program Service Ac	<u> </u>		<u> </u>	120,720	. ,	Expenses	
1% 641	Check if the organization used Sch	nedule O to respond to any q	uestion in this Part	Ш	X	(Poo	uired for section 501	
What	is the organization's primary exempt purpose? See					(c)(3	and 501(c)(4)	
Desc	ribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of it	ts three largest prod	ram	services, as	organ	nizations; optional	
mea	sured by expenses. In a clear and concise	mariner, describe the service	es provided, the nu	imber	of persons	for o	thers)	
28	fited, and other relevant information for e		_ 311_					
20	Provide a central locatio				-0I			
	<u>information</u> promoting agr	<u>ıcultural interest</u>	<u>s and meetin</u>	<u>gs .</u>				
	707.7.6 8 7 7 7 7 7	is amount includes foreign gr				20		
-00	<u> </u>					28 a		
29	Sponsor county officers t		<u>sent their c</u>	<u>oun</u>	ty_tarm			
	<u>bureau at regional and na</u>	<u>tional events</u>						
		is amount includes foreign gr			▶	29 a		
30	Sponsor county volunteers		<u>r county far</u>	<u>m_b</u>	ureau at _			
	meetings and events promo	ting agriculture.			]			
	(Grants \$ ) If th	is amount includes foreign gr			·	30 a		
31	Other program services (describe in Sch	edule O) See Sched	ule O					
	(Grants \$ ) If th	is amount includes foreign gr	ants, check here		▶ []	31 a		
32	Total program service expenses (add lin				•	32		
	List of Officers, Directors,		lovees (list each one	even	f not compensated — s	ee the	instructions for Part IV)	
17.64	Check if the organization used Sci						X	
		(b) Average hours per	(c) Reportable compens	ation	(d) Health benefit	s,		
	(a) Name and title	week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS (If not paid, enter -0-	Ç)	contributions to employenefit plans, and def		(e) Estimated amount of other compensation	
		position	(ii not paid, onter -o-	<b>,</b>	compensation		_	
See	_ Schedule_0							
				0.		0.	0.	
				_				
			I					
							1	
					······································			
			1					
		1	1	Ì				
	·				<del> </del>			
		1	!					
		<u> </u>	<u> </u>					
	~	1						
		<del> </del>		-			<del> </del>	
		1						
			<del> </del>	-				
		1						
			<del> </del>					
		1						
	<del></del>	-	<del>                                     </del>				<del>                                     </del>	
		1					1	
							5	
BΔ	-	TEEA0812L (	DIZKI IA				Form <b>990-FZ</b> (2014)	

