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)

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public

			and Service	, 2017, and ending		<u> </u>	
i	_			Employer identification number			
•	$\overline{}$		applicable C change	• •			
4	=	Name (Dorchester County Farm Bureau	57-0473829			
-	=	Initial r	PO Box 596	_ E	Telephone number		
2	Ħ	Final ret	St. George, SC 29477	$\Lambda \Gamma_{\lambda} L$	803-93	6-4676	
.)		Amend	d return	(<i> V</i>) _F	Group Exe	mption	
•		Applica	ion pending		Number	▶ 2393	
	G	Acco	nting Method X Cash Accrual Other (specify) ►	H Check ►	X if the or	rganization is not	
	I	Webs	ite: N/A		to attach So		
	J	Tax-ex		4947(a)(1) or 527 (Form 99	0, 990-EZ,	or 990-PF)	
			or organization	Other			
	L	Add I	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receip s (Part II, column (B) below) are \$500,000 or more, file Form 990 instea	ots are \$200,000 or more, or if to ad of Form 990-EZ	tal ►\$	52,147.	
			Revenue, Expenses, and Changes in Net Assets or Fund		ctions for		
	1 4	II ¢xI	Check if the organization used Schedule O to respond to any question		01.01.0 101	X	
	_	1	Contributions, gifts, grants, and similar amounts received		1 1	40,774.	
		2	Program service revenue including government fees and contracts		2	700.	
~		3	Membership dues and assessments		3		
2019		4	Investment income		4	9,956.	
MAR 1 1 2	ł	-	Gross amount from sale of assets other than inventory	5a		<u> </u>	
			Less cost or other basis and sales expenses	5 b	[.		
					5 c	547.	
	:	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events			347.	
2	R		Gross income from gaming (attach Schedule G if greater than \$15,000)) 6a			
	E	1	Gross income from fundraising events (not including \$				
y	REVENU	ן י	from fundraising events reported on line 1) (attach Schedule G if the si	of contributions	\" * ·		
Ž	Ü		of such gross income and contributions exceeds \$15,000)	6 b			
SCANNED		c	Less direct expenses from gaming and fundraising events	6 c			
Š		ا ا	Net income or (loss) from gaming and fundraising events (add lines 6a	and			
_		"	6b and subtract line 6c)		6 d		
		7 a	Gross sales of inventory, less returns and allowances	7 a			
		b	Less cost of goods sold	7 b			
		c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line	e 7a)	7 c		
		8	Other revenue (describe in Schedule O)	See Schedule O	8	170.	
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	RECEIVED	> 9	52,147.	
		10	Grants and similar amounts paid (list in Schedule O)		10		
		11	Benefits paid to or for members	NOV 2 0 2018 9	11		
	Ē	12	Salaries, other compensation, and employee benefits	86 100 2 0 2010 PSE	12		
	Ê	13	Professional fees and other payments to independent contractors		13	8,055.	
	EXPERSES	14	Occupancy, rent, utilities, and maintenance	OGDEN, UT	14	4,617.	
	Ē	15	Printing, publications, postage, and shipping		15	1,306.	
	3	16	Other expenses (describe in Schedule O)	See Schedule O	16	15,997.	
		17	Total expenses. Add lines 10 through 16		▶ 17	29,975.	
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	22,172.	
	A S S E T S	19	Net assets or fund balances at beginning of year (from line 27, column	(A)) (must agree with end-of-ve	ar 🚣 . 📖		
	ËE		figure reported on prior year's return)		19	347,241.	
	' T S	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 2	20	▶ 21	369,413.	
	BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2017)	

