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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)

► 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 Public: Inspection

Α		he 2014 calendar year, or tax year beginning , 2	014, and ending		•			
뭐	Check	if applicable C		D Employer i	dentification number			
卢	₹	change Oconee County Farm Bureau	57-06	57-0631185				
누	Initial	IPO Box 40		Telephone number				
F	╡	Richland, SC 29675	803-9	803-936-4676				
-	╡	ded return	•	Group Exemption				
F	╡	ation pending	Number	cemption ► 2393				
G	Acco	unting Method X Cash Accrual Other (specify) ►	H Check	► X if the	organization is not			
3 L		site: N/A	require	ed to attach	Schedule B			
ر ا ا	Tax-exempt status (check only one) —							
₿K	Form	of organization: X Corporation Trust Association Ot	her					
}L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead	are \$200,000 or more, or if	total ►\$	100 704			
3 		Revenue, Expenses, and Changes in Net Assets or Fund		·	109,734.			
	art I	Check if the organization used Schedule O to respond to any question in		li uctions i	or Fart 1)			
_	1 1	Contributions, gifts, grants, and similar amounts received		1	50,550.			
	2	Program service revenue including government fees and contracts		2	564.			
	3	Membership dues and assessments		3				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Investment income.		4	305.			
	,	Gross amount from sale of assets other than inventory	5 a	-	303.			
	1	Less: cost or other basis and sales expenses	5 b					
		•	30	5 c				
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events		30				
F	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a					
F 6 7	i b	Gross income from fundraising events (not including \$	of contributions	*				
Į.		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	 6b	>				
	0	: Less direct expenses from gaming and fundraising events	6 c	``,				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a an 6b and subtract line 6c)	nd	6 d				
	7 a	Gross sales of inventory, less returns and allowances .	7a					
	b	Less cost of goods sold .	7 b					
	0	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7	a)	7 c				
	8	Other revenue (describe in Schedule O)	See Schedule O	8	58,315.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	109,734.			
_	10	Grants and similar amounts paid (list in Schedule O)	,	10	1,000.			
	11	Benefits paid to or for members	PEOLOGIC					
	12	Salaries, other compensation, and employee benefits	ACCEIVED-	12	45,528.			
1	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping		ار				
j	14	Occupancy, rent, utilities, and maintenance	MAY 1 8 2015	2 14	12,432.			
į	15	Printing, publications, postage, and shipping	Z & 2019	15	1,614.			
	16	Other expenses (describe in Schedule O).	See Schedule On	16	31,430.			
	17	Total expenses. Add lines 10 through 16	UGUEN. UT	17	92,004.			
_	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	17,730.			
N E T	A 19	Net assets or fund balances at beginning of year (from line 27, column (/ figure reported on prior year's return)	A)) (must agree with end-of	year 19				
Ŧ	E 20	Other changes in net assets or fund balances (explain in Schedule O).		20	223,410.			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		P 21	241,140.			
B		or Paperwork Reduction Act Notice, see the separate instructions.		1 4 1	Form 990-EZ (2014)			

