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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.

Department of the Treasury Internal Revenue Service

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Publications

OMB No 1545-1150

A		he 2015 calendar year, or tax year beginning , 2015, and ending	,			
<u>B</u> _	Check if applicable Address change			mployer identification number		
┝	₹	change AIKEN COUNTY FARM BUREAU	57-0483	1779		
  -	Initial	PO BOX 2097	E Telephone nur	elephone number		
┝	=	AIKEN, SC 29802	803-93	803-936-4676 Group Exemption		
⊢	₹	I				
┝	1	ation pending	Number	► 2393		
G	Acco	unting Method X Cash Accrual Other (specify) ► H Check	► X if the or	rganization is <b>not</b>		
ı		-	ed to attach So			
J			990, 990-EZ,	or 990-PF).		
ĸ		of organization X Corporation Trust Association Other				
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	total ►\$	155,552.		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions for	Part I)		
		Check if the organization used Schedule O to respond to any question in this Part I		X		
	1	Contributions, gifts, grants, and similar amounts received	1	77,502.		
	2	Program service revenue including government fees and contracts	2	100.		
	3	Membership dues and assessments	3			
	4	Investment income.	4	12,701.		
	5 a	Gross amount from sale of assets other than inventory 5 a				
	l b	Less: cost or other basis and sales expenses 5 b				
	0	: Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c			
	6	Gaming and fundraising events				
۩,E	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
Õ¥	b	Gross income from fundraising events (not including \$ of contributions				
		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
S S	0	: Less direct expenses from gaming and fundraising events 6 c				
RESERVED JUN	c	I Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d			
<u> </u>	7 a	Gross sales of inventory, less returns and allowances 7a				
9	t	Less: cost of goods sold 7 b				
<b>₹</b> 3	0	: Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с			
<u> </u>	8	Other revenue (describe in Schedule O)	8	65,249.		
୬ ଜୁନ ଜୁନ	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and POSTMARK RECEIVED	▶ 9	155,552.		
	10	Grants and similar amounts paid (list in Schedule O)	10			
	11	Benefits paid to or for members Salaries, other componentian, and employee benefits 0 5 1 6 2016	11			
E	12	Salaries, other compensation, and employee benefits 0 5 1 6 2016	12	70,190.		
P	13	Professional fees and other payments to independent contractors	13	7,582.		
EXPENSES ASSETS	14	Occupancy, rent, utilities, and maintenance OGDEN	14	22,199.		
	15	Printing, publications, postage, and shipping SERVICE CENTER	15	2,405.		
	16	Other expenses (describe in Schedule O). SEE SCHEDULE O	16	34,560.		
	17	Total expenses. Add lines 10 through 16	► 17	136,936.		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,616.		
	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	440,206.		
	5   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	458,822.		
0/				POTON MMILE / (//) (5)		

Par	Check if the organization used Sche	ructions for Part II) dule 0 to respond to any que	estion in this Part II		X
				A) Beginning of year	(B) End of year
22	Cash, savings, and investments				138,727.
23	Land and buildings				64,909.
24	Other assets (describe in Schedule O)	SEE SCHEDULE			255, 186.
25	Total assets		<u> </u>		458,822.
26	Total liabilities (describe in Schedule O)				26 0.
27	Net assets or fund balances (line 27 of o	column (B) must agree with	line 21)	440,206.2	458,822.
Pai	Statement of Program Service Ac	complishments (see the inst	ructions for Part III)	110/2001	Expenses
	Check if the organization used Sch			$X_{R}$	equired for section 501
What	is the organization's primary exempt purpose? SEF	SCHEDULE O		(c)	(3) and 501(c)(4)
Desc	ribe the organization's program service ac	ccomplishments for each of i	ts three largest progra	m services, as org	janizations, optional
mea	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servic ach orogram title.	ces provided, the numb	per of persons	others)
28	PROVIDE A CENTRAL LOCATIO	N FOR SERVICES TH	E DISSEMINATIO	N OF	-
	INFORMATION PROMOTING AGR				
		<u> </u>	<u> </u>	·	
	(Grants \$ ) If thi	s amount includes foreign gr	rants, check here	28	la
29	SPONSOR COUNTY OFFICERS TO				<u> </u>
	BUREAU AT REGIONAL AND NA		DDMT_THBTK_COC	M11-11-11-11-1	
	(Grants \$ ) If thi	is amount includes foreign gr	rants, check here		a
30	SPONSOR COUNTY VOLUNTEERS				-
	MEETINGS AND EVENTS PROMO		000m11 11m11	. 2014110_111	
	<u> </u>				
	(Grants \$ ) If thi	s amount includes foreign gi	rants, check here		a
31	Other program services (describe in Scho				
		is amount includes foreign gi	rants, check here	► <b>□</b> 31	a
32	Total program service expenses (add lin		<del></del>	▶ 32	
	tilV List of Officers, Directors, ∃		lovees (list each one eve	n if not compensated — see th	he instructions for Part IV)
	Check if the organization used Sch				
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee	(e) Estimated amount of
	(a) Name and the	position	(if not paid, enter -0-)	benefit plans, and deferred compensation	other compensation
TOF	IN COONS				
	SIDENT	0.3	l 0	.  0	. 0.
	RALD MILLER	<u></u>		·   · · · · · · · · · · · · · · · · · ·	·  ·
	E PRESIDENT	0.3	l 0	.  0	. 0.
	RIS ULMER			<u> </u>	•
	RETARY/TREAS	0.3	i o	.  0	0.
	RL BROWN JR				<u> </u>
	RECTOR	0.3	0	0	0.
ROI	ONEY QUATTLEBAUM				
	RECTOR	0.3	0	.  0	0.
DOI	NNIE WAKEFIELD	<del> </del>			
DI	RECTOR	0.3	0	0	0.
DEI	BBIE ETHEREDGE				
DI	RECTOR	0.3	0	.  0	. 0.
CAI	RL BROWN III				
DI	RECTOR	0.3	0	.]0	0.
	BY FURTICK				
	RECTOR	0.3	0	0	. 0.
	NANA FURTICK				
	RECTOR	0.3	0	. 0	0.
	1 JOHNSON				
	RECTOR	0.3	0	. 0	0.
	LEN WILLIAMS				
	RECTOR	0.3	0	. 0	0.
	NNIE WOODS				
DI	RECTOR	0.3	0	0	0.
				1	
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Page 3

