

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)

2017

OMB No 1545-1150

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

Open to Public

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

	Inter	nal Re	venue Service	Go to www.irs.gov/rorm990E2 for instructions and the latest in	mormation		Inspection
		For t	the 2017 cal	lendar year, or tax year beginning , 2017, and er	nding	,	<u> </u>
2			of applicable ss change	C	D	Employer id	entification number
2	=			GREENVILLE COUNTY FARM BUREAU		57-034	10996
c)	Ħ		return	Telephone n	umber		
 -₁	Ħ	Final rel	803-93	36-4676			
>	Ħ	Amen	ded return	Group Ex	emntion		
⋛.		Applic	ation pending			Number	▶ 2393
14	G		organization is not				
1 5	I	Web	site: 🟲 <u>N</u>	/A			Schedule B
1	J	Tax-e	xempt status (c	check only one) — \square 501(c)(3) \square 501(c)(5) \triangleleft (insert no) \square 4947(a)(1) or \square	527 (Form 994	0, 9 9 0-EZ	, or 990-PF)
ij	K	Form	of organiza	tion X Corporation Trust Association Other			
		asse	ts (Part II, o	c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,0 column (B) below) are \$500,000 or more, file Form 990 instead of Form 99	90-EZ	<u>►\$</u>	92,735.
	Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Balances	s (see the instru	ctions fo	
_				he organization used Schedule O to respond to any question in this Part I			[X]
		1		ons, gifts, grants, and similar amounts received		1	63,009.
		2	•	service revenue including government fees and contracts		2	<u>350.</u> ,
		3		nip dues and assessments		3	
Ś		4	Investmen	ount from sale of assets other than inventory 5 a		4	28,987.
1							
4				or other basis and sales expenses 5 b			264
			• •) from sale of assets other than inventory (Subtract line 5b from line 5a) nd fundraising events		5 c	364.
	R		•	ome from gaming (attach Schedule G if greater than \$15,000)			
≥	ピスヨくボカ				ontributions	-	
)	E N	•		raising events reported on line 1) (attach Schedule G if the sum	ontributions		
•	U E			oss income and contributions exceeds \$15,000) 6 b			
		C	: Less dire	ct expenses from gaming and fundraising events 6 c			
		c	Net incom	ie or (loss) from gaming and fundraising events (add lines 6a and btract line 6c)		6 d	
				es of inventory, less returns and allowances 7a			
				t of goods sold.		$\dashv \dashv \dashv$	
		C	: Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 c	
		8	Other reve	enue (describe in Schedule O) SEE SC	CHEDULE O	8	25.
		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	92,735.
-		10	Grants and	d similar amounts para (iis	CHEDULE O	10	10,000.
		11	Benefits p	aid to or for members RECEIVED		11	
	E	12		other compensation, and erhologies benefits		12	
	EXPESSES	13	Profession	nal fees and other payments independent contractors of vigorial states and maintenance NUV 2010 vigorial states and state		13	14,616.
	N S	14	o o o o o p o o ,	y, rent, utilities, and maintenance NUV 2010		14	9,564.
	E S	15		delications, postage, and ampling	בחבטווב ט	15	2,368.
		16		onses (assertes in seriously of O(4D1-14). D1	CHEDULE O	16	41,160.
-		17		enses. Add lines 10 through 16		17	77,708.
	A	18	±xcess or	(deficit) for the year (Subtract line 17 from line 9)		18	15,027.
ļ	A NS EE T	19		s or fund balances at beginning of year (from line 27, column (A)) (must agosted an array year's raturn)	gree with end-of-yea		406.000
	TE	20		orted on prior year's return) nges in net assets or fund balances (explain in Schedule O) SEE SC	CHEDULE O	20	436,900.
	S	20	Other char	riges in het assets of furid balances (explain in Schedule O)	·	40	519.

TEEA0803L 08/22/17

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.

24 NÉ

452,446.