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	Check if the organization used Sche	dule O to respond to any que	estion in this Part II				X
				(A) Beginning of yea	ır	(B) End of year
22	Cash, savings, and investments .				72,094.	. 22	81,417.
23	Land and buildings .		_		126,277.	. 23	130,977.
24	Other assets (describe in Schedule O)	See Schedule	e 0		25,039.	. 24	30,239.
25	Total assets				223,410.	_	242,633.
26	Total liabilities (describe in Schedule O)	See Schedule	e O		0.	26	1,493.
27	Net assets or fund balances (line 27 of o	column (B) must agree with	line 21)		223,410.	27	241,140.
Pär	Statement of Program Service Ac						Expenses
<u> </u>	Check if the organization used Sch				[X]	(Rea	uired for section 501
What	s the organization's primary exempt purpose? See	Schedule O	-			(c)(3)) and 501(c)(4)
Desc	ribe the organization's program service ad	complishments for each of i	ts three largest prog	gram	services, as		nizations, optional
meas	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	mbe	er of persons	ior o	thers.)
28	Provide a central location						
	information promoting agr						
	THIOTHERION PROMOCING AGE	Tourcarar Tirefres	2 and meerin	<u>ys.</u>			
	(Grants \$) If thi	s amount includes foreign gi	rants, check here		╌╌╌╌┞	28 a	
29	Sponsor county officers t			0117	ty farm		
23	bureau at regional and na		senc rueri c	<u>oui</u>	ica-rarm		
	Durean at regional and ha	CTOUGE EVELIES					
	(Grants \$) If thi	is amount includes foreign g	rants check here		╌╌╌╌┌┪	29 a	
30						LJa	
30	Sponsor county volunteers		r connry rar	<u>т</u> т	oureau ac _		
	meetings and events promo	ting_adriculture.			- -		
	(Grants \$) If the	is amount includes foreign g	rants shock hore		╌╾╾╼╼╌╒╼┪	30 a	
21	Other program services (describe in Scho					30 a	
31		is amount includes foreign g			□	31 a	
20	Total program service expenses (add lin		rants, check here		<u> </u>	32	
Kar	List of Officers, Directors,				if not compensated — s	ee the	instructions for Part IV)
	Check if the organization used Sch	nedule O to respond to any o	uestion in this Part	IV	(4) Haalli baasida		<u> </u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS	ation	(d) Health benefits contributions to emplo	yee	(e) Estimated amount of
	(-)	position	(If not paid, enter -0-)´	benefit plans, and defe compensation	erred	other compensation
Tir	Donald						
	esident	0.3		0.		0.	0.
	vin Burdette			.			<u> </u>
	ce President	0.3		0.		0.	0.
	mes Stone, II			<u> </u>		<u> </u>	<u> </u>
	cretary/Treas	0.3		0.		0.	0.
	arles Whiten			<u> </u>		<u> </u>	·
	ate Director	0.3	,	0.		0.	0.
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	ate Director	0.3	ļ	0.		0.	0.
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Form 990- i	EZ (2014)	Oconee	County	Farm	Bureau