34 Were any agrinance change most be the enganzer or percent gocuments IT Yes, statch a conformed capy of the ameniced documents if they reflect as a change to the enganzer or percent gocuments IT Yes, statch a conformed capy of the ameniced documents if they reflect as a change to the enganzer or converse or converse of the change or Scholar Oct.  35 Dut the organization have unrelated business gross recome of \$1,000 or more during the year from business activates (such as those reported on lines 2, 6a, and 7a, among others)?  36 Dut the organization as section \$501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section \$603(c) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III or the segmentation undergo a liquidation, dissolution, termination, or significant disposition for refl assets during the year? If Yes, complete schedule C, Part III or the organization in Forming the year? If Yes, complete schedule C, Part III or the year?  37 a Enter amount of political expendition, dissolution, termination, or significant disposition for reflects and the properties of the complete Schedule L, Part II and enter the total amount involved  38 about the organization before them. Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: N/A section \$911  N/A and Schotage and the year, or did it denages on an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part II and enter the total amount involved  40 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on organization managers or disqualished persons during the year unders schotage and the properties of disqualished persons during the year involved.  40 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax incosess benefit transaction in a prior year that has not b	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V				
34 We any significant change made to the organizary or governing documents? If Yes, "stable a conformed copy of the amended documents of they reflect a change to the organizations are of the organizations are consistent or the organization and they called the organization are consistent organizations. A consistent organization are consistent organizations. A consistent organization are consistent organizations. The consistent organization are consistent organizations are consistent organizations. The consistent organization are consistent organizations. The consistent organization are consistent organizations. The consistent organization are consistent organizations are consistent organizations. The consistent organization are consistent organizations. The consistent organization are consistent organizations. The consistent organization is consistent organizations. The consistent of consistent organizations of consistent organizations. The consistent of consistent organizations of consistent organizations. The consistent of consistent organization during the year under the collar amount involved organization consistent organizations. Enter amount of consistent organizations. The consistent of text increases to enter the collar amount involved organization in the consistent organization during the year under the collar amount involved organization in the collar amount organization during the year under the collar amount organization during the year organization. The consistent organization during the year under sections of the coganization or a proy year that has not been enganization. The consistent organization organization in a proy year that has not been enganization. The consistent organization in the consistency or a consistent organization. The consistency organization is consisten	33 Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No	
a charge to the expanzation's name. Otherwise, explain the charge on Setedule 0 (see instructions) 3	If 'Yes,' provide a detailed description of each activity in Schedule O	33		_X	
35 a Did the organization have unrelated business gooss income of \$1,000 or more during the year from business activities (such as those reported on times 2, 6a, and 72, among others);		34		v	
b if Yes, 10 line 35a, has the organization filed a Form 990-T for the year? If No.) provide an explanation in Schedule O 25b X c Was the organization ascention 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 II 36					
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 but the organization undergo a liquidation, dissolution, termination, or significant disposition of net assest during the year? If "Yes," complete Schedule N   36   X   37 a Enter amount of political expenditures, direct or indirect, as described in the instructions   37 a   0, 0   37 b   X   37 a   50 but the organization borrow from, or make any loans lo, 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 b   N/A   38 b	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a			
reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 35 C X 36 Dd the organization of a liquidation, dissolution, termination, or significant dissolution of net assets during the year? If Yes, complete applicable parts of Schedule N 36 X 37 a Enter amount of political expenditures, director indirect, as a described in the instructions * 37a I		35 b	X		
36 Did the organization undergo a liquidation, dissolution, fermination, or significant disposition on the assets during the year? If "vise," complete part applicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions    38 a Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and stiff obstantial outstanding at the end of the tax year covered by this return?  38 a Did the organization berrow from, or make any loans to, any officer, director, trustee, or key employee or were any such those made in a prior year and stiff outstanding at the end of the tax year covered by this return?  38 b N/A  39 Section 501(c)(7) organizations Enter    30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  30 Indiation fees and capital contributions included on line 9  31 Indiation fees and capital contributions included on line 9  32 Indiation fees and capital contributions included on line 9  33 Indiation fees and capital contributions included on line 9  34 Indiation fees and capital contributions included on line 9  34 Indiation fees and capital contributions included on line 9  35 Indiation fees and capital contributions included on line 9  36 Indiation fees and	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 c	-	Х	
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions    37 a Direct amount of political expenditures, direct or indirect, as described in the instructions    38 a Dut the preparization berrow 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 Dut the preparization berrow 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 X X b Tyes, complete Schedule L, Part II and enter the total amount movibed  39 a Section 501(c)(7) organizations included on line 9  30 a N/A  30 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: N/A  30 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A  30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction and the proof year that has not been the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction and the year under sections 4912, 4955 and 4958  30 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax miposed on organization and the proof of discussion of the proof of discussions and the year under sections 4912, 4955 and 4958  31 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of discussions and the year under sections 4912, 495, and 4956 and 497 (a) the proof of the section of the section 4912 and 497 (a) the year of the year of the section 4912 and 497 (a) the year of the					
b Dot the organization file Form 1120-Pol. for this year?  38 a Dot 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 X  38 b N/A  38 b N/A  39 Section 501(c)(7) organizations Enter  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A  section 4911 - N/A  section 4911 - N/A  section 501(c)(3), 501(c)(4), and 501(c)(2) 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 99 or 990-EZZ if Yes, complete Schedule L, Part II  of Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on granization any of its prior Forms 99 or 990-EZZ if Yes, complete Schedule L, Part II  of Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed or organization  of Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed  of Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed  of Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed  of Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed  of Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed  of Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax on line 40c reimbursed  of Section 501(c)(3), 501(c)(4), and 501(c)(4), 501(c)(		36		<u> X</u>	
38a Dut the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such thosis made in a prior year and still outstanding at the end of the tax year covered by this return?  38 b   Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter a prior year and contributions included on line 9  39 a   N/A   39    N/A   39	<b></b>				
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 b	· ·	3/ D		_ <del>X</del> _	