	Check if the organization used Sche	dule O to respond to any qui	estion in this Part II			<u>X</u>
				(A) Beginning of ye		(B) End of year
	Cash, savings, and investments			229,312		209,423.
23	Land and buildings	See Schedule	a () a	41,501		
24	Other assets (describe in Schedule O)	500 50		76,428		118,489.
25	Total assets			347,241		369,413.
26	Total liabilities (describe in Schedule O)		l 01)	0	<u> </u>	0.
_	Net assets or fund balances (line 27 of			347,241	. 27	369,413.
Pai	Statement of Program Service Ac Check if the organization used Sci	complishments (see the inst	tructions for Part III)	III X		Expenses
What	is the organization's primary exempt purpose? See		question in this rait	<u> </u>	(Req	uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service as	ccomplishments for each of i	ts three largest prod	ram services, as		nizations, optional
	cribe the organization's program service ar sured by expenses. In a clear and concise fitted, and other relevant information for e				for o	thers)
28	Provide a central locatio					
	<u>information promoting agr</u>	<u>icultural interest</u>	<u>s and meetin</u>	gs	ł	
	(Grants \$) If the	is amount includes foreign gi	rants chack hare	·	28 a	
29				ounty form	20 a	
23	Sponsor county officers to bureau at regional and na		seur rueit c	ouncy_tarm	ł	
	pureau ar regional and ma	cronar evencs			ł	
	(Grants \$) If the	is amount includes foreign gi	rants check here	·	29 a	
30	Sponsor county volunteers			m bureau at		
	meetings and events promo		r county rar	m_barcaa_ac	1	
	mederida and evenes brome				1	
	(Grants \$) If the	is amount includes foreign gi	rants, check here	·	30 a	
31	Other program services (describe in Sch					
	(Grants \$) If the	is amount includes foreign g	rants, check here	▶ 🗌	31 a	
32	Total program service expenses (add lin	nes 28a through 31a)		<u> </u>	32	
Pai	List of Officers, Directors,	Trustees, and Key Emp	oloyees (list each one	even if not compensated —	see the	instructions for Part IV)
	Check if the organization used Scl					
		(b) Average hours per	(c) Reportable compensa (Forms W-2/1099-MISO	tion (d) Health benefit contributions to emp	ts,	(e) Estimated amount of
	(a) Name and title	week devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans, and de compensation	ferred	other compensation
				Compensation		
See	_Schedule_0			0.	0.	0.
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BAA		TEEA0812L C	<u>J</u> 08/22/17			Form 990-EZ (2017)
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form 990-EZ (2017)	Dorchester	County	Farm	Bureau

57-0473829

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Par	46	:

33 Of the organization engage in any significant activity no Schedule 0. 34 Were any significant charge made to the organizing organization and control of the companization among the engagement of the companization and solid properties of the companization and solid properties of the companization of	Par	Other Information (Note the Schedule A and personal benefit contract statement re the instructions for Part V) Check if the organization used Schedule O to respond to an					
34 X x 35 a Det the organization sime Orbitoty or Service of Service Orbitoty or Service or Service Orbitoty	33	Did the organization engage in any significant activity not previously reported to the IRS?				Yes	+
a change to the organization same Otherwise, reginar the change on Selectable () (see instructions) 3 bit of the organization have unreleaded business gross concered 51,000 or more during the year from business activities ((such as those reported on lines 2, 6a, and 7a, among others)? bit if 'ess,' to line 53a, has the organization friest a form 990-15 or the year? If 'No,' provide an explanation an Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Speciation () Part III 35b	3/1		ameno	led documents if they reflect	33		<u> X</u>
(such as those reported on lines 2, 6a, and 7a, among others)? b) lif Yes, 10 ine 35a, has the organization field a Form 990-17 for the year? If No, 'provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization subject to section 6033(e) notice, reporting, and proxy lax requirements during the year? If Yes, complete Schedule C, Part III and approach of the series during the year? If Yes, 'complete Schedule C, Part III and of the series during the year? If Yes, 'complete Schedule C, Part III and enter the total amount moview of properties of the year? If Yes, 'complete Schedule N 36	-	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)			34		Х
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 5033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III and any and proxy tax requirements during the year? If Yes, complete specified C, Part III and any and proxy tax requirements during the year? If Yes, complete specified C, Part III and proxy and the foreign country of the segmentation for the sest stamping the year? If Yes, complete specified Part S Schedule N 36 X X 37a Expansion to the foreign country of the segmentation for the service of the segmentation of the service of the se	35 a		busine	ess activities	35 a		x
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule Q. Part III 55 Dut the organization undergo a liquidation, dissolution, resignificant, or significant disposition of net assets during the year? If Yes," complete applicable parts of Schedule N 56 X 57 a Enter amount of political expenditures, direct or indivect, as described in the instructions * 37 a	t	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	expla	nation in Schedule O	35 b		
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. Table 17 along the programment of political expenditures, direct or indirect, as described in the instructions. Table 17 along the programment of		reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	ion 60 I	033(e) notice,	35 c		X
b Did the organization file Form 112P-POL for this year? 3a Did the organization form of more and any loans to, any officer, director, trustee, or key employee or were all any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If Yes, Complete Schedule L, Part II and enter the total amount involved 38b N/A 39c Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A section 4911 ** N/A is section 4912 ** N/A is section 4915 ** 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 unity of its prior forms 90 of 90 organizations. Did the organization engage in any section 4958 excess benefit transaction unity of its prior forms 90 of 90 organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior forms 90 of 90 organizations. Plant year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior forms 90 of 90 organizations. Plant year organization organization. c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in line 40 reimbursed. c All organizations. All any time during the tax year, was the organization a party to a prohibited tax. d List the states with which a copy of this return is filed ** None Telephone no ** 803-936-4676 Located at ** 724 Knox Abbott Drive Cayce SC 20 + 4 - 29033 Yes No 42a The organizations. Telephone no ** 803-936-4676 Located at ** 724 Knox Abbott Drive Cayce SC 21 + 4 - 29033 Yes No All 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 ** See the instructions for exceptions and filing requirements for FinoEll Form 114, Report of For		disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N			36		
38a Dut the organization borrow from, or make any loans to, any officer, director, fusite, or key employee or were any such floars made in a prior year and still outstanding at the end of the tax year covered by this return? 8			37 a	0.	37 b		~~ ~~
b If Yes, 'complete Schedule L, Part II and enter the total amount involved 39 Section 501 (c)(7) organizations Enter all nutriation fees and capital contributions included on line 9 39a N/A 39b Gross receipts, included on line 9, for public use of club facilities 39b N/A 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 4911 * N/A section 4912 * N/A section 4911 * N/A section		Did the organization borrow from, or make any loans to, any officer, director, trustee, or key	emplo by the	oyee or were s return?	38 a	<u> </u>	
39 Section 501(c)(f) proganizations. 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 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dot the organization engage in any section 4958 excess benefit transaction during the year or off of the graph and a price year of the organization and 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 or office and 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 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 tax year, was the organization a party to a prohibited tax sheller transaction. Prof. 19 Yes, complete form 886-1 2 Telephone no * 803-936-4676 2 Telephone no * 803-936	t		38 b	N/A	- 3	12.	├
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 arrunder N/A section 4911 * N/A, section 4915 * N/A besction 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 and 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 cosetion 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 * O. described organizations. And the organization of the organization and the organization are sections 4912, 4955, and 4958 * O. described organizations. And the organization in the 40c reimbursed by the organizations and the section 510(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization organization and the section 510(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization organization and the organization aparty to a prohibited tax. 40 e X 1 List the states with which a capy of this return is filled * None 42 a The organizations At any time during the tax year, was the organization have an interest in or a signature or other authority ower a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 a The organization flow organization maintain any donor advised funds 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 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the aname of the foreign organization maintain any donor advised fu	39	Section 501(c)(7) organizations Enter	3030		١٠,	~ 13 C	
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 4916 * N/A, section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization are year that has not been reported on any of its pror Forms 990 or 990-E2? 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 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. 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 8861—1 Located at * 724 Knox Abbott Drive Cayce SC ZP++ 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 accountry? 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 accountry? 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 Section 501(x) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	a	Initiation fees and capital contributions included on line 9	39 a	N/A	,	3).	
section 4911 * N/A, section 4912 * N/A, section 4915 * 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 fransaction 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 miposed on organization managers or disqualitied 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 * None 22a The organizations 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 (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FioCEN Form 114, Report of Form 980-E2 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 13 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-E2 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 14 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-E2 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 15 Yes, Form 990 must be completed instead of Form 990-E2 16 Ut the organization maintain any donor advised funds during the year? If Yes,	ŀ	Gross receipts, included on line 9, for public use of club facilities	39 b				200
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 L, Part I (as 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. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866-T 1 List the states with which a copy of this return is filed None 142 a The organization's books are in case of SC Farm Bureau	40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the	year	under N/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-EZ? If "Yes," complete Schedule L., Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		section 4911 ► N/A, section 4912 ► N/A, section 495	5 >	N/A			123
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42a The organization's books are in care of > SC Farm Bureau Telephone no > 803-936-4676 Located at > 724 Knox Abbott Drive Cayce SC ZIP + 4 > 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 > 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 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 poerate 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 or Schedule O 45a Did the organization receive any payment from or enage in any transaction with a controlled entity within the meaning of section 512(b)(13)? Fig. 12 Pig. 12 Pig. 12 Pig. 12 Pig. 12 Pig. 12 Pig. 13 Pig. 13 Pig. 14 Pig. 15 Pig.		by the organization	•				
42a The organization's books are in care of > SC Farm Bureau Located at > 724 Knox Abbott Drive Cayce SC ZiP + 4 > 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)? 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 triusts 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 'Yo,' provide an explanation in Schedule O 45a Did the organization receive any payment from or enoage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' To Interest the meaning of section 512(b)(13)? If 'Yes,' To Interest the payment from or enoage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' To Interest the payment from or enoage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' To Interest the payment from or enoage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' To Interest the payment from or enoage in any transaction with a controlled entity			ed tax		40 e	2.00.00.00	X
At any time during the calendar year, did the organization have as a histerest in 0 a signature of other administration of the 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 42 b	42 a	books are in care of ► SC Farm Bureau	- -		3 <u>6-4</u>		~
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 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 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,'	t	financial account in a foreign country (such as a bank account, securities account, or other f	r auth inanci	ority over a al account)?	42 b	Yes	
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 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 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' 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,'		Tres, enter the name of the foreign country			1	(%) (%)	
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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 43	c	: At any time during the calendar year, did the organization maintain an office outside the Uni	ted St	ates?	42 c		X_
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### 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)? ### 45 a	c	: Did the organization receive any payments for indoor tanning services during the year?			44 c		
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,'	C	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			44 d	Ź.J	
	45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?					
Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b X	_ t	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	g of sec	tion 512(b)(13)? If 'Yes,'		Ui.S	