33 Dut the organization appage in any complicant activity not previously reported to the IRS?  If Yes, 1 prices and stated description of each activity in Schedule O  4 Were any agrificant changes made to the organizing or governing discurrents? If Yes, a study and obtained on the organization and the organization are set of set organization are set of set organization are set of set organization are set organization. Set organization are set organization are set organizati	Par	t 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			П
Mere any particular changem rate is the organized organized power of the manifed documents if they reflect a change to the organization same. Otherwise, replain the change or Stedelie O (see instructions)   34	33			Yes	No
a change to the organization is aver. Otherwise, explain the change on Schedule O (see instructions)  35 Bold the organization have unreliated business gross scored of \$1.000 or more during they are from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  55 L X		If 'Yes,' provide a detailed description of each activity in Schedule O			X
35a Dut the organization have unrelated business gloss income of \$1,000 or more during the year from business activities (such as those reported on ines 2, 6a, and 7a, among others)?  bit Yes, 1o line 35a, has the organization filed a Form 990-T for the year? If No., provide an explanation in Schedule O. C Was the organization as Section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6), organization subject to section 633(e) notice, reporting, and proxy lax requirements during the year? If Yes, complete Schedule C, Part III 35b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a	34				7
Such as those reported on lines 2, 6a, and 7a, among others)?  bit Yes, 10 in 83a, has the organization file a form 990-T for the year? If No., provide an explanation in Schedule O  c Was the organization a section 501(c)(d), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice; reporting, and proxy lax requirements during the year? If Yes, complete Spedicic C, Part III 1  36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assest during the year? If Yes, complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions of 137a and 137a and 137b bit of the organization bit or one year and still outstanding at the end of the tax year covered by this return?  38a Did the organization borrow from, or make any loans to, any officer, director, fusite, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return?  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 section so the organization organge 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 from 990 or 990 organizations. Did the organization engage in any section 4958 excess benefit transaction uning the year, or did it engage. In an excess benefit transaction in a prior year that has not been reported on violation and the properties of disqualified persons during the year P21 If Yes, Complete Schedule, I, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax miposed on organization or a proy year that has not been	35 a		34		X
c Was the organization a section 501(c)(4), 501(c)(6) or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule (P. Raft III and chapter of the properties of th	-		35 a	Х	
36 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year 1" "Yes," complete spinicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions \$\bigs 17a\$ \$\bigs 0.5\$ \$\bigs 2.5\$ \$\bigs 1.5\$ \$\big			35 b	Х	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year 1" "Fest, complete spelicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37 B Enter amount of political expenditures, direct or indirect, as described in the instructions   38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such flows made in a prior year and still obustanding at the end of the tax year covered by this neturn?  38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such flows made in a prior year and still obustanding at the end of the tax year covered by this neturn?  38 Did the organization set of the set of the set of the tax year covered by this neturn?  38 Did the organization 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  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization of the section 4912   N/A  39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization of the section 4913   N/A  39 Section 501(c)(3) organizations. Provided the section 4912   N/A  39 Section 501(c)(3) organizations. In the organizations of the organization of the section 4912   N/A  39 Section 501(c)(3) organizations. Provided the section 4912   N/A  30 Section 501(c)(3) organizations. Provided the section 4912   N/A  30 Section 501(c)(3) organizations. Provided the sections 4912   N/A  30 Section 501(c)(3) organizations. Provided the sections 4912   N/A  30 Section 501(c)(3) organizations. Provided the organization organization approach organization organization and the sections 4912   N/A  31 Section 501(c)(3) organization the section 501 Section 501(c)(3) organization sect	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35.0		Х
disposition of net assets during the year? If "Yes,' complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  □ 17 a			1350	-	<u> </u>
b Did the organization file Form 1120-Pol. for this year?  38 Aid the organization of year who who my come was 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?  88 bif Yes; complete Schedule, Part II and enter the total amount involved  39 Section 501(c/Q) 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/Q) organizations. Enter amount of tax imposed on the organization during the year under N/A section 4911 * N/A section 4912 * N/A section 4911 * N/A sec					X
38 a Did the organization borrow from, or make any loans to, any officer, director, furstee, 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?  39 Section 501(c)(7) organizations. Enter a Initiation frees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a Initiation frees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a Initiation frees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a Initiation frees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities a limitation frees and capital did in the section 4912 by the organizations. In Initiation for the section 4958 by N/A  40 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of unity for the reported on any of its prior Forms 90 or 990-EZ? If Yes, complete Schedule L, Part 1 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 and fer amount of tax imposed on organization managers or disqualified persons during the year and fer amount of tax imposed on organization and party to a prohibited tax sheller transaction? If Yes, complete Form 5885-T  40 Extendible from 500-EX (A)				W.	الألاث
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/07) organizations Enter a Instation 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 4912 * N/A; section 4911 * N/A; section 4912 * N/A; section 4911 * N/A; section 4912 * N/A; section 4912 * N/A; section 4912 * N/A; section 4915 * N/A; section 4911 * N/A; section 4912 * N/A; section 491		·	3/b		X