Form 990-EZ (2017)

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Page 2

L	Check if the organization used Sche	dule O to respond to any qu	estion in this Part II				, X
				(A)	Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments		ĺ		197,211	. 2	2 211, 385.
23	Land and buildings		[154,235	2	
24	Other assets (describe in Schedule O)	SEE SCHEDULI	E O		85,454		
25	Total assets				436,900		
26	Total liabilities (describe in Schedule O)	1			(
	Net assets or fund balances (line 27 of		line 21)		436,900		
	t III Statement of Program Service Ac				•		Expenses
1 441	Check if the organization used Sci	hedule O to respond to any o	question in this Part	Ш	X	(Re	quired for section 501
What	is the organization's primary exempt purpose? SEE	E SCHEDULE O				(c)(3) and 501(c)(4)
Desc	cribe the organization's program service a sured by expenses. In a clear and concise	ccomplishments for each of	its three largest prog	ram	services, as	org	anizations, optional
mea	sured by expenses. In a clear and concise ifited, and other relevant information for e	e manner, describe the servi	ces provided, the nu	mber	of persons	for	others)
28	PROVIDE A CENTRAL LOCATIO		TE DISCEMINAT	TON	OF	-	
	INFORMATION PROMOTING AGR				<u></u>	1	
	INFORMATION PROMOTING AGK	TCOLLOWY INTEVES	O VIAN MEETIN	<u></u>		1	
	(Grants \$) If th	is amount includes foreign g	rants check here			28	al
29	SPONSOR COUNTY OFFICERS T			OLIN	TV EADM	20	
23			POUNT TUETY C	OON	11 [W.M	┨	
	BUREAU AT REGIONAL AND NA	TIONAL EVENIS				1	
	(Grants \$) If th	is amount includes foreign g	rants check here	- -		29	3
30	<u>-i</u>	 `		M D	IIDEAII AT	23	<u> </u>
30	SPONSOR COUNTY VOLUNTEERS		TK COONTI LAK	M □	OKENO AT _	1	
	MEETINGS AND EVENTS PROMO	TIME WESTCOTIONE.			- 	┨	
	(Grants \$) If th	is amount includes foreign g	rants check hore			30	
21	Other program services (describe in Sch				L	30	<u> </u>
31		is amount includes foreign q				91	
22	·		rants, check here			31	<u> </u>
	Total program service expenses (add line)		1				1
Par	t IV. List of Officers, Directors,				r not compensated —	see th	e instructions for Part IV)
	Check if the organization used Sc	nedule O to respond to any o	i ···		(d) Health beach		<u></u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099 MISC	tion	(d) Health benef contributions to emp	loyee	(e) Estimated amount of
	(a) have and all	position	(If not paid, enter -0-)	"	benefit plans, and de compensation		other compensation
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Form 990-EZ (2017) GREENVILLE COUNTY FARM BUREAU

