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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)

► Do not enter social security numbers on this form as it may be made public.

2015

OMB No 1545-1150

Open to Publica Inspection

Department of the Treasury Internal Revenue Service ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 2015, and ending D Employer identification number Check if applicable Address change 57-0351236 Chesterfield County Farm Bureau Name change PO Box 808 Telephone number Initial return Chesterfield, SC 29709 803-936-4676 Final return/terminated Amended return Group Exemption **2393** Number Application pending X Cash Accrual Other (specify) > H Check ► X if the organization is not Accounting Method. required to attach Schedule B Website: ► (Form 990, 990-EZ, or 990-PF) X 501(c) (5 4947(a)(1) or 501(c)(3)) <(insert no) Tax-exempt status (check only one) Other Form of organization |X| Corporation Trust Association Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 198,301 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Х Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 79,800. 2 Program service revenue including government fees and contracts 442. 3 Membership dues and assessments 4 4,592. 4 Investment income. 5 a Gross amount from sale of assets other than inventory 5 a 5 b b Less cost or other basis and sales expenses 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b c Less direct expenses from gaming and fundraising events 6 c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6 d 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7 a 7 b b Less cost of goods sold. c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c RECEIVED POSTMARK 8 Other revenue (describe in Schedule O) 113,467. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 198,301. 10 Grants and similar amounts paid (list in Schedule O) 2,000. n 5 1 9 2016 05162016 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 120,708. OGDEN Professional fees and other payments to independent contractors 13 13 SERVICE CENTER 14 Occupancy, rent, utilities, and maintenance 19,494. 15 15 Printing, publications, postage, and shipping 2,915. See Schedule O Other expenses (describe in Schedule O) 16 48,635. 17 17 Total expenses. Add lines 10 through 16 193,752 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 4,549. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 296,924 figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 20 20

301,

Form 990-EZ (2015)

473

21

Net assets or fund balances at end of year. Combine lines 18 through 20

BAA For Paperwork Reduction Act Notice, see the separate instructions.

BAA TEEA0812L 10/12/15

Form **990-EZ** (2015)

| Form 990-F7 (2015) | Chesterfield | Country | Farm | Duroni |
|---------------------|--------------|---------|------|--------|
| ruiii 330-EZ (2015) | unesterfield | County | rarm | Bureau |