a mount involved  a 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:  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization reported on any of its prior Forms 990 or 990-EZ? If Yes, 'emplete Section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction on any of its prior Forms 990 or 990-EZ? If Yes,' complete Section 4958 excess benefit transaction on any of its prior Forms 990 or 990-EZ? If Yes,' complete Section 4958 excess or its prior Forms 990 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes,' complete Section 4958 excess or its prior Forms 990 experiments exclosed 91, 2495, and 4958 excess or disqualified persons during the year under sections 91, 2495, and 4958 excess or disqualified persons during the year under sections 91, 2495, and 4958 excess or disqualified persons during the year under sections 91, 2495, and 4958 excess or disqualified persons during the year under sections 91, 2495, and 4958 excess or disqualified persons during the year managers or disqualified persons during the year was the organization a party to a prohibited tax shieler transaction? If Yes, complete Form 886-1  10	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X	
39 Section 501(c)(7) organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year of did it engage in an excess benefit fransaction of the property of the organization engage in any section 4958 excess benefit fransaction of the property of the organization 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax miposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 c) Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax miposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 c) Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in the 40c reimbursed by the organizations A lary time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 6886-T by the organizations A lary time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 6886-T books are in care of * SC Farm Bureau  Located at * 724 Knox Abbott Drive Cayce SC  2IP + 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 exceptors and filing requirements for FinCEN Form 114, Report of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  442 b Just the organization maintain any donor advised funds during the year? If "Yes," F					
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 4911 * N/A, section 4912 * N/A, section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction on any of its prior Forms 990 or 990-EZT 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 disqualished 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 disqualished 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 and the foreign and the fo			- 1	- 1	
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 4911 * N/A, section 4912 * N/A, section 4955 * N/A b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Duff the organization in a priory sert that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule I, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed in a priory sert that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule I, 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 at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  1. 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			· .	. 1	
Section 4911 > N/A, section 4912 > N/A, section 4955 > N/A 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-EZ7 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 disqualited persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form \$886-1  Located at Pala King X Abbott Drive Cayce SC  12					
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 prory ent that has not been reported on any of its prior Forms 990 or 990 or 990 or 990 exc? If "Yes," complete Schedule L, Part I organization 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 monsed or 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 organizations. At any time during the day year, was the organization a party to a prohibited tax shieter transaction? If "Yes," complete Form 8886-1  140    151   152   153   154   154   155	· · · · · · · · · · · · · · · · · · ·			* *	
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 with this has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed ** None  **Road Tile organization**  **B03-936-4676*  **List the states with which a copy of this return is filed ** None  **Road Tile organization**  **Do 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 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: **  **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 organization filed a Form 720 to report these payments?  If "Yes," form 990 must be completed instead of Form 990-EZ  b) Did the organization organization filed a Form 720 to report these pa		~ \$}.	¥ 3.	d.	
reported on any of its prior Forms 990 or 990 cF27 if Yes, complete Schedule L, Part I  c Section 501(c/3), 501(c/4), and 501(c/29) organizations. Enter amount of tax improsed on organization by the organization of the foreign country.  e All organizations At any time during the tax year with the foreign country.  142 a The organizations At any time during the tax year with the foreign country.  15 Section 4947(a)(1) nonexempt chantable 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.  15 Section 4947(a)(1) nonexempt chantable 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.  16 Section 4947(a)(1) nonexempt chantable 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.  17 Section 4947(a)(1) nonexempt chantable 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.  18 Section 4947(a)(1) nonexempt chantable 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.  19 Section 4947(a)(1) nonexempt chantable 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.  19 Section 4947(a)(1) nonexempt chantable 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.  19 Section 4947(a)(1) nonexempt chantable trusts filing form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest or accrued during the year? If Yes, Form 990 must be completed instead of Form 990-EZ.  10 It the organization operate one or more hospital facilities during the year? If Yes, Form 990	<b>b</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	الندد	2 11	<b>75</b> -28	
d Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year?  43 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 De the organization should be completed instead of Form 990-EZ color the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ color the organization receive any payments for indoor tanning services during the year?  45 Dot the organization or seeplanation in Schedule O for the payments?  46 Dot the organization nave a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' but the meaning of section 512(b)(13)? If Yes,' but the meaning of section 512(b)(13)? If Yes,' but the meaning of section 512(b)(13)? If Yes,' but the meaning of section 512(b)	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T  40 List the states with which a copy of this return is filed * None  42 a The organization's books are in care of * SC Farm Bureau  Located at * 724 Knox Abbott Drive Cayce SC  Located at * 724 Knox Abbott Drive Cayce SC  Located at * 724 Knox Abbott Drive Cayce SC  If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country. *  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside 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 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 operate one or more hospital facilities 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?  44 Did If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?  45 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," but the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," but the organizati	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 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  40 e		` ` `			
42 a The organization's books are in care of ► SC Farm Bureau  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 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: ►  42c	by the organization		1		
42 a The organization's books are in care of ► SC Farm Bureau  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 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: ►  42c	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 -			
42 a The organization's books are in care of SC Farm Bureau Located at 724 Knox Abbott Drive Cayce SC 2/1P + 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 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 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 See the instructions for exceptions and filing requirements for finCEN Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 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  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'Yes is the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' b Did the organization feeve any payment from or engage in any transaction with		40 e			
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  45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?   45 a   X	books are in care of SC Farm Bureau  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:			No X	
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)? If 'Yes,'  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	c At any time during the calendar year, did the organization maintain an office outside the US?	42 c		Х	
and enter the amount of tax-exempt interest received or accrued during the tax year  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)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	If 'Yes,' enter the name of the foreign country ▶				
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)?  b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	and enter the amount of tax-exempt interest received or accrued during the tax year  43  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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	44 b		N/A N/A No X	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'					
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'					
Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)				٠.	
	· · · · · · · · · · · · · · · · · · ·			Х	

