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# 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)

2015

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.irs.gov/form990.

Open to Public Inspection

Α		he 2015 calendar year, or tax year beginning , 2015, and ending	,		
В_		If applicable cs change C	Employer identification number	_	
F	4	change Newberry County Farm Bureau	57-0342376		
F	Initial		Telephone number		
	Final re	Newberry, SC 29108	803-936-4676		
	Amen	ded return	Group Exemption		
$\Box$		ation pending	Number 2393		
G			X if the organization is not		
1			attach Schedule B		
J	Tax-e	and the second state (chest state) are second state (chest state) and the second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) and the second state (chest state) are second state (chest state) are second state (chest state) are second state (chest state) ar	), 990-EZ, or 990-PF).		
K		of organization: X Corporation Trust Association Other			
_ 	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u>►\$</u> 105,171	<u>.</u>	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the Instruc			
		Check if the organization used Schedule O to respond to any question in this Part I	<del>-, "</del>	X	
	1	Contributions, gifts, grants, and similar amounts received	1 37,785		
	2	Program service revenue including government fees and contracts.	2 228	<u>}.</u>	
	3	Membership dues and assessments	3	_	
	4	Investment income	4 9,965	<u>; .                                   </u>	
	1	Gross amount from sale of assets other than inventory	_		
	]	Less: cost or other basis and sales expenses 5b	-  ·_		
	6	: Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	_	
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			
Ž	1	Gross income from fundraising events (not including \$ of contributions	7 1		
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
	c	Less: direct expenses from gaming and fundraising events			
	C	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			
	l t	Less: cost of goods sold			
, :	0	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 57,193	<u>.</u> َ	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 POSTMARK RECEIVED	9 105,171	<u></u>	
	10	Grants and similar amounts paid (list in Schedule O)	10 1,750	١.	
	11	Benefits paid to or for members	11	_	
X	12	Salaries, other compensation, and employee benefits. 0 5 1 6 2016 0 5 1 9 2016	12 50,550	١.	
XPEZSES	13	Professional fees and other payments to independent contractors	13	_	
S	14	Occupancy, rent, utilities, and maintenance	14 29,759		
S	15	Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  SERVICE CENTER See Schedule O	15 2,036		
	16		16 22,941		
	17	Total expenses. Add lines 10 through 16	17 107,036	_	
A NS E E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,865	<u>.</u>	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 371,471		
	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	21 369,606	_	
DA.	<del></del>	r Panerwork Reduction Act Notice, see the senarate instructions	Form 990 F7 (2015)		

B Z

Page 2

	Check if the organization used Sche	dule O to respond to any que	estion in this Part II				. X
				(A) Beginning of	year	$r \top$	(B) End of year
22	Cash, savings, and investments			1,19		_	3,539.
23	Land and buildings			358,70	<del></del>	23	358,708.
24	Land and buildings Other assets (describe in Schedule O)	See Schedule	∍.0	22,06		24	22,065.
25	Total accets			381,97		25	384,312.
26	Total liabilities (describe in Schedule O)	See Schedule	∍ 0 ˙	10,50		26	14,706.
	Net assets or fund balances (line 27 of	column (B) must agree with	 line 21)	371,47		27	369,606.
	t III Statement of Program Service Ac				+	27	Expenses
rai	Check if the organization used Sci	hedule O to respond to any c	nuctions for rait in)	'm - [	X]	_	•
What	is the organization's primary exempt purpose? See		doctor in this i dit	<u>'''</u>	=1 \		uired for section 501 and 501(c)(4)
Desc	cribe the organization's program service as	ccomplishments for each of i	ts three largest prod	ram services, as	$\dashv i$	orgar	nizations; optional
mea	cribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	manner, describe the service ach program title.	ces provided, the nu	mber of persons	f	for ot	hers.)
28	<u>Provide a central locatio</u> <u>information promoting agr</u>	n_for_services,_th icultural_interest	e <u>disseminat</u> s and meetin	ion of	-		
		is amount includes foreign g		<u> </u>	1	28 a	
29	Sponsor county officers to bureau at regional and na		<u>sent their c</u>	ounty_farm_	- 🛉		
		is amount includes foreign g	rants check here		_	29 a	
30	Sponsor county volunteers				╫		
	meetings and events promo					}	
	(Grants \$ ) If th	is amount includes foreign g	rants, check here.			30 a	
31	Other program services (describe in Sch	<sub>edule</sub> O) See Sched	ule 0				
		is amount includes foreign g	rants, check here	▶ [		31 a	
32	Total program service expenses (add lir	nes 28a through 31a).			<b>P</b>	32	
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one	even if not compensated	– se	e the ı	nstructions for Part IV)
	Check if the organization used Sch	nedule O to respond to any o	uestion in this Part	IV			
		(b) Average hours per	(c) Reportable compensa	d) Health ben	efits,	I	43.54.444.4
	(a) Name and title	week devoted to position	(Forms W 2/1099-MIS( (if not paid, enter -0-)	C)   Continuations to en	defer	rred	(e) Estimated amount of other compensation
		<del></del>		Compensation			
See	_Schedule_0					ا ۸	0
		<del></del>	<del> </del>	0.		0.	0.
							_
							·
			<del>                                     </del>			$\neg$	
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			<u> </u>		_		
BAA		TEEA0812L 1	0/12/15				Form <b>990-EZ</b> (2015)
							\—/