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Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities  40a 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. Did the organization engage in any section 4958 excess benefit fransaction during the year, or did it engage in an excess benefit transaction in a priori year that has not been reported on any of its prior Forms 990 or 990-EZ? If 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 and any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I.  40b   Section 501(c)(5), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of disputational persons during the year under sections 4912, e. 4955, and 4958.  41 List the states with which a copy of this return is filled * NONE S C.  42a The organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886.7  42b List the states with which a copy of this return is filled * NONE S C.  42a The organizations 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)?  42a The organization 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 * List Yes, Form 990 must be completed instead of Form 990-EZ on a completed instead of Form 990-EZ on a completed instead of Form 990-EZ on a com	b		2325	12342	333
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 * N/A; section 4915 * N/A; section 4916 * N/A;	39	447			
b Gross recepts, 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 4915 * N/A section 4915 * N/A section 4911 * N/A; section 4912 * N/A; section 4915 * N/A section 4915 * N/A b Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations but the organization engage in any section 4958 * N/A b Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? 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 disqualitied persons during the year under sections 4912, 4955, and 4958 • 0.  40 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 8865-T  41 List the states with which a copy of this return is filed * NOME S C.  42 a The organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T  43 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. *  44 b A any time during the calendar year, did the organization maintain an office outside the U.S.?  45 b Use the instructions for exceptions and filing requirements for Fin02N Form 114, Report of Foreign Bank and Financial accounts (FBAR) c At any time during the calendar year, did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead o		- An Addition	A Si		
Section 4911 \( \) \( N/A \); section 4912 \( \) \( N/A \), section 4955 \( \) \( N/A \).  Bosection 950 ((2)(3), 501 (2)(4), and 501 (2)(2) organizations. Did the organization reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I are stored to any of its prior Forms 990 or 990-EZ? In lieu of Form 1041 - Check here and enter the amount of tax reported on any of the programation of the prog	b	<del></del>	_ * * *		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an sysection 4958 excess benefit thrasaction through the year, or did it engage in an excess benefit thrasaction 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 C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.  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 tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8865-T  41 List the states with which a copy of this return is filed PNOTE SC 120-4 RNOX ABBOTT DRIVE CAYCE SC 120	40 a				
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-E27 If "Yes," complete Schedule L, Part I or Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.  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 properties of t					
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 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 imposed on organization by the organization and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization of if Yes, complete Form 8886-T  41 organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8886-T  42a The organizations of the organization of the variety of the organization organiz	b	ו Section ביו (כ)(3), ביו (כ)(4), and ביו (כ)(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			الأنطئنسد
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  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  1 List the states with which a copy of this return is filed   NOTE  20  42 a The organization's books are in care of  SC FARM BUREAU  Located at  724 KNOX ABBOTT DRIVE CAYCE SC  21P + 4  29033  Yes  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.  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  44a 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  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  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  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  b Did the organization ha		reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	2000000	anionis I
d Section \$01(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 8886-T  1 List the states with which a copy of this return is filed NOTE SC  A2a The organizations books are in care of SC FARM BUREAU Telephone no SC	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disgualified persons during the year under sections 4912, 4955, and 4958.		1902	X
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 886-T.  42a The organization's books are in care of SC_FARM_BUREAU Toxive CAYCE_SC_ It the states with which a copy of this return is filed by NONE SC_ IT the organization's books are in care of SC_FARM_BUREAU Toxive CAYCE_SC_ IT the organization's books are in care of SC_FARM_BUREAU Toxive CAYCE_SC_ IT 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. by 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 by 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 by Tes," enter the name of the foreign country by Tes," form 990 must be completed instead of Form 990-EZ.  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.  5 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  5 Did the organization properate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  6 Did the organization properate one or more hospital facilities during th	c			7.3	
shelter transaction? If "Yes," complete Form 8886-T  1 Lust the states with which a copy of this return is filed  NONE   1 Located at  1 Telephone no  1 SC FARM BUREAU  Located at  1 724 KNOX ABBOTT DRIVE CAYCE SC  2 1		· · ·	-43		
42a The organization's books are in care of P SC FARM BUREAU Telephone no P 803 – 936 – 4676  Located at P 724 KNOX ABBOTT DRIVE CAYCE SC 2IP + 4 P 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. P  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 P  43 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  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  43a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization have 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 es instructions).  45b   The properties of the proper	e	· All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
b 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 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 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?  If 'No,' provide an explanation in Schedule O  43 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payments 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	List the states with which a copy of this return is filed NONE 5 C			
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)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	t	books are in care of SC FARM BUREAU  Located at 724 KNOX ABBOTT DRIVE CAYCE SC  ZIP + 4 2903  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)  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 b		No X
	44 a	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — 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  Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed 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  Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes.'	44 b 44 c 44 d 45 a	Yes	N/A N/A No X X X
10001E 1011213 FOITH 330-EX (7				0-EZ (	