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33 Dit the organization engage in any agrificant activity not breviously reported to the IRS? 11 Yes Yes Yes Yes 34 We are any sunflicant changes made to the organizing operand potentiate? If Yes, albeit a conformal copy of the amended documents if they reflect a change to the organization with the process of the organization of the organization and the organization and the organization of the organization and the organization of th	Га	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
if Yes, provide a detailed description of each activity in Schedule O 3 Wese any significiant charges made to the organization growing occurrent if I Yes, latch a conformed copy of the anended documents if they reflect a charge to the organizations have unclassed, epidan the charge on Schedule O (see instructions) 35 and the organization have unclassed for season schedule O (see instructions) 35 bit Yes, to line 53s, his the organization schedule O can be such as the comparization and account of section 501 (C(4), 501 (C(4), 501 (C(5), 501 (C(6), 501 (C(33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
a charge to the organization's name. Otherwise, epilan the change on Shedule O (see instructions) 35 bit of the organization have unrelated business goes snocred of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? bit 1'res', it one 35a, has the organization field a form 990-Tor 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 \$603(c) notice, reporting, and proxy tax requirements during the year? If 'Yes', complete Schedule C, Part III 36 bit the organization undergo a liquidistion, dissolution, termination, or significant disposition of net assets during the year? If 'Yes', complete spring liquidistic C, Part III 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions of the stream of the second property o		If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
35 a Dut 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, 6a, and 7a, among others)? bit "Yes," to line 35a, has the organization field a Form 990-T for the year? If "No, provide an explanation in Schedule 0 c. "Was the organization on Schedule 0." Schedule 0, Part III and the provided of the pro	34		24		
(such as those reported on lines 2, 6a, and 7a, among others)? bit 1'Yes', to line 35a, has the organization field a Form 990-1' for the year? If No.' provide an explanation in Schedule 0 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 Dut the organization undergo a liquidation, dissolution, terrimation, or significant disposition of not assest during the year? If Yes', complete Schedule C, Part III 36 Dut the organization of profit the year? 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0, 37b X 38 a 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 pinor year and still outstanding at the end of the tax year covered by fins return? 38 a Dut the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such floans made in a pinor year and still outstanding at the end of the tax year covered by fins return? 38 a Dut the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such floans made in a pinor year distributions of the organization of the profit of the profit of the tax year covered by fins return? 38 a Dut the organization of the organization during the year under. N/A 38 b L X 38 b L X 37 a Enter amount of a pinor form seal or any organization of the organization during the year under. N/A 38 a Dut the organization of the organization of the organization of the profit of the profit of the year organization of the profit of the year organization of the organization mensus during the year under. N/A 38 a Extent 501(c)(3), 501(c)(4), and 501(c)(29) organizations of the organization a party to a prohibited tax 39 a Control of the organization of the profit of the organization and pa	35	, , , , , ,	-54		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes, complete Schedule C, Part III and on the assest during the year? If "Yes, complete Schedule C, Part III and on the assest during the year? If "Yes, complete Schedule C, Part III and on the assest during the year? If "Yes, complete Schedule N 36			35 a	х	
reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 35 c			35 b	Х	
36 Did the organization undergo a liquidation, dissolution, ferrimation, or significant deposition of net assets during the year? If "Yes," complete spot sof Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions body the organization borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the lax year covered by this return? 38a Did the organization borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the lax year covered by this return? 38a N/A 39 Section 501(c)(7) organizations. Enter amount of the interview of the spot of the spot of the lax year covered by the service of the spot of the organization during the year under. N/A 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A 39 Section 501(c)(3) organizations. Enter amount of the organization engage in any section 4958 xestion 4958 body organizations. Did the organization engage in any section 4958 xestion 4958 body organizations. Did the organization applies of the spot of discunsive the present during the year under sections 4912, 4955 and 4958 body organizations. Professional during the year under sections 4912, 4955 and 4958 body organizations are under the spot of spot of the spot		c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35.c		>
disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, director undirect, as described in the instructions * 37a b Did the organization the Form 112a-POL for this year? 8a Did the organization of the Form 112a-POL for this year? 8a Did the organization of the Form 112a-POL for this year? 8a Did the organization of the Form 112a-POL for this year? 8a Did the organization of the Form 112a-POL for this year? 8a Did the organization of the political parts and the state of the tax year covered by this return? 8b If "Yes," complete Schedule L, Part II and enter the total amount involved 9 Section 501(c)(27) organizations. Enter amount of tax imposed on the organization during the year under. N/A 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4958 excess reported on any of this prior forms 990 or 990-E27 II "Yes," complete Schedule L, Part I 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax unsposed on organization managers or disqualitied persons during the year under sections. 9412, 4955, and 4956 9 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax unsposed on organization organizations organizations. Enter amount of tax unsposed or organization organizations. Enter amount of tax unsposed organizations. Part or year that has not been resolved or any organizations of the part through the organization and part to a prohibited tax sheller fransaction? If "Yes," complete Form 886-T 10 A any time during the calendar year, did the organization have an interest in or a signatur	36		350		
b Did the organization file Form 112P-POL for this year? 38 a Did the organization form 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 If Yes; complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 38 a N/A 38 b N/A 38 b N/A 38 b N/A 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under. N/A 39 Section 501(c)(3) 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) 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) organizations. Self-amount of tax imposed on the organization during the year under sections 4912 high the year under sections 4915 exception 4958 excess reported on any of its prior Forms 99 or 990-E27 if Yes, complete Schedule L, Part II 30 Section 501(c)(3), a051(c)(4), and 501(c)(29) organizations. Enter amount of tax unsposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956 excess the organization of tax on line 40c rembursed by the organizations of tax may time during the calendar year, did the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T 40 Extra the states with which a cory of this returns iffed in None 42 a The organizations At any time during the calendar year, did the organization have an interest in or a signature or other authority over a first party time during the calendar year, did the organization have an interest in or a signature or other authority over a first party time during the calen		disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		<u>X</u>
38a D the organization borrow from, or make any loans to, any officer, director, fustake, 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? 38b N/A 39 Section 501(c)(7) organizations. Enter: 39 a N/A 39 Section 501(c)(7) organizations included on line 9 39 a N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A 50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under. N/A 50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of any prior year that has not been received to the section of the s			276	<u></u>	
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b 1 / Yes; complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 33a N/A b Gross receipts, included on line 9, for public use of club facilities 33b N/A 9 B Gross receipts, included on line 9, for public use of club facilities 33b N/A 9 B Gross receipts, included on line 9, for public use of club facilities 33b N/A 9 B Gross receipts, included on line 9, for public use of club facilities 33b N/A 9 B Gross receipts, included on line 9, for public use of club facilities 33b N/A 9 B Gross receipts, included on line 9, for public use of club facilities 33b N/A 9 B Gross receipts, included on line 9, for public use of club facilities 33b N/A 9 B Gross receipts, included on line 9, for public use of club facilities N/A 9 Section 501(c)(3) 501(c)(4), and 501(c)(20) organizations Did the organization during the year under sections 4912 N/A 9 Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ1 in Vise, complete Schodule L, Part I 9 C Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations Enter amount of tax monosed on organization managers or disqualmed persons during the year more sections 4912, 495, and 495 in an analysis or disqualmed persons during the year more sections 4912, 495, and 495 in an analysis or disqualmed persons during the year was the organization a party to a prohibited tax sheler transaction? If Yes, complete Form 886-1 10 List the states with which a copy of this return is filed			3/D		X
a mount involved 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 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A section 4911 F N/A, section 4911 F N/A, section 4912 F N/A, section 4911 F N/A, section 4911 F N/A, section 4912 F N/A, section 4955 F N/A beaction 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 or it is prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I organization analysis or disqualitied persons during the year under sections 4912, 495, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax mines 4058 excess benefit transaction in a prior year that has not been reported on any or it is prior forms 990 or 990-EZ? If Yes, complete form \$886-1 40 b		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 under. N/A section 4991 * N/A section 4992 * N/A section 4993 * N/A section 4994 * N/A sectio				`	
a initiation rees and capital continuous initiated of lines 9, for public use of club facilities B Gross recepts, included on line 9, for public use of club facilities 399 N/A 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 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, ord did sengage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 990-E27 If Yes, complete Schedule L, Part 4 40 b Value of the proof of	39		2	uto.	
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. N/A section 4912 N/A, section 4912 N/A, section 4915 N/A, section 4955 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 Forms 990 or 990-E27 If Yes, complete Schedule L, Part I organization or any or its prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I organization and 4955 0. d 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, 4995, and 4955 0. 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 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization at time during the tax year, was the organization a party to a prohibited tax select transaction? If Yes, complete Form 8886-T 10. 42a The organizations At any time during the tax year, was the organization and party to a prohibited tax select transaction? If Yes, complete Form 8886-T 10. 42b X 42c X 43 Telephone no. * 803-936-4676 24c 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 accounts? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 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		a Initiation fees and capital contributions included on line 9			
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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	41 42 43	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 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 List the states with which a copy of this return is filed. None 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 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. 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. 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. Job 101 the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? Form 990 must be completed instead of Form 990-EZ.	42 b 42 c	Yes	No X N/A N/A No X
	41 42 43	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 organization. If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. None 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: 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: 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 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?	42 b 42 c	Yes	No X N/A N/A No X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	41 42 43 44	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 organization of the states with which a copy of this return is filed. None a The organization's books are in care of SC Farm Bureau Telephone no. 803–93 Located at 724 Knox Abbott Drive Cayce SC If P+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. 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 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 900 must be completed instead of Form 990-EZ. Do the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. Do the organization receive any payments for indoor tanning services during the year? If 'No, 'provide an explanation in Schedule 0 If 'No, 'provide an explanation in Schedule 0	42 b 42 c 42 c	Yes	No X N/A N/A No X X X
	41 42 43 44	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 states with which a copy of this return is filed. None a The organization's books are in care of SC Farm Bureau	42 b 42 c 42 c	Yes	No X N/A N/A No X X X