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	Page	3

33 but the organization engage in any significant activity not previously reported to the IRS? 34 Were an explicant change made in the organization activity not previously reported to the IRS? 35 but the organization engage en any significant activity not previously reported to the IRS? 36 but the organization should be the organization activity of the anothed focument of the report of the anothed to the organization activity of the anothed to the organization activity of the organization activity of the organization activities activities of the organization activities activities of the organization activities of the organization of the organization or should be organization activities of the organization undergo a blackablor, discosliciol, and official organization undergo a blackablor, discoslicion, and proxy tax requirements during the year? If Yes, complete schedule C, Part III and proxy tax requirements during the year? If Yes, complete schedule C, Part III and proxy tax requirements during the year? If Yes, complete special proxy control proxy control organization undergo a blackablor, discoslicion, remarkant or Significant discoslicion of net assets during the year? If Yes, complete applicable parts of Schedule C, Part III and organization organization and the organization organization and the organization organization or service and solid undergo year and still outstanding at the end of the tax year covered by this return? 37 a Enter amount of political expenditures, direct or makes a schedule C, Part III and enter the total amount involved an another organization and the end of the tax year covered by this return? 38 b	Pa	Int 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
33 X 34 Were an synigated charge complot in each activity in Schedule O 34 Were an synigated charge in the bergancing receiving decimital if Very 1 and the organization charge shall be regiment of the preparation in the preparation in the preparation have unrelated business gross concerned of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 55 bit of Yers, to line 53a, his the regimentation filed a form 990-To for the year? If Yes, complete Schedule () Part III 35b X X X X X X X X X				Yes	_ <u></u>
34 X	33	If 'Yes,' provide a detailed description of each activity not previously reported to the IRS?	33		
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on times 2, 6a, and 7a, among others). bit "Yes," to line 35a, has the organization filed a Form 990.1 for the year? If "No," provide an explanation in Schedule O, c. Was the organization of \$10(4)\$, 501(6)\$, or \$510(6)\$, o	34				
(such as those reported on limes 2, 6a, and 7a, among others)? bit 1'Yes, io line 35a, has the organization field a form 990-ft for the year? If No., provide an explanation in Schedule O 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 las requirements during the year? If Yes, complete Schedule C, Part III and of not assest during the year? If Yes, complete spring the year and the year of y			34		_ X
b If Yes, 1 to line 35a, has the organization filed a Form 990-T for the year? If No. provide an explanation in Schedule 0 c. Was the organization of Schedule 0 c. Was the organization of Schedule 0. Schedule 0	35		35 a		v
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 503(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III 1936 35 bit the organization undergo a liquidation, dissolution, termination, or significant, 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 Y 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions Y 38 a Did the organization for brown from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still for wise any such loans made in a prior year and still for wise any such loans made in a prior year and still for wise any such loans made in a prior year and still for all and enter the total amount moving. 38 Described School (C)(7) organizations Enter amount of tax imposed on the organization during the year under N/A 39 Section 301(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A 39 Section 301(c)(3) organizations Enter amount of tax imposed on the organization or loans year that has not been reported on any of this pror Forms 950 or 990 separations. Did the organization or long engine any section 4956 excess benefit transaction any of this pror Forms 950 or 990 separations. Did the organization or long engine any section 4956 excess benefit transaction any of this pror Forms 950 or 990 separations. Enter amount of tax in individual transaction in a prior year that has not been reported on any of this pror forms 950 or 990 set? If Yes, Complete Form 8086.T 40 by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shaller transaction? If Yes, Complete Form 8086.T 41 List the states with which a copy of the inclume the endough the calendary year, did the organizat					
35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assest unique type 21" ("Yes," complete Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a 0. 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions * 37a 0. 37b X 38a Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still obustanding at the end of the tax year covered by this return? 38b N/A 39 Section 501(c)(7) organizations Enter a linkation fees and capital contributions included on line 9 39a N/A 39 Section 501(c)(3) organizations included on line 9 39a N/A 40 a Section 501(c)(3) organizations included on line 9 39a N/A 40 a Section 501(c)(3) organizations included on line 9 39a N/A 40 a Section 501(c)(3) organizations included on line 9 39a N/A 40 a Section 501(c)(3) organizations included on the organization during the year under Section 4958 excess leaves the section 501(c)(3) organizations included on the organization organization and you fit prior Forms 900 or 990-6221 if Yes, complete Schedule L, Part I organization and you fit prior Forms 900 or 990-6221 if Yes, complete Schedule L, Part I organization organization and you fit prior Forms 900 or 990-6221 if Yes, complete Schedule L, Part I organization orga					