Page 4

	the organization engage, directly or indired didates for public office? If 'Yes,' complete		gn activities on behalf o	f or in opposition to	Yes No 46 X			
Part VI S 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 Did con	Yes No 47 48 49 a							
<b>b</b> If '\ <b>50</b> Cor	b If 'Yes,' was the related organization a section 527 organization?							
	(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			
	al number of other ampleyage paid ever \$1	00.000						
<b>51</b> Cor	al number of other employees paid over \$1 nplete this table for the organization's five hig npensation from the organization If there i	hest compensated independent	endent contractors who ea	ach received more than \$	100,000 of			
(a) Name and business address of each independent contractor			<b>(b)</b> Type	f service (c) Compensation				
			·					
	al number of other independent contractors	each receiving over \$	100 000					
<b>52</b> Dic	the organization complete Schedule A? <b>N</b> npleted Schedule A	•	•	ttach a	► Yes No			
Under pena true, correc	Ities of perjury, I declare that I have examined this return and complete paration of preparer (wher than office	, including accompanying sche er) is based on all information of	dules and statements, and to the of which preparer has any knowledge.	e best of my knowledge and be edge	lief, it is			
		DU		5/13/16				
Sign Here	Signature of officer  ERIC SEYMOUR  Type or print name and title			TAX OFFICER				
	Print/Type preparer's name	Preparer's signature  NON-PAID PREPA	Date	Check I if self-employed	PTIN			
Paid Prepared Use Only		INON TAID FREEH	null	Firm's EIN				
OSE OIII)	1			Phone no				
May the	IRS discuss this return with the preparer st	nown above? See instru	uctions .		► Yes No			
					Form <b>990-EZ</b> (2015)			

## **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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AIKEN COUNTY FARM BUREAU

Employer identification number 57-0481779

## FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

BANK SERVICE CHARGES COMMUNITY / CHARITABLE CONFERENCES, CONVENTIONS, AND MEETINGS D & O LIABILITY INSURANCE MISCELLANEOUS EXPENSE OFFICE EXPENSES	\$	-18. 1,647. 7,558. 117. 602. 2,854. 5,221.
STATE DUES TRAVEL	TOTAL \$	15,204. 1,375. 34,560.

#### FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	<u>B</u> E	EGINNING		<u>ENDING</u>
	\$	56,812.	\$	56,812.
		0.		100,189.
		0.		98,185.
TOTAL	\$	56,812.	\$	255,186.
	TOTAL	\$	0. 0.	\$ 56,812. \$ 0. 0.

## 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.