OMB No 1545 0047 2018

۱
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 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 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Degr	Deartment of the Treasury Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public									
			year, or tax year begin		, and ending			********** <u>***************************</u>		
-4=		applicable C	<u> </u>			D Er	nployer iden	tification number		
S	Add	dress change FI	5	7-0343	3186					
7	•	me change PC	BOX 12320				elephone nun			
2	Z ∏initi	return FI	ORENCE, SC 295	0,4		Ι ε	803-936	5-4676		
	Final	I return/terminated								
Amended return G Gross receipts \$ 12										
n.	App	olication pending F	Name and address of principa	officer Sterling Sadler	Н	(a) Is this a group	return for su			
7	္	Sa	me As C Above	beering badier	H	(b) Are all subord If "No," attach	nates include	ed? Yes No		
1			501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)(1) oi	527	7	a 1131 (500 II	nstructions)		
J	Web	site: N/A			H	(c) Group exempt	on number I	2393		
K	Form o	of organization X	Corporation Trust	Association Other ► L	Year of formation	1953	M State of	legal domicile SC		
Pa		Summary								
	1 E	Briefly describe t	he organization's missi	ion or most significant activities Pro	omote ag	ricultura	l inte	rests and to		
ě				ose involved in agricul		<u>le being</u>	respe	ctful to the		
au	3	<u>needs_and_</u>	concerns of al	l citizens in our state	<u></u>		- 			
Ē		5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.								
હુ				n discontinued its operations or disp rning body (Part VI, line 1a)	osea or more	e than 25% of	Its net as	16		
∞			, -	s of the governing body (Part VI, line	1b)		4	16		
ties			_	n calendar year 2018 (Part V, line 2a			5	0		
Activities & Governance	1		volunteers (estimate if	-			6	45		
Ą	1			Part VIII, column (C), line 12			7a	40.		
	b	Net unrelated bu	siness taxable income	from Form 990-T, line 38			7b	0.		
	8 0	Contributions and	d grants (Part VIII, line	16)		Prior Y		Current Year		
ë	1		revenue (Part VIII, line	· ————	/FD	10	4,486. 360.	81,282. 1,270.		
Revenue		-	ne (Part VIII, column (A			 	300. 1,994.	3,113.		
ģ					့္က ဗြ		8,425.	33,434.		
_										
_	12 T	Total revenue –	add lines 8 through 11	nes 5, 6d, 8c, 9c			5,265.	119,099.		
_				(must equal Par [XIII, column (A), II X, column (A), Ilnes 1-3)	2019 ₂ 38					
_	13 (Grants and simila	ar amounts paid (Part I		<u></u>			119,099.		
	13 C	Grants and similar Benefits paid to d	ar amounts paid (Part I) or for members (Part I)	X, column (A), lines 1-3)	UT			119,099.		
	13 C 14 E 15 S	Grants and simila Benefits paid to o Balaries, other co	ar amounts paid (Part I) or for members (Part I)	X, column (A), lines 1-3) K, column (A), lines 4) OGDEN e benefits (Part IX, column (A), lines	UT			119,099.		
	13 (14 E 15 S 16a F	Grants and simili Benefits paid to o Salaries, other co Professional fund	ar amounts paid (Part l or for members (Part l) ompensation, employed	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN e benefits (Part IX, column (A), lines column (A), lines 11e)	UT			119,099.		
Expenses	13 C 14 E 15 S 16a F	Grants and similing and similing and to obtain the Grand and and and and and and and and and	ar amounts paid (Part l or for members (Part l) ompensation, employed draising fees (Part IX, c	X, column (A), lines 1-3) X, column (A), lines 4) OGDEN Be benefits (Part IX, column (A), lines Column (A), line 11e) Blumn (D), line 25)	UT	13	5,265.	119,099. 2,000.		
	13 (14 E 15 S 16a F b T	Grants and similing and similing and to obtain the Calaries, other confessional fund and fotal fundraising other expenses of the confession and similar and simila	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, col expenses (Part IX, col (Part IX, column (A), lii	X, column (A), lines 1-3) X, column (A), lines 4) OGDEN Be benefits (Part IX, column (A), lines Column (A), line 11e) Blumn (D), line 25)	UT	13	5, 265. 5, 495.	119,099. 2,000. 92,659.		
	13 C 14 E 15 S 16a F b T 17 C 18 T	Grants and similar paid to of Salaries, other confessional fundraising Other expenses of Total expenses of the	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, col expenses (Part IX, col (Part IX, column (A), lii	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25)	UT	8.	5, 265. 5, 495. 5, 495.	92,659. 94,659.		
Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Grants and similar paid to of Salaries, other confessional fundraising Other expenses of Total expenses of the	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colex (Part IX, colex IX, column (A), lii Add lines 13-17 (must in fact IX)	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25)	UT	8.	5, 265. 5, 495. 5, 495. 9, 770.	119,099. 2,000. 92,659.		
Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Grants and similar paid to a Salaries, other confessional fundations of the confessional fundations of the confession of	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses 13-17 (must openses Subtract line 1 or X, line 16)	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25)	UT	13 8 8 8 Beginning of Ci	5, 265. 5, 495. 5, 495. 9, 770.	92,659. 94,659. 24,440.		
Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Grants and similar paid to a Salaries, other confessional fundations of the confessional fundations of the confession of	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses 13-17 (must openses Subtract line 1 or X, line 16)	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25)	UT	13 8 8 8 Beginning of Ci	5, 265. 5, 495. 5, 495. 9, 770.	92,659. 94,659. 24,440.		
	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Grants and similar paid to of Salaries, other confessional fundraising Other expenses of Total expenses of Revenue less expenses (Par Total liabilities (Par Tot	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses 13-17 (must openses Subtract line 1 or X, line 16)	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12	UT	81 81 82 41 Beginning of Ct	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938.		
Not Assets or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F	Grants and similar paid to of Salaries, other confessional fundraising Other expenses of Total expenses expenses expenses fotal assets (Par Total liabilities (Fundraissets or fundraissets or	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 of X, line 16) or t X, line 26) and balances Subtract II	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12	UT	81 81 82 41 Beginning of Ct	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0.	119,099. 2,000. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0.		
D. To Not Assets or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N	Grants and similar Benefits paid to of Salaries, other corofessional fundraising Other expenses of Cotal expenses of Salaries (Part of Signature Bess of perium declares of Signature Bess of perium declares (Part of Signature Bess of Part of Signature Bess of Signature Bess of Part of Signature Bess of Signa	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 of X, line 16) or t X, line 26) ad balances Subtract II Block	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN Be benefits (Part IX, column (A), lines column (A), line 11e) Iumn (D), line 25) Ines 11a-11d, 11f-24e) Inequal Part IX, column (A), line 25) 8 from line 12 Ines 21 from line 20	UT 5-10)	8. 8. 8. 8. 8. 67:	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
D. To Not Assets or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N	Grants and similar Benefits paid to of Salaries, other corofessional fundraising Other expenses of Cotal expenses of Salaries (Part of Signature Bess of perium declares of Signature Bess of perium declares (Part of Signature Bess of Part of Signature Bess of Signature Bess of Part of Signature Bess of Signa	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 of X, line 16) or t X, line 16) or t X, line 26) and balances Subtract II block ethat I have examined this returbiner than officer) is based on	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arn, including accompanying schedules and state all information of which preparer has any knowle	UT 5-10)	8. 8. 8. 8. 8. 67:	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
Not Assets or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rtill	Grants and similar Benefits paid to Grants and similar Benefits paid to Grants pa	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), III Add lines 13-17 (must openses Subtract line 1 art X, line 16) Part X, line 26) and balances Subtract II Block ethat I have examined this return than officer) is based on the state of the than officer) is based on the state of the than officer) is based on the state of	IX, column (A), lines 1-3) K, column (A), lines 4) OGDEN Be benefits (Part IX, column (A), lines column (A), line 11e) Iumn (D), line 25) Ines 11a-11d, 11f-24e) Inequal Part IX, column (A), line 25) 8 from line 12 Ines 21 from line 20	UT 5-10)	8. 8. 8. 8. 8. 67:	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
Not Assets or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Grants and similar Benefits paid to a Salaries, other confessional functional fundraising Other expenses of Cotal expenses of Cotal liabilities (Part assets or fundraising Other expenses of Salaries of Education o	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 art X, line 16) art X, line 26) and balances Subtract II block ethat I have examined this return than officer) is based on officer	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arn, including accompanying schedules and state all information of which preparer has any knowle	UT 5-10)	8. 8. 8. Beginning of Ci 67. 67.	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
