Net Assets

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

49233408428

2018

► Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection ENVELOPE Postmark date NOV 1 5 201 For the 2018 calendar year, or tax year beginning , 2018, and ending Check if applicable D Employer identification number Address change Fairfield County Farm Bureau 57-0538751 Name change PO Box 537 Telephone number Initial return Winnsboro, SC 29180 803-936-4676 Final return/terminated Amended return Group Exemption Application pending Number 2393 9 X Cash Accounting Method Accrual Other (specify) > Check ► X if the organization is not required to attach Schedule B Website: ► N/A (Form 990, 990-EZ, or 990-PF). 501(c)(3) X 501(c) (5 4947(a)(1) or Tax-exempt status (check only one)) ∢(insert no) X Corporation Other Trust Association Form of organization. Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 29,674. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 494 2 2 Program service revenue including government fees and contracts 750 3 3 Membership dues and assessments 4 Investment income 4 9,178. 5 a Gross amount from sale of assets other than inventory а b Less cost or other basis and sales expenses 5 b 5 c 158. c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events

6a

6 b

6с

ဖ

8

of contributions

See Schedule O

Revenue of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

b Gross income from fundraising events (not including \$

a Gross income from gaming (attach Schedule G if greater than \$15,000)

from fundraising events reported on line 1) (attach Schedule G if the sum

10 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members 11

Salaries, other compensation, and employee benefits 12

Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O). Total expenses. Add lines 10 through 16 17

Excess or (deficit) for the year (Subtract line 17 from line 9)

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) See Schedule O

20 Other changes in net assets or fund balances (explain in Schedule O). Net assets or fund balances at end of year Combine lines 18 through 20

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

9 29,674. 10 11 12 13 3,326. 14

6 d

7 c

8

4,751. 15 567. 16 17,174. 17 25,818. 18 3,856.

19 126,940. 20 -12,259.21 118,537.

Form 990-EZ (2018)

94

Page	2

J

Pai	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
			Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		X
35 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	 		
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		<u>X</u>
ı	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	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 Schedule C, Part III	35 c		X
	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		<u>X</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Χ
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A	(0)		
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9			
_	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	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 4912 N/A, section 4955 N/A			
ı	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		23.00	
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		
•	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
•	All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 -	12.32	X
41	shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed None	40 e		
	a The organization's books are in care of ► SC Farm Bureau Located at ► 724 Knox Abbott Drive Cayce SC ZIP + 4 ► 29033	36-4	676 Yes	 No
1	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 •	42 b	162	X
•	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) and time during the calendar year, did the organization maintain an office outside the United States?	42 c		X
	If 'Yes,' enter the name of the foreign country		. \Box	NI / 3
	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	G0707700000	Yes	N/A N/A No
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	44 a		X
	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	44 b	241	X
(c Did the organization receive any payments for indoor tanning services during the year?	44 c	3 12 14 14 14	X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' <i>provide an explanation in Schedule O</i>	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	1,00000 2	X
	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 b	Maria da	X

