250m 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. OMB No 1545-1150 2017

► Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2017 calendar year, or tax year beginning , 2017, and ending Check if applicable [D Employer identification number Address change Georgetown County Farm Bureau 23-7194026 Name change E Telephone number 401 Dozier St. Initial return Georgetown, SC 29440 803-936-4676 Final return/terminated Amended return Group Exemption 2393 Application pending Number Other (specify) > Accounting Method X Cash Accrual Check ► X if the organization is not G required to attach Schedule B Website: > N/A (Form 990, 990-EZ, or 990-PF) 4947(a)(1) or J 501(c)(3) X 501(c) (5) **◄**(insert no) Tax-exempt status (check only one) X Corporation Trust Association Form of organization 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 86,921. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 64,861 Program service revenue including government fees and contracts 2 500 3 Membership dues and assessments 2019 Investment income 4 21,489. 5 a Gross amount from sale of assets other than inventory 5 a 5 b SCANNED MAR 1 1 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) 71. 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a 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) 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 6b and subtract line 6c) 6 d 7a Gross sales of inventory, less returns and allowances 7 a b Less cost of goods sold 7 b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7 70 Other revenue (describe in Schedule O) 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 86,921. OS 10 Grants and similar amounts paid (list in Schedule O) 10 500. B51 NOV 2 0 2018 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits OGDEN. UT Professional fees and other payments to independent contractors 13 <u>11,7</u>58. 13 14 14 Occupancy, rent, utilities, and maintenance 23,832. 15 15 Printing, publications, postage, and shipping 1,736. See Schedule O Other expenses (describe in Schedule O). 16 16 30,627. 17 Total expenses. Add lines 10 through 16 17 68,453. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18,468. 235 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 398,849. 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 20 417,317.

Form 990-EZ (2017)

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

Page 2

22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe in Schedule O) 25 Total assets 25 Total lassets 25 Total lassets 27 Net assets of fund balances (line 27 of column (8) must agree with line 21) 28 Total lassets 29 Age, 849, 27 417, 29 The lassets of fund balances (line 27 of column (8) must agree with line 21) 29 Age, 849, 27 417, 20 Check the organization used Schedule O to respond to any question in this Part III 20 Check the organization is program service assembly shreet for each of its three largest program services, as benefited, and other relevant information for each program title. The services provided, the number of persons benefited, and other relevant information for each program title. The services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided, the number of persons to define the services provided in the services provided		Check if the organization used Sche	dule O to respond to any qui	estion in this Part II			<u> </u>
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Part IV	32	· · · · · · · · · · · · · · · · · · ·			-	32	
Check if the organization used Schedule O to respond to any question in this Part IV (a) Name and title (b) Average hours per week devoted to position (c) Reportable compensation contributions to employee benefit plans, and deterred compensation O. 0.				lovees (list each one	oven if not componented —		Instructions for Part IVA
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position (if not paid, enter-0-) compensation O. O. O.		(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MISC	contributions to emp	loyee	(e) Estimated amount of
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Form 990-E <i>7 (</i>	(2017)	Georgetown	County	Farm	Bureau

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	requirements in any question in this Part V			
, , , , , , , , , , , , , , , , , , , ,	any question in this t die v		es	No
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		33	+	X
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			
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 fro	m business activities		_	
(such as those reported on lines 2, 6a, and 7a, among others)?		35 a		X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide a	-	35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to se reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part	ection 6033(e) notice,	35 c		v
36 Did the organization undergo a liquidation, dissolution, termination, or significant		350		<u>X</u>
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	ı	36		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	► 37a 0.	J. 7.	#579 (S	
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 ke	ey employee or were			LLA
any such loans made in a prior year and still outstanding at the end of the tax year covere	d by this return/	38 a		Х
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	82 . 18	200	%
39 Section 501(c)(7) organizations Enter	23		** 4fe	~ 4
a Initiation fees and capital contributions included on line 9	39a N/A	13.0 0 2		
b Gross receipts, included on line 9, for public use of club facilities	39 b N/A	Versi		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during t	he year under N/A	200		
section 4911 ► N/A, section 4912 ► N/A, section 49	· ·		(4)	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in	any section 4958 excess	e gr		
benefit transaction during the year, or did it engage in an excess benefit transaction in a p reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	rior year that has not been	40 b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations.	nization	40 D	10.00 1 10	
managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.	2.25		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimb				6
by the organization	0.	Viga i		
e All organizations At any time during the tax year, was the organization a party to a prohib shelter transaction? If 'Yes,' complete Form 8886-T	ited tax	40 e		Χ
		40 e	<u>—</u> L	
41 List the states with which a copy of this return is filed None		40 e		<u>:-</u>
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41 List the states with which a copy of this return is filed None 42 a The organization's				-
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41 List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► SC Farm Bureau Located at ► 724 Knox Abbott Drive Cayce SC	ZIP + 4 ► 29033	36-46		
41 List the states with which a copy of this return is filed ► None 42 a The organization's books are in care of ► SC Farm Bureau Located at ► 724 Knox Abbott Drive Cayce SC b At any time during the calendar year, did the organization have an interest in or a signature or ot	ZIP + 4 > 29033 her authority over a	36-46 	es	No
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Form 990-EZ (2017)	Georgetown	County	Farm	Bureau
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Page 4