Not Assets or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Grants and similar Benefits paid to a Salaries, other confessional function of the salaries of	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), III Add lines 13-17 (must openses Subtract line 1 art X, line 16) Part X, line 26) and balances Subtract II Block ethat I have examined this return than officer) is based on the state of the than officer) is based on the state of the than officer) is based on the state of	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arn, including accompanying schedules and state all information of which preparer has any knowle	UT 5-10)	8. 8. 8. Beginning of Ci 67:	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
Not Assets or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Grants and similar Benefits paid to a Salaries, other confessional function of the salaries of	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 of X, line 16) or X, line 26) and balances Subtract II of both the officer Subtract II officer Seymour	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arn, including accompanying schedules and state all information of which preparer has any knowle	UT 5-10)	88. 81. 41. Beginning of Ci. 67. 67. c best of my know	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
H S	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Grants and similar	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 of X, line 16) or X, line 26) and balances Subtract II of both the officer Subtract II officer Seymour	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arr, including accompanying schedules and state all information of which preparer has any knowled.	ments, and to the	8. 8. 8. 8. 4. Beginning of Ci 67: 67: c best of my know	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
H C C C C C C C C C C C C C C C C C C C	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Grants and similar	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 of X, line 16) or X, line 26) and balances Subtract II of both the officer Subtract II officer Seymour	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arr, including accompanying schedules and state all information of which preparer has any knowled.	ments, and to the	8. 8. 8. 8. 4. Beginning of Ci 67: 67: c best of my know	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
H Signature Balances or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Grants and similar	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 of X, line 16) or X, line 26) and balances Subtract II of both the officer Subtract II officer Seymour	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arr, including accompanying schedules and state all information of which preparer has any knowled.	ments, and to the	8. 8. 8. 8. 4. Beginning of Ci 67: 67: c best of my know	5, 265. 5, 495. 5, 495. 9, 770. urrent Year 3, 498. 0. 3, 498.	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
H Signature Balances or Expenses	13 C 14 E 15 S 16a F b T 17 C 18 T 19 F 20 T 21 T 22 N rt II	Grants and similar	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 of X, line 16) or X, line 26) and balances Subtract II of both the officer Subtract II officer Seymour	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arr, including accompanying schedules and state all information of which preparer has any knowled.	ments, and to the	8. 8. 8. Beginning of Ci 67. 67. be best of my know Date Tax Offi Check self em	5, 265. 5, 495. 5, 495. 9, 770. Jurrent Year 3, 498. 0. 3, 498. dedge and be cer	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		
H H Sport And Balances Expenses	13 C 14 E 15 S 16a F 17 C 18 T 19 F 20 T 21 T 22 N irtill arrependite Dec	Grants and similar	ar amounts paid (Part I) or for members (Part I) ompensation, employed draising fees (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, colexpenses (Part IX, column (A), line Add lines 13-17 (must openses Subtract line 1 at X, line 16) or t X, line 26) and balances Subtract line Block at that I have examined this return officer is based on the collection of the c	IX, column (A), line 1-3) K, column (A), line 4) OGDEN be benefits (Part IX, column (A), lines column (A), line 11e) lumn (D), line 25) nes 11a-11d, 11f-24e) equal Part IX, column (A), line 25) 8 from line 12 ne 21 from line 20 arr, including accompanying schedules and state all information of which preparer has any knowled.	ments, and to the	8. 8. 8. Beginning of Ci 67. 67. be best of my know Date Tax Offi Check self em	5, 265. 5, 495. 5, 495. 9, 770. Jurrent Year 3, 498. 0. 3, 498. dedge and be cer	119,099. 2,000. 92,659. 94,659. 24,440. End of Year 697,938. 0. 697,938.		