Form <b>990-EZ</b> (2014) Dillon County Farm Bureau	Form <b>990-</b>	<b>EZ</b> (2014)	Dillon	County	Farm	Bureau
---	------------------	------------------	--------	--------	------	--------

57-0427793

Page 4

Form **990-EZ** (2014)

46 [	Old the organization engage, directly or indire	ctly, in political campai	on activities on behalf o	f or in opposition to	14 75	35	700		
	andidates for public office? If 'Yes,' complete				46		X		
Part	Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.								
	Check if the organization used Schedule O to respond to any question in this Part VI								
	Did the organization engage in lobbying activities complete Schedule C, Part II	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47	Yes	No		
	s the organization a school as described in s	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48		<del> </del>		
	49 a Did the organization make any transfers to an exempt non-charitable related organization?								
50 (	f 'Yes,' was the related organization a section Complete this table for the organization's five hig employees) who each received more than \$100,0	hest compensated emplo			<b>49 b</b>	L			
	(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 com				
		_							
		-							
51	Total number of other employees paid over \$ Complete this table for the organization's five high compensation from the organization. If there	hest compensated indep	endent contractors who ea	I - ach received more than \$	100,000 of				
	(a) Name and business address of each independent (		<b>(b)</b> Туре	of service	(c) Comp	- pensatio	on		
						•			
					_				
	Total number of other independent contractor			• • • • • • • • • • • • • • • • • • •					
	Did the organization complete Schedule A? No completed Schedule A				► Yes	<b>s</b> [	No		
true, co	penalties of perjury. I declare that I have examined this return rrect, and complete. Declaration of preparar (other than office		of which preparer has any know	e best of my knowledge and be					
Sign	Signature of officer Date			Date					
Here				Tax Officer					
	Print/Type preparer's name	Preparer's signature  Non-Paid Prepa	Date	Check 🗐 if	TIN				
Paid Prepa	rer Firm's name ▶						and and and		
Use C	nly Firm's address ►			Firm's EIN Phone no					
May t	he IRS discuss this return with the preparer s	hown above? See instri	uctions .	Ti Hone no	► \ Ye	s [	No		