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in 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? If 'Yes,' provide a detailed description of each activity in Schedule O	22	Yes	No
34	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
25	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a	х	
	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	35 b	Х	
	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
	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		Х
	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	٠.,	X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	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			
70	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-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	40 b		
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 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.			
41	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	~/	Х
	The organization's books are in care of ► SC Farm Bureau Telephone no. ► 803-93  Located at ► 724 Knox Abbott Drive Cayce SC ZIP+4 ► 29033	36-4		
1	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)?	42 b	Yes	No X
	If 'Yes,' enter the name of the foreign country: >			
			ŀ	
	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	- 48	X
,	If 'Yes,' enter the name of the foreign country:	420	1	
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		<u> </u>	N/A <u>N/A</u>
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.		Yes	No
	b Did the organization operate one or more hospital facilities during the year? If 'Yes.' Form 990 must be completed	44 a		<u>X</u>
	instead of Form 990-EZ	44 b		<u>X</u>
	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)?	44 d 45 a		Х
	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)			
	TOTAL 350 AND Schedule K may need to be completed instead of form 950-EZ (See Instructions)	45 b		X

Form 9	90-EZ(2015) Newberry County Fa:	rm_Bureau		57-034	2376	P	age <b>4</b>
<b>46</b> D	id the organization engage, directly or indire	ectly, in political campai	gn activities on behalf o	f or in opposition to		Yes	No
Part '	andidates for public office? If 'Yes,' complete  VI Section 501(c)(3) organization:	<del></del>	<del></del>		46		X
ı art	All section 501(c)(3) organizations for lines 50 and 51.		uestions 47-49b and	d 52, and complete	the table	s	
	Check if the organization used Schedu	le O to respond to any	question in this Part VI.				П
<b>47</b> D	id the organization engage in lobbying activities	or have a section 501(b)	election in effect during	the tax year? If 'Yes '		Yes	No
	omplete Schedule C, Part II	·	·······································	·····	47		
	the organization a school as described in s		· · · · · · · · · · · · · · · · · · ·	dule E .	48		
	od the organization make any transfers to ar ''Yes,' was the related organization a section		related organization?		. 49 a . 49 b		<del> </del>
<b>50</b> C	omplete this table for the organization's five high	hest compensated emplo	yees (other than officers,	directors, trustees and ke			<u> </u>
е	mployees) who each received more than \$100,0	000 of compensation from	the organization. If there	is none, enter 'None.'	<u></u>		
	(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 other com	d amour pensatio	nt of on
		-					
		1					
						_	
	·						
		1	<u> </u>				
	otal number of other employees paid over \$			-			
51 0	omplete this table for the organization's five higompensation from the organization. If there is	inest compensated indepe is none, enter 'None.'	endent contractors who ea	ich received more than \$	00,000 of		
	(a) Name and business address of each independent of	contractor	<b>(b)</b> Type (	of service	(c) Comp	ensation	n
			<u> </u>				
		<del></del>					
		<del></del>					
	otal number of other independent contractor	•	•	<b>&gt;</b>			
	ud the organization complete Schedule A? Normaleted Schedule A.	lote: All section 501(c)(	3) organizations must at	tach a	► Yes	Γ	No
	nalties of perjury, I declare that I have examined this return ect, and complete peclaration of preparer other than office	, including accompanying sched	lules and statements, and to the	best of my knowledge and beli		=	<u> </u>
true, con		Section an information of	which preparer has any knowle	S/12/16	<u></u>		
Sign	Signature of officer		<del></del>	Date			
Here	Eric Seymour Type or print name and title			Tax Officer	<del></del>		
	Print/Type preparer's name	Preparer's signature	Date	Check I if	'IN		
Paid	and the second s	Non-Paid Prepa	rer	self-employed	e traper en se progression de servicio	- Alley pro-	<u> </u>
Prepar			And the second s		katas samundadadada dan da	<del>e ande inte</del> vira	
Use Or	Ily Firm's address ►			Firm's EIN Phone no	- signatura oran albumbani	***************************************	<u>~~1</u>
Mav th	e IRS discuss this return with the preparer sl	<u> </u>	ctions	THORE NO **	► ∏Yes		No No
···	and the state of t			•	Form <b>99</b> 0	<u> </u>	