As a Enter amount of political expenditures, direct or indirect, as described in the instructions ** 37a 0, 0, 37b X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ** 37a 0, 0, 37b X 37b			35 c		_ <u>X</u> _
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 b Did the organization for form 112d-PDL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, fusitee, or key employee or were any such loans made in a prior year and still distlanding at the end of the tax year covered by this return? 38b Introduction of the proof of the proof of the state of the tax year covered by this return? 38b Introduction of the state of the state of the state of the tax year covered by this return? 38b Introduction of the state of the	30		36		Х
38a Did the organization borrow from, or make any loans to, any officer, firstles, or key employee or were any such loans made in a prory ear and still outstanding at the end of the tax year covered by this return? 38 b Y/s; complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under N/A section 4915 N/A section 4915 N/A section 4915 N/A section 4915 N/A section 4911 N/A section 4915 N/A section	37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		#57.L	
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 I, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter amount of the seas and capital contributions included on line 9 a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A section 4912 * N/A. section 4912 * N/A. section 4915 * N/A. section 4915 * N/A. section 4915 * N/A. section 4912 * N/A. section 4916 * N/A. section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization analy of its prior forms 990 organizations. Enter amount of tax imposed on organization analy of its prior forms 990 organizations. Enter amount of tax imposed on organization analy of its prior forms 990 organizations. Enter amount of tax imposed on organization analy of its prior forms 990 organizations. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and tax analysis of the organization and the variety of the organization and the forms 400 organization and the foreign country for sections 4912, 495, and 4958 * O 40 e X 41 List the states with which a cay of this return is filed * NONE 42 a The organization. 5 b At any time during the calendar year, did the organization have an interest in or a signalure or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 6 If Yes, enter the name of the foreign country. 4 Section 4947(a)(1) nonexempt charitable trusts filing Form 114, Rep		· · · · · · · · · · · · · · · · · · ·			<u>X</u>
a mount involved 3 Section 501(c)(2) 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. 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A section 49112 N/A section 4912 N/A sect		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	~~~		X
39 Section 501(c)(7) organizations. Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the yar under N/A section 4911 * N/A, section 4915 * 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 at 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 continued to the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax is misosed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O. display the organizations of the organizations between the sections 4912, 4955, and 4958 O. display the organization organization in the during the lax year, was the organization a party to a prohibited tax shelter transaction? If Yes,' complete Form 8865-T It is the states with which a capy of this return is filled * NONE 42a The organizations A larry 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) continued the organization maintain any donor advised funds during the exact year. 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) continued to the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead o			jajty.	-	
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 \rightarrow N/A, section 4912 \rightarrow N/A, section 4955 \rightarrow 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 at 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 cost of 300(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 \rightarrow 0. decided by the organization enter amount of tax on line 40c reimbursed by the organization enter and the foliation of the section 4912 and 4958 \rightarrow 0. decided in the section 4912 and 4958 \rightarrow 0. decided in the section 4912 and 4958 \rightarrow 0. decided in the organization enter of the foreign country (such as a bank account, a protein that the states with which a copy of this return is filed \rightarrow NONE 42 a The organizations books are in care of \rightarrow SC FARM BUREAU Located at \rightarrow 724 kNOX ABBOTT DRIVE CAYCE SC 2iP +4 \rightarrow 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 year or accrued during the tax year 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 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 o	39	27.2		انيت	15