_	the contract of the contract o		162	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	ouvered a co
I	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d	х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŧ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	,	
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100.000 or more? If 'Yes,' complete Schedule F. Parts I and IV	141		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		_ <u>X</u>
16	foreign organization? If 'Yes,' complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u>X</u>
17	or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
	column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		_ <u>x</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		_ <u>x</u>
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		x

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a	-	X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_ <u>X</u> _
ļ	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		<u>x</u>
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		_ <u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3° If 'Yes,' complete Schedule R, Part I	33	_	<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		_X_
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	_35a		<u>X</u>
١	b If 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	_	<u>_x</u>
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			\Box
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3	W1		<u>.</u>
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
•	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
3AA	TEEA0104L 08/03/18	Form	990 (2018)

Form 990 (2018) FLORENCE COUNTY FARM BUREAU

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		
	ments, filed for the calendar year ending with or within the year covered by this return 2 a 0		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		8000
9.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year?	** yassaa ***	Х
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	+	
	a 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)?	3	_X
ı	b If 'Yes,' enter the name of the foreign country		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	r	V
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		$\frac{X}{X}$
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		_ <u>~</u>
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	1	
0.	solicit any contributions that were not tax deductible as charitable contributions?	•	_ <u>X</u> _
١	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	,	
7	Organizations that may receive deductible contributions under section 170(c).		100
•	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
ı	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		
	Form 8282?	36185.21	386.38
	d If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	+	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		
	as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Ή—Η	
	Form 1098-C? 71	1	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		EIL
۵	organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?	*************	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	+ +	
	Section 501(c)(7) organizations. Enter		
ä	Initiation fees and capital contributions included on Part VIII, line 12		
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
	Section 501(c)(12) organizations. Enter		
	Gross income from members or shareholders		
	against amounts due or received from them)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		áll
ć	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	TESK.	
ŀ	Enter the amount of reserves the organization is required to maintain by the states in		
•	which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	+ +	_ <u>X</u>
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	4	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		Х
	excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
. •	If 'Yes,' complete Form 4720, Schedule O	125	
		, (× × × 1	55.5

Form 990 (2018) FLORENCE COUNTY FARM BUREAU 57-0343186 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other See Schedule O officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 1 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a 8 b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a X 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No.' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 2 X b Other officers or key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website X Upon request Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to

BAA

the public during the tax year

See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A) Name and Title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other				
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(1) Charles Brigman	0.3									•
Director	0	X						0.	0.	0.
_(2) Johnny Cox State Director	_0.3_ 0	X						0.	0.	0.
(3) Robert Finklea	0.3		П			\Box				
Director	0	x						0.	0.	0.
(4) Rhett Bacot	0.3									
Womens Comm Chr	0] x						0.	0.	0.
(5) Phil Britton	0.3									
PR Comm Chr	0	X						0.	0.	0.
(6) Jimmy H. Bacot	0.3									- ·
<u>Director</u>	0	X				\bigsqcup		0.	0.	<u> </u>
7) M. D. Floyd	_0.3_]								
Director	0	Х						0.	0.	0.
_(8) Dickie Kirby	_0.3_	[]	ĺĺ	ĺ						
Director	0	Х						0.	0.	0.
(9) Bussy Poston	_0.3_			- 1						
Director	0	Х						0.	0.	0.
(10) Raleigh Ward	_0.3_		Ì							
Director	0	Х	\Box			\sqcup		0.	0.	0.
(11) Patrick Watson	_0.3_			ŀ		}	ł			
Director	0	Х						0.	<u> </u>	0.
(12) Howard Weaver	_0.3_					İ				
Director	0	Х		_			_	0.	0.	0.
(13) Weston Weldon	_0.3_			ļ						
Director	0	Х	\sqcup			 	_	0.	0.	0.
(14) Sterling Sadler	_0.3_							_		
President President	0			X				0.	0.	<u> </u>

