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 Inspection

ΞA	For t	he 2017 calendar year, or tax year beginning , 2017, and ending	•			
Kβ_	Check	f applicable C D En	Employer identification number			
<u>ــا</u> م	Addres	s change County Farm Bureau	7-0631185			
ᄴᆜ	Name	2015 Sandifer Blvd	Telephone number			
	Initial r	Seneca SC 29678	03-936-4676			
	4	- C-				
#	₹		roup Exemption umber ► 2393			
ے نے کے ا	Acco	unting Method X Cash Accrual Other (specify) ► H Check ► X	if the organization is not			
13 6	Webs	site: N/A required to	attach Schedule B			
֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Tax-ex	tempt status (check only one) — 501(c)(3)	990-EZ, or 990-PF)			
ξK	Form	of organization X Corporation Trust Association Other				
L	Add I asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total is (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$ 67,210.			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction				
		Check if the organization used Schedule O to respond to any question in this Part I	X			
O	1	Contributions, gifts, grants, and similar amounts received	1 49,214.			
01 N 7	2	Program service revenue including government fees and contracts	2 548.			
7	3	Membership dues and assessments	3 17 100			
_	4	Investment income	4 17,192.			
9	1	Gross amount from sale of assets other than inventory 5 a				
FEB		Less cost or other basis and sales expenses 5 b	100			
<u>u</u>	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 183.			
SCANNED	1	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a				
ZE	1					
ZE	0	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum				
O E		of such gross income and contributions exceeds \$15,000) 6b				
S	C	Less direct expenses from gaming and fundraising events 6 c				
	4	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 7a				
	b	Less cost of goods sold 7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line AECEIVED	7 c			
	8	Other revenue (describe in Schedule 0)	8 73.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O)	9 67,210.			
	10		10			
	11	Benefits paid to or for members	11			
E	12	Salaries, other compensation, and employee benefits OGDEN, UT	12			
EXPENSES	13	Professional fees and other payments to independent contractors	9,860.			
	14	Occupancy, rent, utilities, and maintenance	7,498.			
E S	15	Printing, publications, postage, and shipping	15 1,276.			
·	16	Other expenses (describe in Schedule O). See Schedule O	<u>16</u> <u>32,586.</u>			
	17	Total expenses. Add lines 10 through 16	31,220.			
A NS E T T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 15,990.			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	10			
		figure reported on prior year's return)	19 277, 150.			
	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 Paperwork Peduction Act Notice see the separate instructions	21 293,140.			