All section 501 (c)(3) organizations must answer question in this Part VI Check if the organization used Schedule O to respond to any question in this Part VI 27 Did the organization organization used Schedule O to respond to any question in this Part VI 28 Is the organization organization as exception (10(a)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)(i)								Yes	No
Park Mill All section 501 (c)(3) organizations Only All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47. Did the consideration engage in lobbying activities or have a section 501(b) election in effect during the tax year? If 'Yes', complete Schedule C, Part II 48. Is the organization a school as described in section 170(b)(1)(4)(b)? If 'Yes', complete Schedule E 49. Did theys, was the related organization as each or 32 organization? 9. If Yes, was the related organization she have a section 52 organization? 9. If Yes, was the related organization she have a section 52 organization? 9. If Yes, was the related organization of the stable for the organization is the part of the part of the section of the stable for the organization is the part of the part of the section of the secti					gn activities on behalf o	f or in opposition to	46	2000	v
Check if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization agage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes, complete Schedule C. Part II 8 Is the organization as chool as described in section 170(h)(1)(A)(n)? If "Yes," complete Schedule E 9 In "Yes," was the related organization a section 527 organization? 9 In If Yes, was the related organization as section 527 organization? 9 In If Yes, was the related organization as section 527 organization? 9 Occupited this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and title of each employee (b) Name and title of each employee (c) Name and title of each employee and over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees and over \$100,000 1 Total number of other employees and over \$100,000 1 Total number of other employees and over \$100,000 1 Total number of other employees and over \$100,000 2 Occupients that table for the organization is fine highest compensated independent contractors who each received more than \$100,000 of compensation from the organization for the organization for the organization of the organization for the organization of the organization for the organization for the organization of the organization organiza			Section 501(c)(3) Organizations All section 501(c)(3) organization	s Only	uestions 47-49b and	d 52, and complete	1	es	
27 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 48 49 47 48 48 49 49 48 49			for lines 50 and 51.	·		·			
47 different processions of the organization as designed in section 170(b)(t)(A)(n)? If Yes, complete Schedule C, Part II 48 Is the organization as activated in section 170(b)(t)(A)(n)? If Yes, complete Schedule E 49 different programmation make any transfers to an exempt non-charitable related organization? 50 Different procession as activated in section 127 organization? 50 Complete that sable for the organization is section 127 organization? 60 Perpendent procession as activated and procession of the organization of the programmation of the progr			Check if the organization used Schedul	e O to respond to any	question in this Part VI			Yes	No
Is the organization a school as described in section 170(b)(1)A(vi)(a) if Yes, complete Schedule E 48 49 a Unit the organization asked any transfers to an exempt non-charitable related organization? 49 a Unit in 170 a				or have a section 501(h)) election in effect during t	the tax year? If 'Yes,'	47	103	110
49a bif Yes, was the related organization a section 527 organization? 50 Complete this table for the organization is section 527 organization? 51 Complete this table for the organization is section 527 organization from the organization is the organization in the related organization from the organization from the organization from the organization is the organization from the organization from the organization organization from the organization organization organization from the organization			· · · · · · · · · · · · · · · · · · ·	ection 170(b)(1)(A)(ii)?	If 'Yes.' complete Scheo	dule E	<u> </u>		
Complete this table for the organization's five highest compensated employees (other than officers, directors, tistless, and key employees) who each received more than \$10,000 of compensation from the organization if there is none, enter Nine (A) Name and talte of each employee (a) Name and talte of each employee (b) Average hours per week devoted by peculiar compensation benefit gains, and deferred compensation from the organization of the peculiar per week devoted by peculiar than 100,000 of compensation from the organization if there is none, enter None: (a) Name and business address of each independent contractor who each received more than \$100,000 of compensation from the organization if there is none, enter None: (a) Name and business address of each independent contractor who each received more than \$100,000 of compensation from the organization of the their is none, enter None: (a) Name and business address of each independent contractor (b) Type of service (c) Compensation from the organization of the term of the peculiar is none; enter None: (b) Type of service is none; enter None: (c) Compensation from the organization of the term of the response of the None: (d) Name and business address of each independent contractor who each received more than \$100,000 of compensation from the organization of the term of the response of the None: (d) Type of service is none; (e) Type of service is none; enter None: (e) Type of service is none; (e) Type of service is none; (e) Type of service is none; (e) Type							49 a		
### Total number of other employees paid over \$100.000 of compensation from the organization of the position of the properties of the organization of the properties of the organization o									<u> </u>
(a) Name and title of each employee (b) Average hours per long to perfect of the compensation of Gome W-2/1099-MISC) (c) Reportable compensation of Compensation of Gome W-2/1099-MISC) (d) Estimated amount of other compensation of the compensat	50 (Comple employ	ete this table for the organization's five high yees) who each received more than \$100,00	nest compensated emplo 00 of compensation from	oyees (other than officers, of the organization off there	is none, enter 'None'	ey		