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Page 3

| 33 | tV Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V) Check if the organization used Schedule O to respond to any | question in this Part V | | | |
|----------------------|--|--|--------------------------------------|-------------|------------------------|
| | Did the organization engage in any significant activity not previously reported to the IRS? | | | Yes | No |
| | 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 | | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | amended documents if they reflect | 34 | | Х |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from (such as those reported on lines 2, 6a, and 7a, among others)? | business activities | 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 | X | |
| | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II | | 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 | | X |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a 0. | | , , | y, |
| | Did the organization file Form 1120-POL for this year? | | 37 b | | X |
| | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered | employee or were by this return? | 38 a | **** | X |
| b | off 'Yes,' complete Schedule L, Part II and enter the total amount involved | 38b N/A | | <u>;</u> | 1 |
| 39 | Section 501(c)(7) organizations. Enter: | N/A | | *** | - 1 |
| | Initiation fees and capital contributions included on line 9 | 39 a N/A | | 3 4 5 | . 1 |
| | Gross receipts, included on line 9, for public use of club facilities | 39b N/A | | * * . | , 1 |
| | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the | | | ** | 4 |
| 70 a | section 4911 N/A, section 4912 N/A, section 495 | , | | | |
| ь | Section 501(c)(3), $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in an | | | * | , , |
| _ | benefit transaction during the year, or did it engage in an excess benefit transaction in a price | r year that has not been | | | |
| | reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | | 40 b | | |
| C | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations or disqualified persons during the year under sections 4912, 4955, and 4958. | ation | | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur | sed | | , | |
| | by the organization | 0. | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T | d tax | 40 e | i | X |
| 41 | List the states with which a copy of this return is filled None | | | | |
| | | | | | |
| 42 a | | | | | |
| | The organization's | | | | |
| | books are in care of SC Farm Bureau | Telephone no ► 803-93 | 36-40 | <u>676</u> | |
| | | Telephone no ► 803-93 ZIP + 4 ► 29033 | 36-4 | <u>676</u> | |
| b | books are in care of SC Farm Bureau Located at 724 Knox Abbott Drive Cayce SC At any time during the calendar year, did the organization have an interest in or a signature or other | ZIP + 4 • 29033 | 36-4 | 676_ Yes | No |
| b | books are in care of SC Farm Bureau Located at 724 Knox Abbott Drive Cayce SC At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other financial account.) | ZIP + 4 • 29033 | 36-4 42b | | No X |
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| 43 44 a b | Located at 724 Knox Abbott Drive Cayce SC At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fill '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 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 — Ci 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 of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? | zIP + 4 29033 r authority over a nancial account)? ccounts (FBAR) ? neck here | 42 b 42 c 44 a 44 b 44 c | Yes | X N/A N/A No X |
| 43 44 a b c d | books are in care of SC Farm Bureau Located at 724 Knox Abbott Drive Cayce SC At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fill '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 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 — Country 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 of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. | zIP + 4 29033 r authority over a nancial account)? ccounts (FBAR) ? neck here | 42 b 42 c 44 a 44 b 44 c | Yes | X N/A N/A No X X |
| 43 44 a b c d d 45 a | Located at 724 Knox Abbott Drive Cayce SC At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fill '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 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 — Ci 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 of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? | ziP + 4 29033 r authority over a nancial account)? ccounts (FBAR) ? neck here 43 completed instead be completed | 42 b 42 c 44 a 44 b 44 c | Yes | X N/A N/A N/A X X |