Page 2

Par	Check if the organization used Sche	ructions for Part II) dule 0 to respond to any qu	estion in this Part II			X
) Beginning of year		(B) End of year
22	Cash, savings, and investments			90,839.	22	76,141.
23	Land and buildings	'C' - C-h - d-1	_	130,835.	23	130,835.
24	Other assets (describe in Schedule O)	See Schedule	e 0	55,476.	24	86,164.
25	Total assets			277,150.	25	293,140.
	Total liabilities (describe in Schedule O)			0.	26	0.
	Net assets or fund balances (line 27 of	• • •		277,150.	27	<u>293,140</u> .
	Statement of Program Service Ac Check if the organization used Sci	hedule O to respond to any o	ructions for Part III) question in this Part III			Expenses uired for section 501
What	s the organization's primary exempt purpose? See	Schedule O) and 501(c)(4) hizations, optional
meas bene	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of l e manner, describe the servic ach program title.	its three largest program ces provided, the numb	er of persons		thers)
28	Provide a central locatio					
	information promoting agr	icultural interest	s and meetings			
		is amount includes foreign g			28 a	
29	Sponsor county officers t		esent their cou	nty_farm		
	bureau at regional and na	<u>tional events. </u>				
	<u> </u>	is amount includes foreign g			29 a	
30	Sponsor county volunteers		<u>r county farm</u>	oureau at _		
	<pre>meetings and events promo</pre>	ting agriculture.				
	(Grants \$) If th	is amount includes foreign g	ronts shook horo	╌╌╌╌╌	20.	•
21	Other program services (describe in Sch				30 a	
31		is amount includes foreign q		. □	31 a	
22	Total program service expenses (add lin		iants, check here		31 a 32	
	tilV List of Officers, Directors,		November (list and one aven			unctrustions for Part IV
<u> Fai</u>	Check if the organization used Sci			ii iiot compensated — see	C 1116 1	mistractions for rate (*)
		(b) Average hours per	(c) Reportable compensation	(d) Health benefits,		
	(a) Name and title	week devoted to	(Forms W-2/1099-MISC) (If not paid, enter -0-)	contributions to employ benefit plans, and defer	red red	(e) Estimated amount of other compensation
		position	(ir not paid, enter -0-)	compensation		
	<u>Donald</u>		_			_
	esident	0.3	0.		0.	0.
	vin_Burdette				_	
	ce President	0.3	0.		0.	0.
	es_Stone, II				^	
	retary/Treas	0.3	0.		0.	0.
	rles Whiten	0.0			^	_
	te Director	0.3	0.		0.	0.
	Keese	0.0			^	_
	te Director	0.3	0.	 	0.	0.
	ry_Fowler	0.3			0.	0.
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	tin_Ables R Chr	0.3	0.		0.	0.
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BAA		TEFA0812I (18/22/17	ļ <u> </u>		Form 990-F7 (2017)

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Pai	t.V. Other Information (Note the Schedule A and personal benefit contract statement re	guiremei	nts in			<u> </u>	
	the instructions for Part V) Check if the organization used Schedule O to respond to any					\Box	
33	Did the organization engage in any significant activity not previously reported to the IRS?				Yes	No	
24	If 'Yes,' provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the	amended	documents if they reflect	33		X	
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			34		х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year from (such as those reported on lines 2, 6a, and 7a, among others)?			35 a		<u>x</u>	
	olf 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an			35 b			
(was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sect reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II	ion 6033 I	(e) notice,	35 c		<u>x</u>	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N			36		x	
	Enter amount of political expenditures, direct or indirect, as described in the instructions P Did the organization file Form 1120-POL for this year?	37 a	0.	37 b		х	
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employe	e or were eturn?	38 a		X	
ı	o If 'Yes,' complete Schedule L, Part II and enter the total	38 b	N/A				
39	amount involved Section 501(c)(7) organizations Enter	360					
	Initiation fees and capital contributions included on line 9	39 a	N/A				
	Gross receipts, included on line 9, for public use of club facilities	39 b					
	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the						
40 6	section 4911 ► N/A , section 4912 ► N/A , section 495		N/A				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an						
•	benefit transaction during the year, or did it engage in an excess benefit transaction in a pric	or year th	nat has not been		}		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I			40 b		×.a+++	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958.	- _	0.				
(Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur by the organization	sed	0.				
•	a All organizations. At any time during the tax year, was the organization a party to a prohibite	ed tax		40.0		Х	
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None			40 e	<u> </u>		
42 a The organization's books are in care of ► SC Farm Bureau Located at ► 724 Knox Abbott Drive Cayce SC Telephone no ► 803-93 ZIP + 4 ► 29033							
I	At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other f	r authorit	y over a account)?	42 b	Yes	No X	
	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 A	Accounts (F	BAR)				
	At any time during the calendar year, did the organization maintain an office outside the Uni			42 c		Х	
	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 - C	heck her	e		▶ □	N/A	
	and enter the amount of tax-exempt interest received or accrued during the tax year		► 43		Ч	N/A	
			L		Yes	No	
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ	complete	ed instead	44 a		Х	
I	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 musi instead of Form 990-EZ	t be com	pleted	44 b		Х	
	c Did the organization receive any payments for indoor tanning services during the year?			44 c		X	
(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			
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45 a		Х	
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meanin Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	ig of sectio	n 512(b)(13) [?] If 'Yes,'	45 b		X	
	TEE A DE 21 DE COMPLETE UNE COMPLETE MISTE DE L'ON DE COMPLETE DE				<u> </u>	<u>ΓΑ</u> (2017)	