40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under N/A section 4912 h N/A, section 4915 h N/A, section 4915 h N/A, section 4915 h N/A, section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If Yes, complete Schedule L, Park 2, 4955, and 4955 h 0. d Section 501 (c)(3), 501 (c)(4), and 501 (c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8865-1. 1 Ust the states with which a copy of this return is filed h NONE 42 a The organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8865-1. 2 Telephone no 803-936-4676. 2 Telephone no 803-936-4676. 2 Telephone no 803-936-4676. 2 Telephone no 803-936-4676. 3 At any time during the calendar year, did the organization have an interest in or a signature or other suthority over a financial account in a foreign country. If Yes, enter the name of the foreign country. If Yes, enter the name of the foreign country. If Yes, enter the name of the foreign country. If Yes, enter the amount of tax-exempt interest received or accrued during the tax year. 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44 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 receive any payments for indoor fanning services during the year? d If Yes to line 44c, has the organization filed a Form 720 to report these payments? 44 Did		a Initiation fees and capital contributions included on line 9			
section 4911 F N/A, section 4912 P N/A, section 4915 P 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-E27 if Yes, "complete Schedule I, 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		b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
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benefit transaction during the year, or did it engage in an access benefit transaction in a prior year that has not been reported on any of its prior Forms 990 ergo. F27 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				*	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 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 of the variable of of th		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		ادند	~~~~~
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 shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed * NONE 1			40 b		
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 shelter transaction? If 'Yes,' complete Form 8886-T. List the states with which a copy of this return is filed * NONE 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 under sections 4912, 4955, and 4958.			
e All 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 1. List the states with which a copy of this return is filed * NONE 1. NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of this return is filed * NONE 1. List the states with which a copy of the states of the organization and interest in core. A count of the return interest in or a signature or other author		d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed			
42 a The organization's books are in care of SC FARM BUREAU Located at * 7.24 KNOX ABBOTT DRIVE CAYCE SC DAI 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 United States? 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 bid 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 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' form 44 a X 44d 44d 44d 44d 44d 44d 44d 44d 44d 4		e All organizations. At any time during the tax year, was the organization a party to a prohibited tax			<u>گ</u> نِــَــ
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orm	990-E	Z (2017) GREENVILLE COUNTY E	FARM BUREAU		57-034	10996		age 4
		e organization engage, directly or indire dates for public office? If 'Yes,' complete		gn activities on behalf o	of or in opposition to	46	Yes	
Parl	EVI.®	Section 501(c)(3) organizations All section 501(c)(3) organizations for lines 50 and 51.	ons must answer q		d 52, and complete	the table	es	
		Check if the organization used Schedul	le O to respond to any	question in this Part VI				$\perp \perp$
		e organization engage in lobbying activities ete Schedule C, Part II	or have a section 501(h)	election in effect during	the tax year? If 'Yes,'	47	Yes	No
		organization a school as described in se	ection 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E	48	_	
49 a	Did th	e organization make any transfers to an	exempt non-charitable	related organization?		49 a		
50	Compl	s,' was the related organization a section ete this table for the organization's five hig yees) who each received more than \$100,0	hest compensated emplo			49 b		
		(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 comp		
- – –								
- -	-							
		number of other employees paid over \$1			_	100.000 /		
51	comp	ete this table for the organization's five hig ensation from the organization. If there i	nest compensated indepe s none, enter 'None '	endent contractors who ea	ach received more than \$	100,000 of		
	(a) Name and business address of each independent of	contractor	(b) Type	of service	(c) Comp	ensatio	n
· - -								
	-							
	T-1-1			100,000				
52	Did th	number of other independent contractors e organization complete Schedule A? N eted Schedule A	=		ttach a	► Yes		——] No
Inder p	penalties	of perjury, I declare that I have examined this return documents. Declaration of preparer (other than office	, including accompanying sche	dules and statements, and to the	e best of my knowledge and be	lief, it is		
Sign		Shadoware Alegoros			Date			
lere		ERIC SEYMOUR Type or print name and title			TAX OFFICER	<u>.</u>		
		Print/Type preparer's name	Preparer's signature	Date	Check If P	TIN		
aid	ĺ		NON-PAID PREPA	RER	self-employed			
repa	arer	Firm's name ►						
Jse C	Only	Fırm's address ►			Firm's EIN			
			to the second second second second	orani a manana ana ana ana ana ana ana	Phone no			