Form 9	90-EZ (2014) Oconee County Farm	Bureau		57-06	31185 Page
	id the organization engage, directly or indired andidates for public office? If 'Yes,' complete		gn activities on behalf	f of or in opposition to	Yes No
Pant	Section 501(c)(3) organizations	only			
	All section 501(c)(3) organization for lines 50 and 51.			·	e the tables
	Check if the organization used Schedul	e O to respond to any	question in this Part V	<u>/I</u>	
	id the organization engage in lobbying activities omplete Schedule C, Part II	or have a section 501(h) election in effect durin	g the tax year? If 'Yes,'	Yes No
48 Is	the organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sch	nedule E	48
	nd the organization make any transfers to an	•	related organization?	•	49 a
	'Yes,' was the related organization a section	=			49 b
	omplete this table for the organization's five high mployees) who each received more than \$100,0				ey
	(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) Estimated amount of other compensation
51 (otal number of other employees paid over \$1 complete this table for the organization's five high compensation from the organization. If there is	hest compensated indep	endent contractors who	each received more than \$	5100,000 of
	(a) Name and business address of each independent c		(b) Ty	pe of service	(c) Compensation
52 [otal number of other independent contractors old the organization complete Schedule A? N completed Schedule A	•	·	attach a	► Yes No
Under pe	enalties of perjury, I declare that I have examined this return, rect, and complete Declaration of preparer (other than office	, including accompanying sche	dules and statements, and to	the best of my knowledge and be	elief, it is
	Signature of officer		proposor rad dily fill	5//3/AS	
Sign Here	Eric Seymour	Tax Officer			
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		PTIN
0-1-1	The property a ridine	Non-Paid Prepa		Check ff self-employed	
Paid Prepai	rer Firm's name ►	1 1 d.1 d. 1 1 C.D.C			
Use O				Firm's EIN	