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							Yes	No		
46	Did the organization engage, directly or indirect candidates for public office? If 'Yes,' complete	ctly, in political campa Schedule C, Part I	iign activities on be	half of or in o	pposition to	46	163	X		
Part	VI Section 501(c)(3) organizations	only			_					
<u> </u>	All section 501(c)(3) organization for lines 50 and 51.	ons must answer o	questions 47-49	b and 52, a	nd complete	the table	es			
	Check if the organization used Schedul	e O to respond to any	question in this Pa	art VI						
		. 501#			2 14 12/ 1		Yes	No		
47 Did 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										
	Is the organization a school as described in se					48				
	Did the organization make any transfers to an		e related organizati	ion /		49 a				
	If 'Yes,' was the related organization a section Complete this table for the organization's five high		ovees (other than of	ficers directors	trustees and k	49 b				
טכ	employees) who each received more than \$100,0	00 of compensation from	n the organization. If	f there is none,	enter 'None '	Су				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable comper (Forms W-2/1099-MI	(d) H nsation contribu ISC) benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Estimated amount of other compensation				
	Total number of other employees paid over \$1	00.000				<u> </u>				
	Complete this table for the organization's five high		nendent contractors y	who each recei	ved more than ¶	100 000 of				
31	compensation from the organization. If there is	s none, enter 'None '	Jendeni comi actors t	WIO COCITICOCI	vea more than q	7,00,000 01				
(a) Name and business address of each independent contractor (b) Type of service						(c) Com	(c) Compensation			
										
			-							
								_		
			_							
			_							
			-							
	Total number of other independent contractors	cosch recovung over	\$100,000			<u>l</u>				
52	Did the organization complete Schedule A? No completed Schedule A	-	•	nust attach a		Ye:	· [No		
Under r	penalties of periury. I declare that I have examined this return	, including accompanying sch	edules and statements, a	and to the best of n	ny knowledge and b	elief, it is				
true, co	rrect, and complete Deplaration of preparer (ather than office		or which preparer has an	iy kilowledge	11/15/18					
Sian				Date	11/10/110					
Sign Here	Eric Seymour Type or print name and title			Tax_(Officer					
	Print/Type preparer's name	Preparer's signature	Date		1 1888 1 1	PTIN				
	Check □ If Non-Paid Preparer seff-employed									
Paid	Turn Turn Turn Turn Turn Turn Turn Turn						<u></u>			
Prepa Use (Firm's EIN					
-550					Phone no					
May t	he IRS discuss this return with the preparer sh	nown above? See inst	ructions		,	► Ye	5	No		
						Form 9 9	0-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

OMB No. 1545-0047 2017

Open to Public Inspection

32,586.

Total \$

Department of the Treasury Internal Revenue Service

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

Employer identification number 57-0631185 Oconee County Farm Bureau Form 990-EZ, Part I, Line 8 Other Revenue Miscellaneous Income Total Form 990-EZ, Part I, Line 16 Other Expenses 426. \$ BANK SERVICE CHARGES Conferences, Conventions, and Meetings 13,435. 3,900. CONTRIBUTIONS MINOR PURCHASE 920. MISCELLANEOUS EXPENSE 6,168. 303. Office Expenses 7,434. STATE DUES

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

Ending <u>Beginning</u> _ \$ 30,239. \$ 30,239. Furniture and Fixtures 55,925. INVESTMENT LLC 25,237. 55,476. Total \$ 86,164.

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**

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:

Work through organization's volunteers (members) to prompt conversations about agriculture through promotional, educational and professional events and other opportunities.

Includes Foreign Grants: No

> 0. Total \$

No