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

► Yes No

Form **990-EZ** (2017)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GE

Employer identification number

REENVILLE COUNTY FARM BUREAU			57-0340996	
FORM 990-EZ, PART I, LINE 8 OTHER REVENUE				
MISCELLANEOUS INCOME			TOTAL \$	25, 25,
FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PA	AID IN EXCESS OF \$5,000			
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	SCHOLARSHIPS SCHOLARSHIPS		\$	10,000.
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES				
COMMUNITY / CHARITABLE CONFERENCES, CONVENTIONS, AND DOLLARS TO DONATE FFA DONATIONS IN MEMORY OF DONATIONS INSURANCE INTEREST MISCELLANEOUS EXPENSE OFFICE EXPENSES STATE DUES TRAVEL	MEETINGS		\$ TOTAL \$	4,987. 14,563134. 6,250. 350. 532. 51. 221. 702. 6,279. 7,359. 41,160.
FORM 990-EZ, PART I, LINE 20				
OTHER CHANGES IN NET ASSETS O PRIOR PERIOD ADJUSTMENTS	R FUND BALANCES		TOTAL \$	519. 519.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS				
FURNITURE AND FIXTURES INVESTMENT LLC		BEC \$ TOTAL <u>\$</u>	34,975. \$ 50,479. 85,454. \$	ENDING 34,975. 51,851. 86,826.

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.

Name of the organization

GREENVILLE COUNTY FARM BUREAU

Employer identification number

57-0340996

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

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.

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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.
CHRIS TALLEY PRESIDENT	0.3	\$ 0.	\$ 0.	\$ 0.
ALLEN KELLETT, JR. VICE PRESIDENT	0.3	0.	0.	0.
EDWIN TERRY SECRETARY/TREAS	0.3	0.	0.	0.
LEM DILLARD DISTRICT VP	0.3	0.	0.	0.
RONNIE HUGHES STATE DIRECTOR	0.3	0.	0.	0.
JIM SCOTT LEGIS. COMM CHR	0.3	0.	0.	0.
CRAIG PRINCE DIRECTOR	0.3	0.	0.	0.
BENNIE BLAKELY WOMENS COMM CHR	0.3	0.	0.	0.
ANNA HOLCOMBE WOMENS COMM CHR	0.3	0.	0.	0.
MIKE ARMSTRONG DIRECTOR	0.3	0.	0.	0.

Name of the organization

GREENVILLE COUNTY FARM BUREAU

57-0340996

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.
TERRY BLAKELY DIRECTOR	0.3	\$ 0.	\$ 0.	\$ 0.
BILLY CAMPBELL DIRECTOR	0.3	0.	0.	0.
REBECCA MCKINNEY DIRECTOR	0.3	0.	0.	0.
GENE CORNETT DIRECTOR	0.3	0.	0.	0.
CHARLES S. COX, JR. DIRECTOR	0.3	0.	0.	0.
OTIS DESHIELDS DIRECTOR	0.3	0.	0.	0.
TOMMY FISHER DIRECTOR	0.3	0.	0.	0.
ANDY GOODWIN DIRECTOR	0.3	0.	0.	0.
BRUCE HOLCOMBE DIRECTOR	0.3	0.	0.	0.
DUFF HUGHES DIRECTOR	0.3	0.	0.	0.
GEORGE HUGHES DIRECTOR	0.3	0.	0.	0.
GRADY JONES DIRECTOR	0.3	0.	0.	0.
ROY H. JONES DIRECTOR	0.3	0.	0.	0.
JUDY LANGLEY DIRECTOR	0.3	0.	0.	0.
WILLIAM LANGLEY DIRECTOR	0.3	0.	0.	0.
MATTHEW LINDSEY DIRECTOR	0.3	0.	0.	0.

Name of the organization

GREENVILLE COUNTY FARM BUREAU

Employer identification number

57-0340996

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.
CLINT MOORE DIRECTOR	0.3 \$	0.	\$ 0.	\$ 0.
KATIE MOORE DIRECTOR	0.3	0.	0.	0.
CECIL PARKS DIRECTOR	0.3	0.	0.	0.
MATTHEW SIMS DIRECTOR	0.3	0.	0.	0.
RICHARD TAYLOR DIRECTOR	0.3	0.	0.	0.
WILLIAM WELCH DIRECTOR	0.3	0.	0.	0.
BRENDA WRIGHT DIRECTOR	0.3	0.	0.	0.
JASON WRIGHT DIRECTOR	0.3	0.	0.	0.
	TOTAL §	0.	\$ 0.	\$0.