Form 990-	EZ (2017) Dorchester County F	arm Bureau		57-047	13829	P	age 4
	the organization engage, directly or indirectlidates for public office? If 'Yes,' complete		ign activities on behalf	of or in opposition to	46	Yes	No X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51. Check if the organization used Schedul	ons must answer q		·	the table	s	_
	he organization engage in lobbying activities plete Schedule C, Part II		<u> </u>		47	Yes	No
48 Is the 49a Did to b If 'Ye	48 49 a 49 b						
	plete this table for the organization's five high oyees) who each received more than \$100,00				ey 		
	(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		
<u>-</u>							
51 Com	I number of other employees paid over \$1 plete this table for the organization's five high pensation If there is the organization.	nest compensated indep	endent contractors who e	_ each received more than \$	100,000 of		
	(a) Name and business address of each independent c	ontractor	(b) Туре	e of service	(c) Compe	ensation	1
		- -					
-			:				
	I number of other independent contractors		100,000				
52 Did t	the organization complete Schedule A? No pleted Schedule A	•	·	attach a	► Yes		
Under penaltion true, correct,	es of perjury, I declare that I have examined this return, and complete peclaration of preparer other than office	r) is based on all information of	dules and statements, and to to the state of which preparer has any known	wledge	lief, it is		
Sign Here	Signature of officer Eric Seymour			Date Tax Officer			
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date		TIN		
Paid Preparer	Firm's name ▶	Non-Paid Prepa	arer	Check If self-employed			
Use Only	Firm's address ►			Firm's EIN Phone no			
May the IF	RS discuss this return with the preparer sh	own above? See instru		T. Done Ho. Error	► Yes		No
					Form 990	-LZ (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.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

e or the organization	I .	oyer identificati	
rchester County Farm Bureau	57-	<u>-0473829</u>	
Form 990-EZ, Part I, Line 8 Other Revenue			
Miscellaneous Income	Т	otal <u>\$</u>	170. 170.
Form 990-EZ, Part I, Line 16 Other Expenses			
BANK SERVICE CHARGES Conferences, Conventions, and Meetings CONTRIBUTIONS		\$	28. 7,481. 1,655.
MISCELLANEOUS EXPENSE Office Expenses STATE DUES	ጥ	otal \$	170. 216. <u>6,447.</u> 15,997.
Form 990-EZ, Part II, Line 24 Other Assets	•	<u></u>	<u> </u>
	_Begir	nning	Ending
Furniture and Fixtures INVESTMENT LLC	\$ 2 5	5,950. 8 0,478. 6,428. 8	92,539
Promote agricultural interests and to optimize the lives agriculture while being respectful to the needs and conce			
our state.			
Form 990-EZ, Part III, Line 31 Statement of Program Service Accomplishments			
			Program Service
<u>Description</u>	Gra	nts	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 promp conversations about agriculture through promotional, educational and professional events and other opportunities.	t		
	No		
Tot	al \$	0.	5 0

Name of the organization

Dorchester County Farm Bureau

57-0473829

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.
Greg Gruber President	0.3	\$ 0.	\$ 0.	\$ 0.
Doug Reeves Vice President	0.3	0.	0.	0.
Albert Judy Secretary/Treas	0.3	0.	0.	0.
Pinckney Murray State Director	0.3	0.	0.	0.
Wendell Wimberly Director	0.3	0.	0.	0.
Charles Traxler Legis. Comm Chr	0.3	0.	0.	0.
Ruth Anne O'Cain Womens Comm Chr	0.3	0.	0.	0.
Jamey Fender PR comm Chr	0.3	0.	0.	0.
Perry Chinners Director	0.3	0.	0.	0.
Roger Clark Director	0.3	0.	0.	0.
James Infinger Director	0.3	0.	0.	0.
John Pendarvis Director	0.3	0.	0.	0.
Trent Pendarvis Director	0.3	0.	0.	0.
James Fender Director	0.3	0.	0.	0.
Greg Reeves Director	0.3	0.	0.	0.
Jeff Reeves Director	0.3	0.	0.	0.

Name of the organization

Dorchester County Farm Bureau

Employer identification number
57-0473829

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.
Richard Rhode Director	0.3	\$ 0.	\$ 0.	\$ 0.
Larry Rushton Director	0.3	0.	0.	0.
William Salisbury Director	0.3	0.	0.	0.
Jeff Sweatman Director	0.3	0.	0.	0.
Jody Weathers Director	0.3	0.	0.	0.
Joe Wimberly Director	0.3	0.	0.	0.
Justin Sweatman Director	0.3	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.