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Name of the organization Employer identification number Newberry County Farm Bureau 57-0342376 Form 990-EZ, Part I, Line 8 Other Revenue Service Fees Total Form 990-EZ. Part I. Line 16 Other Expenses BANK SERVICE CHARGES -20. Conferences, Conventions, and Meetings 6,070. CONTRIBUTIONS 200. MINOR PURCHASE 285. MISCELLANEOUS EXPENSE. 835. Office Expenses... 4,609. STATE DUES ... 10,962. 22,941. Total \$ Form 990-EZ, Part II, Line 24 Other Assets Beginning \_ Ending Furniture and Fixtures 22,0<u>65.</u> \$ 22,065. Total 22,065. \$ 22.065. Form 990-EZ, Part II, Line 26 Total Liabilities <u>Beginning</u> Ending 10,500. \$ Accounts Payable and Accrued Expenses. 0. 706. Secured Mortgages and Notes Payable... 10,500. Total \$ 14.706. 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 Description Grants **Expenses** Fund and engage organization's volunteers (members) to promote agricultural and consumer education through various state and local agricultural literacy programs. Includes Foreign Grants: No

Name of the organization

Employer identification number 57-0342376

Newberry County Farm Bureau

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

Program Service Description 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

Total \$

#### 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.
Larry Cromer President	0.3 \$	0.	\$ 0. \$	§ 0.
Kevin Satterwhite Vice President	0.3	0.	0.	0.
Gerald Dukes Secretary/Treas	0.3	0.	0.	0.
Craig Kesler State Director	0.3	0.	0.	0.
Charles Setzler State Director	0.3	0.	0.	0.
Larry Dehart Legis. Comm Chr	0.3	0.	0.	0.
Jimmie Lee Shaw YF&R Comm Chr	0.3	0.	0.	0.
Rita Cromer Womens Comm Chr	0.3	0.	0.	0.
Ann Lominick PR Comm Chr	0.3	0.	0.	0.
William Lomnick Director	0.3	0.	0.	0.
Wilson Felker Director	0.3	0.	0.	0.

Name of the organization

Newberry County Farm Bureau

57-0342376

### 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.
Kenneth Graham, Jr. Director	0.3	\$ 0.	\$ 0.	\$ 0.
Charles Irons Director	0.3	0.	0.	0.
Mike Meetze Director	0.3	0.	0.	0.
Gilder Neel Director	0.3	0.	0.	0.
Timothy Nichols Director	0.3	0.	0.	0.
Boyd Parr Director	0.3	0.	0.	0.
Johnnie Pitts Director	0.3	0.	0.	0.
Wayne Satterwhite Director	0.3	0.	0.	0.
Frank Senn, Jr. Director	0.3	0.	0.	0.
Garrett Setzler Director	0.3	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.