Complete this table for the organization if there is none, enter None (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Name and business address of each independent contractor (e) Type of service (c) Compensation (e) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A solution in the best of my knowledge and belief, it is not the best of my knowledge and belief, it is not contractor and complete Schedule A First Seymour Type or print name and title Print/Type or print name and title Print/Type or print name and title Prints name Preparer's signature Non-Paid Preparer Firm's address Prints addre				(b) Average hours per week devoted	(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A complete Schedule A completed Schedule A complete Schedule									
Complete this table for the organization if there is none, enter None (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Name and business address of each independent contractor (e) Type of service (c) Compensation (e) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A solution in the best of my knowledge and belief, it is not the best of my knowledge and belief, it is not contractor and complete Schedule A First Seymour Type or print name and title Print/Type or print name and title Print/Type or print name and title Prints name Preparer's signature Non-Paid Preparer Firm's address Prints addre									
Complete this table for the organization if there is none, enter None (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Name and business address of each independent contractor (e) Type of service (c) Compensation (e) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A solution in the best of my knowledge and belief, it is not the best of my knowledge and belief, it is not contractor and complete Schedule A First Seymour Type or print name and title Print/Type or print name and title Print/Type or print name and title Prints name Preparer's signature Non-Paid Preparer Firm's address Prints addre									
Complete this table for the organization if there is none, enter None (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Name and business address of each independent contractor (e) Type of service (c) Compensation (e) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A solution in the best of my knowledge and belief, it is not the best of my knowledge and belief, it is not contractor and complete Schedule A First Seymour Type or print name and title Print/Type or print name and title Print/Type or print name and title Prints name Preparer's signature Non-Paid Preparer Firm's address Prints addre								_	
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A complete Schedule A completed Schedule A complete Schedule									
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A completed Schedule A completed Schedule A completed Schedule A complete Schedule A completed Schedule A complete Schedule									
d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A lander penalties of penjury. Ideate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete Destaratory of preparer (other than officer) is based on all information of which preparer has any knowledge Signature Officer Eric Seymour Type or print name and title Print/Type preparer's name Preparer Signature Date Check in self-employed Firm's name Preparer Iself-employed Firm's saddress Prints address Prints addr	51 (Compl	ete this table for the organization's five high	nest compensated indep	endent contractors who ea	ach received more than \$	100,000 of		
Date Print/Type or print name and title Non-Paid Preparer Jac Officer Firm's name Firm's address Phone no Yes No No Yes No No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No Y		(8	a) Name and business address of each independent c	ontractor	(b) Type	of service	(c) Comp	ensatio	n
Date Print/Type or print name and title Non-Paid Preparer Jac Officer Firm's name Firm's address Phone no Yes No No Yes No No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No Y									
Date Print/Type or print name and title Non-Paid Preparer Jac Officer Firm's name Firm's address Phone no Yes No No Yes No No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No Y						<u> </u>			
Date Print/Type or print name and title Non-Paid Preparer Jac Officer Firm's name Firm's address Phone no Yes No No Yes No No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No Y									
Date Print/Type or print name and title Non-Paid Preparer Jac Officer Firm's name Firm's address Phone no Yes No No Yes No No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No Y			· 	- -					
Date Print/Type or print name and title Non-Paid Preparer Jac Officer Firm's name Firm's address Phone no Yes No No Yes No No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No Y	_			·					
Date Print/Type or print name and title Non-Paid Preparer Jac Officer Firm's name Firm's address Phone no Yes No No Yes No No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No Y				-					
Date Print/Type or print name and title Non-Paid Preparer Jac Officer Firm's name Firm's address Phone no Yes No No Yes No No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No Yes No Yes No No Yes No Y									
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete Deckaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Eric Seymour Type or print name and title Preparer's signature Preparer's name Preparer's signature Non-Paid Preparer Use Only May the IRS discuss this return with the preparer shown above? See instructions I yes No	ч.	Totalı	number of other independent contractors	s each receiving over \$	100.000				
Signature of officer Eric Seymour Tax Officer	52 (Did th	e organization complete Schedule A? N			ttach a	► Yes	, [No
Signature of officer Eric Seymour Tax Officer	Jnder p	enalties rrect, an	of perjury, I declare that I have examined this return, and complete Declaration of preparer (other than office	including accompanying sche r) is based on all information	dules and statements, and to the of which preparer has any knowledge.	e best of my knowledge and be ledge	lief, it is		
Fric Seymour Type or print name and title Print/Type preparer's name Preparer Use Only May the IRS discuss this return with the preparer shown above? See instructions Tax Officer Tax Officer Tax Officer Tax Officer Tax Officer Tax Officer Check self-employed			I free Stephen	rus 3			019		
Print/Type preparer's name Preparer's signature Non-Paid Preparer Firm's name Frim's address Frim's address Prim's address	Sign Here		Eric Seymour						
Paid Preparer Use Only May the IRS discuss this return with the preparer shown above? See instructions Check Image: Self-employed Self-employed	_			Preparer's signature	Date		TIN		
Preparer Use Only Firm's name Firm's address Firm's address Phone no Phone no Yes No	n_:::		Check if						
Use Only Firm's address Firm's address Phone no Phone no Yes No	_	rer	Firm's name ▶	1					
May the IRS discuss this return with the preparer shown above? See instructions ► Yes No			Firm's address >			777747000000			
·				2.0		Phone no			Marie
Form 990-EZ (2018	May th	ne IRS	odiscuss this return with the preparer sh	nown above? See instri	uctions		ш		ı