Fail VIII Section A. Officers, Directors, Th		Tey		<u> </u>		C3, 6	2110	i riigilest con	ipensateu Em	pioyees (continueu)
(A) Name and title	Average hours per week (list any hours for related organiza tions below dotted line)	box	, unles	neck ss pe	more more erson direct	Highest compensated employee	an lee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) Andy Rodgers Secretary/Treas	0.3			х				0.	0	. 0.
(16) Terry Vause Vice President	0.3			х				0.	0	
(17)				^						.,
(18)		-								
(19)										
(20)				\dashv						
(21)		 1								
(22)										<u> </u>
(23)										
(24)		-								
(25)		}								
1 b Sub-total	L	_				Щ,		0.	0	. 0.
c Total from continuation sheets to Part VII, Secti	on A					•	-	0.	0	
d Total (add lines 1b and 1c)						1	-	0.	0	
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	isted	abov	e) w	vho	receiv	ed	more than \$100,00	0 of reportable con	npensation
 on line 1a? If 'Yes,' complete Schedule J for suc. For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual 	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for									
5 Did any person listed on line 1a receive or accrument for services rendered to the organization? If 'Yes	e compen , ' comple	satio te Sc	n froi hedu	m a ile .	iny J foi	unrela r <i>such</i>	ated 1 pe	d organization or i erson	ndıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization Report compen	sated inde	epend the ca	dent d	con ar v	trac ear	tors t	hat ig w	received more th	an \$100,000 of	-
(A) Name and business addi								(B) Description o		(C) Compensation
				_			1			
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ted to	thos	se lu	sted	abov	l 'e) v	who received more	than	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII							
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b 81 c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e	.,282.					
	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f		81,282.				
Program Service Revenue	2a Contribution-Award b Activities Income c	s Code	1,230. 40.	1,230.	40.		
Program Sei	f All other program service revenue g Total. Add lines 2a-2f		1,270.				
	 Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond prod Royalties 	•	2,589.			2,589.	
	(i) Real (ii) Per (ii) Per (ii) Per (iii) Per	ersonal					
!	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis	Other	31,820.			31,820.	
	and sales expenses c Gain or (loss) d Net gain or (loss)	74	524.	Nak ta	N in a second	<u>524.</u>	
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a		4 4 2 3 1 4 4 4 4 5 1				
Othe	b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a	-					
	b Less direct expenses c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue Business 11 a	Code	1,614.	1,614.			
	d All other revenue e Total. Add lines 11a-11d	•	1,614.				
	12 Total revenue. See instructions		119,099.	2,844.	40.	34,933.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a	response of note to an			<u>, , , , , , , , , , , , , , , , , , , </u>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,000.	2,000.		Allendar (State State St
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			
11	Fees for services (non-employees)			-	
	Management	21,119.		21,119.	
	Legal	21,113.			
	Accounting				
	Lobbying	-		_	
	Professional fundraising services See Part IV, line 17		2.2 m 2 2 3 4 2 8 2 1		
	Investment management fees	<u></u>	2 ************	28. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
	Office expenses	123.		123.	
	Information technology	123.		123.	
	Royalties				
	Occupancy	22,629.	22,629.		
17	Travel	2,011.	2,011.		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,011.	2,011.		
19 20	Conferences, conventions, and meetings Interest	22,302.	22,302.		
21	Payments to affiliates	 			
22	Depreciation, depletion, and amortization				
	Insurance	479.		479.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		元 大学 4 正常主言		
а	STATE_DUES	15,141.	15,141.		
	OTHER CONTRIBUTIONS	4,135.	4,135.		
	Postage and Shipping	4,100.		4,100.	
	MISCELLANEOUS EXPENSE	620.	620.		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	94,659.	68,838.	25,821.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
~ ~ ~					E 000 (0010)