#### **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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

e of the organization	Employer identification number			
llon County Farm Bureau	57-0427793			
Form 990-EZ, Part I, Line 8 Other Revenue				
Service Fees	Total \$ 4,910			
Form 990-EZ, Part I, Line 16 Other Expenses				
Conferences, Conventions, and Meetings CONTRIBUTIONS Insurance MANAGEMENT FEES MISCELLANEOUS EXPENSE Office Expenses STATE DUES	\$ 3,325 108 503 4,913 42 1,475 9,366 \$ 19,732			
Form 990-EZ, Part II, Line 24 Other Assets				
Furniture and Fixtures	Beginning         Ending           \$ 11,360.         \$ 11,3           Total         \$ 11,360.         \$ 11,3			
Form 990-EZ, Part II, Line 26 Total Liabilities				
FUTA	Beginning Ending  \$ 84. \$  Total \$ 84. \$			
Form 990-EZ, Part III - Organization's Primary Exempt Purpo				
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				
Description	Program Service Grants Expenses			
Eurod and engage engagination's valuations (member				

Fund and engage organization's volunteers (members) to promote agricultural and consumer education through various state and local agricultural literacy programs. Includes Foreign Grants: No

Work through organization's volunteers (members) to prompt conversations about agriculture through promotional,

Dillon County Farm Bureau

57-0427793

Employer identification number

## Form 990-EZ, Part III, Line 31 (continued) Statement of Program Service Accomplishments

Program
Service
Description Grants Expenses

educational and professional events and other opportunities.

Includes Foreign Grants: No

Total \$ 0. \$ 0.

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

Name and Title	Average Hours <u>Per Week Devoted</u>	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Keith Allen President	0.3	\$ 0.	\$ 0.	\$ 0.
Cullen Bryant Vice President	0.3	0.	0.	0.
A. V. Bethea, III Secretary	0.3	0.	0.	0.
Tommy Stephens Treasurer	0.3	0.	0.	0.
Blake Allen YF&R Comm Chr	0.3	0.	0.	0.
Jean K. Sox Womens Comm Chr	0.3	0.	0.	0.
Joseph Gleason PR Comm Chr	0.3	0.	0.	0.
Carroll Allen Director	0.3	0.	0.	0.
Danny Arnette Director	0.3	0.	0.	0.
Gerald Arnette Director	0.3	0.	0.	0.
Timothy Arnette Director	0.3	0.	0.	0.
Randy Berry Director	0.3	0.	0.	0.

Name of the organization

Dillon County Farm Bureau

Employer identification number 57-0427793

## 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.
Fitzhugh Bethea, III Director	0.3	\$ 0.	\$ 0.	\$ 0.
Lavern Brigman Director	0.3	0.	0.	0.
Daniel Coleman Director	0.3	0.	0.	0.
TRE Coleman Director	0.3	0.	0.	0.
Harold Gasque Director	0.3	0.	0.	0.
Joseph Gleason Director	0.3	0.	0.	0.
Curt McSwain Director	0.3	0.	0.	0.
Bruce (Sonny) Price, Jr. Director	0.3	0.	0.	0.
Phillip Price Director	0.3	0.	0.	0.
Daniel Stephens Director	0.3	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.