Firm's EIN Phone no

> ► Yes No Form **990-EZ** (2014)

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

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.

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

of the organization	at www.irs.gov/torms		ntification number
	Form Dunger	57-063:	
nee County	Farm Bureau		1103
Form 990-EZ,	Part I, Line 8		
Other Revenu	e ´		
Service Fee			. \$ 58,11
Contributio	n-Awards	Wat a l	20
		Total	\$ 58,31
Form 990-EZ, Other Expens	Part I, Line 16		
•			
Conferences CONTRIBUTIO	, Conventions, and Meetings		\$ 10,11 2,85
Insurance			52
MINOR PURCH			71
Office Expe	enses	•	6,37 10,85
SIAIE DOES		Total	
Form 990-EZ, Other Assets	Part II, Line 24		
		<u>Beginnin</u>	g Ending
Furniture a	and Fixtures	-	-
rumituic a	ind liketies	Total $\frac{$25,03}{$25,03}$	9. \$ 30,2
Form 990-EZ, Total Liabilitie	Part II, Line 26 es		
		<u>Beginnin</u>	g Ending
FEDERAL PAY	ROLL TAX PAYABLE	\$	0. \$ 4
FUTA	COMPANY		0.
MEDICARE -			0.
	IRITY - COMPANY	•	0. 3
	RITY - EMPLOYEE		0. 3
	OLL TAX PAYABLE		0. 2
SUTA		Total \$	$\frac{0.}{0.} = \frac{1.4}{1.4}$
Form 990-EZ,	Part III - Organization's Primary Exempt Purpos	e ====================================	
Promote agr	cicultural interests and to optimize t	he lives of those invo	lved in
agri cultura	e while being respectful to the needs	and concerns of all of	tizens in

agriculture while being respectful to the needs and concerns of all citizens in our state.

Schedule O (Form 990 or 990-EZ) 201	Schedule	O (Form	990 or	990-EZ)	2014
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Page 2

Name of the organization

Oconee County Farm Bureau

Employer identification number

57-0631185

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

Description

Program Service Grants

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

Expenses

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 \$ 0. \$