| 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 47 | orm 990-E | Z (2015) Ches | sterfield County | Farm Bureau | | | 57-03 | 51236 | Р | age |
|---|-----------------------------------|--|--|--|--|--|--|---|--------------|----------------|
| Complete Schedule C, Part I 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 Yes No. | 46 Did #h | | and directly or indirec | thy in political campai | an activities or | n bobalf of | or in apposition to | | Yes | No |
| 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. 17 Did the organization apage in lobbying activities or have a section 501(ii) election in effect during the tax year? If 'Yes,' complete Schedule C, Part III 18 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 18 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 19 If 'Yes,' was the related organization as extended organization? 10 If 'Yes,' was the related organization as extended organization? 10 If 'Yes,' was the related organization as extended organization? 10 If 'Yes,' was the related organization organization organization? 10 If 'Yes,' was the related organization's the highest compensation from the organization if there is none, enter None. 10 Name and take of each employee 11 Total number of other employees paid over \$100,000 12 Complete this table for the organization if there is none, enter None. 13 Total number of other employees paid over \$100,000 14 Total number of other employees and over \$100,000 15 Complete this table for the organization if there is none, enter None. 16 Total number of other independent contractors each receiving over \$100,000 17 Complete this table for the organization if there is none, enter None. 18 Total number of other independent contractors each receiving over \$100,000 19 Organization from the organization in the response organization in the propagation of the organization organization in the or | | | | | gir activities of | ii benan o | or in opposition to | 46 | <u> </u> | X |
| for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization engage in lobbying activities or have a section 50(ft) election in effect during the tax year? If 'Yes,' complete Schedule C. Part III all Site organization as shool as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 18 Site organization make any transfers to an exempt non-charitable related organization? 18 If 'Yes,' was the related organization's five highest compensated employees (other than officers, directors, fursities and key employees) who each received more than \$100,000 of compensation from the organization of these related organization is the highest compensated employees (other than officers, directors, fursities and key employees) who each received more than \$100,000 of compensation in the organization of these remote compensation of these remote compensations are completed to the organization of these remotes and deterred organizations of the predictor of the p | Part VI | Section 501 | (c)(3) organizations | only | | | | | | |
| Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization and page in lobbying advivites or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II at 18 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 a Did the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 a Did the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, frustress and key employees) who each received more than \$100,000 of complensation from the organization if there is none, enter None (g) Name and table of each employee paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 g Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Total number of the organization of the page | | All section 5 | 501(c)(3) organizatio | ns must answer q | uestions 47 | -49b and | l 52, and complet | e the table | es | |
| 70 of the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 48 is the organization a school as described in section 170(b)(1)(A)(0)? If 'Yes,' complete Schedule E 48 and 18 are represented and the organization make any transfers to an exempt non-charitable related organization? 10 If Yes, 'was the related organization section 527 organization? 10 If Yes, was the related organization in section 527 organization? 10 If Yes, was the related organization in the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of complementation from the organization if there is none, enter 'None' (4) Personal and the organization if there is none, enter 'None' (4) Personal and the organization if there is none, enter 'None' (6) Personal and the organization of the highest compensation of the properties of the organization of the highest compensation of the highest compensation from the organization from the organization of the highest compensation of the highest compensation from the organization from the organization of the highest compensation of the highest compensation from the organization of the highest compensation of the highest compensation from the organization from the organization of the highest compensation of the highest compensatio | | | | a O to respond to any | auestion in thi | c Part VI | | | | í |
| 47 Did the organization rangege in lobbying activities on have a section 50(i)(i)(A)(i)? If "Yes," complete Schedulic C, Part II all as the organization as school as described in section 170(i)(1)(A)(i)? If "Yes," complete Schedulic E 48 | | Crieck if the di | gariization used Schedule | e O to respond to any t | question in this | S Fait VI | | | Yes | N |
| If Total number of other employees paid over \$100,000 If Total nu | | | | or have a section 501(h) | election in effe | ect during t | he tax year? If 'Yes,' | 47 | 103 | ''' |
| 19.9 bil the organization make any transfers to an exempt non-charitable related organization? 19.1 Yes, was the related organization a section 527 organization? 19.1 Complete this table for the organization of the related organization organizatio | | | | etion 170/b)/1\/A\/u\2 | If 'Ves ' comp | lata Schad | lulo E | <u> </u> | | \vdash |
| bit Yes, 'was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and title of each employee (b) Average hours per section of the product of the position of | | - | | | | | idle L | <u> </u> | | |
| employees) who each received more than \$100,000 of compensation from the organization if there is none, enter None: (a) Name and title of each employee (b) Average hours by west decoded to position (c) Reportable compensation (d) Estimated amount of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of the organization if there is none, enter None: (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Name and business address of each independent contractor (d) Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 d Total number of other independent contractors each receiving over \$100,000 publication in the organization of the proper in | | - | • | | J | | | 49 b | | Г |
| (a) Name and title of each employee (b) Average hours powered devoted to position (c) Peptorable compensation (c) Peptorable compensation (c) Peptorable compensation (d) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organizations five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization fit there is none, enter None (e) Type of service (a) Name and business address of each independent contractor (e) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Femilia business address of each independent contractors who each received more than \$100,000 of compensation from the organization organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c | | | | | | | | key | | |
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| d Total number of other independent contractors each receiving over \$100,000 2 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule A: Note: All section 501(c)(3) organizations must attach a complete Schedule | | | · - · | | endent contract | tors who ea | ch received more than | \$100,000 of | | |
| d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Purplementation of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete Schedule A Signature of officer Eric Seymour Type or print name and title Printly pe preparer's name Preparer's signature Non-Paid Preparer See Only Firm's name Printly address Firm's address Printly address | comp | ensation from th | ne organization If there is | s none, enter 'None ' | , | | | | | |
| Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer Print/Type preparer's name Print/Type preparer's name Print/Type preparer Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Print/Type preparer Print/Type preparer's name Print/Type prepar | | (a) Name and busines | ss address of each independent co | ontractor | | (b) Type o | of service | (c) Com | pensatio | n |
| Date Print/Type preparer's name Preparer's signature | | _ | | _ | | | | | | |
| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Inder penalties of perjury, I defare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete scharation of preparation of which preparer has any knowledge Signature of officer Date Eric Seymour Type or print name and title Preparer's signature Preparer's signature Non-Paid Preparer Jse Only Firm's name Firm's address Phone no | | | | | <u> </u> | | | | | |
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| Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Inder penalties of perjury, I defare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete scharation of preparation of which preparer has any knowledge Signature of officer Date Eric Seymour Type or print name and title Preparer's signature Preparer's signature Non-Paid Preparer Jse Only Firm's name Firm's address Phone no | | | | | | | | | | |
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| Phone no | Use Only | | The state of the s | | | ************************************** | | | - C. W. J. | <u></u> |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | NAME OF | Phone no | | | 77 |
| | May the IR | S discuss this re | eturn with the preparer sh | nown above? See instri | uctions | | | ► ∏Ye | s | No |