57-0538751

Page 4

Form 990-EZ (2018) Fairfield County Farm Bureau

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number Name of the organization 57-0538751 Fairfield County Farm Bureau Form 990-EZ, Part I, Line 8 Other Revenue Service Fees Total 94 Form 990-EZ, Part I, Line 16 Other Expenses 3,906. \$ Conferences, Conventions, and Meetings, 7,361. CONTRIBUTIONS MISCELLANEOUS EXPENSE 219. 501. Office Expenses 5,187. STATE DUES Total \$ 17,174. Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances Prior Period Adjustments Total Form 990-EZ, Part II, Line 24 Other Assets Ending Beginning 2,546. 14,805. Furniture and Fixtures 30,889. <u>31,825.</u> INVESTMENT LLC Total ₹ 45,694. 34,371.

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	<u>Expenses</u>

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

Name of the organization

Fairfield County Farm Bureau

Employer identification number 57-0538751

Form 990-EZ, Part III, Line 31 (continued) Statement of Program Service Accomplishments

Program
Service
Description Grants Expenses

opportunities.

Includes Foreign Grants: No

Total \$ 0. \$ 0.

Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Ti	tle	Average Hours Per Week Devoted	Compen- sation		Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Edward Mills President		0.3	\$	0. \$	\$ 0.	\$ 0.
Thomas Mills Vice President		0.3		0.	0.	0.
Sabie Cathcart, Jr. Secretary/Treas		0.3		0.	0.	0.
William Coleman State Director		0.3		0.	0.	0.
William Ladd Director		0.3		0.	0.	0.
Pete Gustafson Legis. Comm Chr		0.3		0.	0.	0.
Allison Coleman YF&R comm Chr		0.3		0.	0.	0.
Ashley Mills Womens Comm Chr		0.3		0.	0.	0.
James Brice, Jr. Director		0.3		0.	0.	0.
W. D. Caughman Director		0.3		0.	0.	0.
Amelia Ellison Director		0.3		0.	0.	0.
Michael Mills Director		0.3		0.	0.	0.

Name of the organization	Employer identification number
Fairfield County Farm Bureau	57-0538751

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
Robert Patrick Director	0.3	\$ 0.	\$ 0.	\$ 0.
Robert Harkins Director	0.3	0.	0.	0.
Carol C. Turner Director	0.3	0.	0.	0.
	Total	\$_0.	\$ 0.	\$ 0.