	Check if Schedule O contains a response or note to any line in this Part X									
					(A) Beginning of year		(B) End of year			
	1	Cash — non-interest-bearing.			-1.	1	-1.			
	2	Savings and temporary cash investments	123,330.	2	140,657.					
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net		4						
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	rs, directors, ees. Complete		5	LANGE PAR Y				
	6	Loans and other receivables from other disqualified presection 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete	3)(B), (9) vol	and contributing luntary employees'		6				
2	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
As	9	Prepaid expenses and deferred charges				9				
	10-	Land buildings and agripment aget or other hand								
	iva	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	451,900.						
	b	Less accumulated depreciation	10 b	.30=,700=,	447,900.	10 c	451,900.			
	11	Investments – publicly traded securities				11				
	12	Investments – other securities See Part IV, line 11				12				
	13	Investments - program-related See Part IV, line 11				13				
	14	Intangible assets				14				
	15	Other assets See Part IV, line 11		102,269.	15	105,382.				
	16	Total assets. Add lines 1 through 15 (must equal line	34)		673,498.	16	697,938.			
\neg	17	Accounts payable and accrued expenses		17						
	18	Grants payable				18				
	19	Deferred revenue				19				
	20	Tax-exempt bond liabilities				20				
es	21	Escrow or custodial account liability Complete Part I	V of S	chedule D		21				
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, dır I dısqu	ectors, trustees, valified persons		22				
_	23	Secured mortgages and notes payable to unrelated th	ırd pa	rties		23				
	24	Unsecured notes and loans payable to unrelated third	partie	es .		24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	er liabilities (including federal income tax, payables to related third parties, other liabilities not included on lines 17-24). Complete Part X of Schedule D.							
	26	Total liabilities. Add lines 17 through 25			0.	26	0.			
Se Se		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re >	and complete						
an	27	Unrestricted net assets				27				
Bal	28	Temporarily restricted net assets				28				
힏	29	Permanently restricted net assets				29				
Net Assets or Fund Balances	. '	Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	eck h	ere ► X						
3	30	Capital stock or trust principal, or current funds		30						
8	.31	Paid-in or capital surplus, or land, building, or equipm	ent fu	nd		31				
As	32	Retained earnings, endowment, accumulated income,	or oth	ner funds	673,498.	32	697,938.			
ē	3,3	Total net assets or fund balances			673,498.	33	697,938.			
	34	Total liabilities and net assets/fund balances			673,498.	34	697,938.			

For	m 990 (2018) FLORENCE COUNTY FARM BUREAU	57-0343186	Pa	age 12
Pa	rt XI Reconciliation of Net Assets	<u></u>		
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	119,0	099.
2	Total expenses (must equal Part IX, column (A), line 25)	2		659.
3	Revenue less expenses Subtract line 2 from line 1	3		440.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	673,4	
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	697,9	
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	iewed on a		
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both Separate basis Both consolidated and separate basis	parate		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?		3 a	Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits _	d audit	3 Ь	