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.

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

OMB No 1545-0047 2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Chesterfield County Farm Bureau

Employer identification number

57-0351236

Form 990-EZ, Part I, Line 16 Other Expenses

| Conferences, Conventions, and Meetings | \$ | 9,997. |
|--|---------|---------|
| CONTRIBUTIONS | | 1,470. |
| MINOR PURCHASE | | 622. |
| Office Expenses | | 6,474. |
| STATE DUES . | | 30,072. |
| | Total 🕏 | 48,635. |

Form 990-EZ, Part II, Line 24 Other Assets

| | | <u>Beginning</u> | Ending |
|---------------------------------------|---------|------------------|-----------------------|
| Furniture and Fixtures INVESTMENT LLC | \$ | 17,653. | \$ 17,653. 10,019. |
| INVESTMENT LEC | Total 🖺 | 17,653. | \$ 27,672. |

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**

| Description | Grants | Program Service 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 | | |
| Work through organization's volunteers (members) to prompt conversations about agriculture through promotional, educational and professional events and other opportunities. | | |
| Includes Foreign Grants: No | | |
| Total | \$ 0. | \$ 0. |

Name of the organization

Chesterfield County Farm Bureau

Employer identification number

57-0351236

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. |
|---|--------------------------------|-------------------|---|--|
| Jerry Mills President | 0.3 | \$ 0. | \$ 0. | \$ 0. |
| Bo Norris Vice President | 0.3 | 0. | 0. | 0. |
| H. Williard Page Secretary/Treas | 0.3 | 0. | 0. | 0. |
| Marvin Snead State Director | 0.3 | 0. | 0. | 0. |
| Randy Threatt Director | 0.3 | 0. | 0. | 0. |
| Rachel Miles-Jackson Womens comm Chr | 0.3 | 0. | 0. | 0. |
| Billy Jenkins Director | 0.3 | 0. | 0. | 0. |
| Carroll Jenkins Director | 0.3 | 0. | 0. | 0. |
| Richard Lee, Jr. Director | 0.3 | 0. | 0. | 0. |
| Wade H. Miles Director | 0.3 | 0. | 0. | 0. |
| Billy J. Rivers Director | 0.3 | 0. | 0. | 0. |
| Jimmie Rivers, Jr. Director | 0.3 | 0. | 0. | 0. |
| Roger D. Smith Director | 0.3 | 0. | 0. | 0. |
| Bobby Sullivan Director | 0.3 | 0. | 0. | 0. |
| Ben Teal Director | 0.3 | 0. | 0. | 0. |
| Donald Teal Director | 0.3 | 0. | 0. | 0. |
| | Total | \$ 0. | <u>\$ 0.</u> | \$ 0. |