Yes No

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.		he organization engage, directly or indire idates for public office? If 'Yes,' complete		lign activities on behalf o	t or in opposition to	46		X
for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47. Out the organization engage in lobbying activities or have a section 501(ft) election in effect during the tax year? If Yes, nonplete Schedule E. 48. Is the organization achool as described in section 170(b)(1)(A)(i)? If Yes, complete Schedule E. 49. Did the organization make any transfers to an exempt non-charitable related organization? 49. Did the organization make any transfers to an exempt non-charitable related organization? 5. Complete this table for the organization is the highest compensation? 6. Whateh before the organization is the highest compensation from the organization if there is none, either the organization in the organization organization	Part VI							
Ves No Non-complete Schedule C, Part II 47			ons must answer o	questions 47-49b and	d 52, and complete	the table	es	
47 Old 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 Yes, complete Schedule E 48 I was not a school as described in section 170(b)(1)(A)(n)? If Yes, complete Schedule E 49 I was not provided and school as described organization? 18 Is the organization as school as described in section 527 organization? 19 Dit If Yes, was the related organization a section 527 organization? 10 Complete this sable for the organizations from the organization if there is none, enter None: (a) Name and title of each employee (b) Avraga hours private decided ("Grans W 2/1999-MSC). 1 Total number of other employees paid over \$100,000 or complete school or the stable or the organization if there is none, enter None? (a) Name and business address of each independent contractor. (b) Name and business address of each independent contractor. (c) Name and business address of each independent contractor. (d) Name and business address of each independent contractor who each received more than \$100,000 or complete this stable for the organization if there is none, enter None? (d) Name and business address of each independent contractor. (e) Name and business address of each independent contractor. (e) Name and business address of each independent contractor. (f) Type of service (c) Compensation. (c) Compensation (d) Type of service (c) Compensation. (e) Type of service (c) Compensation.		Check if the organization used Schedul	e O to respond to any	question in this Part VI				П
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49 a Did the organization make any transfers to an exempt non-charitable related organization? b) if Yes, was the related organization a section 527 organization? 50 Complete this table for the organization is two highest compensated employees (other than officers, directors, truslees 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 (D) Angel Prince (Porish W 2 (1999 4MSC)) 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 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 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 employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other independent contractor (b) Type of service (d) Compensation 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 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 o			or have a section borti	i) election in ellect during i	ille tax year it Tes,	47		
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completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete declaration of prepare (other than officer) is based on all information of which preparer has any knowledge Signature of officer Tax Officer Print/Type or print name and title Print/Type preparer's name Preparer's signature Date Check if self-employed Print/Type and Preparer Prim's name Non-Paid Preparer	d Total	number of other independent contractors	each receiving over S	\$100,000	•			
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May the IRS discuss this return with the preparer shown above? See instructions ▶	May the IR				AND THE TOTAL TO	► Y ec		No.
Form 990-EZ (2017)		- Listed and rotati mar the property			-	ш		

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.

OMB No 1545-0047 2017

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 23-7194026 Georgetown County Farm Bureau Form 990-EZ, Part I, Line 16 Other Expenses

BANK SERVICE CHARGES \$ 24. 10,342. Conferences, Conventions, and Meetings CONTRIBUTIONS 2,100. MISCELLANEOUS EXPENSE 2,000. 805. Office Expenses PAC 5. STATE DUES 15,351. 30,627. Total \$

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

Beginning_ Ending Furniture and Fixtures \$ 19,044. \$ 19,044. 10,096. INVESTMENT LLC 10,368. Total ₹ 29,140. 29,412.

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	<u> Grants</u>	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

Georgetown County Farm Bureau

Employer identification number
23-7194026

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.
R. L. Port President	0.3	\$ 0.	\$ 0.	\$ 0.
Jimmy Capps Vice President	0.3	0.	0.	0.
Deborah Marsh Secretary/Treas	0.3	0.	0.	0.
Jimmy Rowe Director	0.3	0.	0.	0.
Patsy Williams Womens Comm Chr	0.3	0.	0.	0.
Frances Owens PR comm Chr	0.3	0.	0.	0.
Wayne Avant Director	0.3	0.	0.	0.
Josh Baxley Director	0.3	0.	0.	0.
Malene Baxley Director	0.3	0.	0.	0.
Dohnree Cribb Director	0.3	0.	0.	0.
Baylis Elliott Director	0.3	0.	0.	0.
Earl Holtzscheiter Director	0.3	0.	0.	0.
Mark Johnson Director	0.3	0.	0.	0.
Legrand Owens Director	0.3	0.	0.	0.
Martin Owens Director	0.3	0.	0.	0.
Tommy E. Owens Director	0.3	0.	0.	0.

Name of the organization

Georgetown County Farm Bureau

Employer identification number
23-7194026

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.
Gussie Palmer Director	0.3 \$	0.	\$ 0.	\$ 0.
Samuel Squires Director	0.3	0.	0.	0.
Steve Squires Director	0.3	0.	0.	0.
R. E. Williams Director	0.3	0.	0.	0.
	Total \$	0.	\$ 0.	\$ 0.