TEEA0112L 08/03/18

BAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Nam	e of the organization	Employer identification number						
	FLORENCE COUNTY FARM BUREAU	57-0343186						
Pa	Organizations Maintaining Dono Complete if the organization answers	r Advised Funds or Other Similar Fund wered 'Yes' on Form 990, Part IV, line 6	s or Accounts.					
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	4 Aggregate value at end of year							
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No							
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant funds of the donor or donor advisor, or for any other pu	can be used only urpose conferring Yes No					
Pä	Conservation Easements. Complete if the organization answers	wered 'Yes' on Form 990, Part IV, line 7						
1	Purpose(s) of conservation easements held by	the organization (check all that apply)						
	Preservation of land for public use (e g , r		a historically important land area					
	Protection of natural habitat	Preservation of a	a certified historic structure					
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the form	of a conservation easement on the					
	last day of the tax year		Held at the End of the Tax Year					
	a Total number of conservation easements		2 a					
	b Total acreage restricted by conservation easer	nents	2 b					
	c Number of conservation easements on a certif	ied historic structure included in (a)	2 c					
	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and not on a historic	2 d					
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or terminated by the	organization during the					
4	Number of states where property subject to conse	rvation easement is located •						
5	Does the organization have a written policy reand enforcement of the conservation easemen	garding the periodic monitoring, inspection, handlits it holds?	ing of violations, Yes No					
6	Staff and volunteer hours devoted to monitoring, i	nspecting, handling of violations, and enforcing consi	ervation easements during the year					
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing conservat	ion easements during the year					
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of section	on 170(h)(4)(B)(i) Yes No					
9		conservation easements in its revenue and expense of the organization's financial statements that design the organization of the conservation of t						
Pa	Organizations Maintaining Collection Complete of the organization answers	ctions of Art, Historical Treasures, or Overed 'Yes' on Form 990, Part IV, line 8	ther Similar Assets.					
1:		SFAS 116 (ASC 958), not to report in its revenue id for public exhibition, education, or research in furth cial statements that describes these items						
l	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue star public exhibition, education, or research in furtheral	atement and balance sheet works of art, nee of public service, provide the					
	(i) Revenue included on Form 990, Part VIII,	line 1	^ \$					
	(ii) Assets included in Form 990, Part X		▶\$					
2	If the organization received or held works of art, h amounts required to be reported under SFAS 1	istorical treasures, or other similar assets for financia 16 (ASC 958) relating to these items						
	Revenue included on Form 990, Part VIII, line	1	► \$					

b Assets included in Form 990, Part X

The percentages on lines 2a, 2b, and 2c should equal 100%

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		32,306.		32,306.
b Buildings		210,061.		210,061.
c Leasehold improvements		135,951.		135,951.
d Equipment				
e Other		73,582.		73,582.
Total. Add lines 1a through 1e (Column (d)	451,900.			

BAA

Schedule D (Form 990) 2018

BAA

Part VIII Investments — Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-or	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	·		
(C)			
(D)			
(E)			
(F) (G)			
(H)			
(I)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			
		N/A	<u> </u>
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990), Part IV, line 11c. See Form 9	90, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)	·		·····
(8)			
(9)			
(10)			<u> </u>
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			
Part IX Other Assets.	1) / a a l	Don't IV June 11 d Con Forms Of	<u>-</u>
Complete if the organization answered	res on Form 990	r, Part IV, line 11d. See Form 9	(b) Book value
(1) INVESTMENT LLC	сприоп		105, 382.
(2)	 -		
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(6)			
(6) (7) (8)			
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B)) line 15)	P	105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities.			105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo			105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4)	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	rm 990, Part IV, line 11		105,382.
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25.	

Schedule B (1 Sitt 356) 2016 PLOKENCE COUNTY PARTY BOKEAU		7/ 0242100	1 age 4
Part XI Reconciliation of Revenue per Audited Financial Stat	tements With Revenu	ue per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a	а.	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	- 1 -	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12)	5	
Rart XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a	a.	
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	10)	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne IX)	5	
Part XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2018

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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

FLORENCE COUNTY FARM BUREAU

Employer identification number 57-0343186

Form 990, Part III, Line 4d - Other Program Services Description

Fund and engage organization's volunteers (members) to promote agricultural and consumer education through various state and local agricultural literacy programs.

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

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Directors

Family Relationships:-

Rhett Bacot; Jimmy H. Bacot

Form 990, Part VI, Line 11b - Form 990 Review Process

There is no current policy for the organization to review the Form 990.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public.