

(Rev January 2020)

Department of the Treasury Internal Revenue Service

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection 8

► 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. 2019, and ending For the 2019 calendar year, or tax year beginning D Employer identification number Check if applicable FLORENCE COUNTY FARM BUREAU 57-0343186 Address change PO BOX 12320 Telephone number Name change FLORENCE, SC 29504 Initial return 803-936-4676 Final return/terminated Amended return G Gross receipts \$ 108,939 H(a) Is this a group return for subordinates? Application pending F Name and address of principal officer James Anthony Ward H(b) Are all subordinates included?

If "No." attach a list (see instructions) Same As C Above Tax-exempt status 501(c)(3) X 501(c) ( 5 ) (insert no ) 4947(a)(1) or J Website: ► N/A H(c) Group exemption number X Corporation M State of legal domicile Form of organization Trust Association Other ► L Year of formation 1953 Part I Summary Briefly describe the organization's mission or most significant activities Promote agricultural interests and to optimize the lives of those involved in agriculture while being respectful to the Governance needs and concerns of all citizens in our state Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 81,282. 74,699. Revenue Program service revenue (Part VIII, line 2q) 1,270. 20. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,113. 2,359. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 33,434. 31,861. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 119,099. 108,939. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,000 3,000. Benefits paid to or for members (Part IX, column (A), line 4). Salaries, other compensation, employee benefits (Rant IX, scolumna(A), lines 5-10) 16a Professional fundraising fees (Part IXReolumn (A)! Sine arie) - USB b Total fundraising expenses (Part IX, column (D), line (25) ► Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
Total expenses Add lines 13-17 (must equal Part IX Column (A), line 25) 92,659 69,610. 94,659. 72,610. 19 Revenue less expenses Subtract line 18 from line 12 24.440. 36,329 End of Year Beginning of Current Year Ogden, UT Total assets (Part X, line 16). 734,267 20 697,938. Total liabilities (Part X, line 26) 21 n 0. 22 Net assets or fund balances Subtract line 21 from line 20 697,938. 734,267. Part II Signature Block Under 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 true, correct, and complete Declaration of prepa Signature of officer Sign Here Eric Seymour Tax Officer Type or print name and title Print/Type preparer's name Preparer's signature Date 図 if Check Non-Paid Preparer self employed Paid Preparer Use Only Firm's address Firm's EIN Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

	990 (2019) FLORENCE COUNTY FARM BUREAU	57-034318	36	Page 2
Par				
	Check if Schedule O contains a response or note to any line in this Part III			Х
1	Briefly describe the organization's mission:	<del></del>		
	Promote agricultural interests and to optimize the lives of thos	e_involved	<u>in</u>	
	agriculture while being respectful to the needs and concerns of	all citizer	s in o	ur
	state.	<del></del> -		
				<b>-</b>
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior		
	Form 990 or 990-EZ?		Yes X	No
	If "Yes," describe these new services on Schedule O		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X	No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	rices, as measure	d by expe	nses
	and revenue, if any, for each program service reported	is to others, the	lotai expei	1565,
4 a	(Code ) (Expenses \$ including grants of \$ ) (F	Revenue \$		)
	Provide a central location for services, the dissemination of in		romoti	na ´
	agricultural interests and meetings.	=		<u></u>
	<u> </u>	<b></b>		
		<b>-</b>		
		<del></del>		
		<b>-</b>		<b>-</b>
		<b>-</b>		
		- <b></b> -		
4 b	(Code ) (Expenses \$ including grants of \$ ) (F	Revenue \$		)
	Sponsor county officers to attend and represent their county far	m bureau at	regio	nal
	and national events.			
		- <b></b>		
		<b></b>	- <b></b>	<b>_</b>
		<b>-</b>		<b>_</b>
		<b></b>	- <b></b>	<b>_</b>
4 c	(Code) (Expenses \$ including grants of \$) (F	Revenue \$		)
	Sponsor county volunteers to represent their county farm bureau	<u>at meetings</u>	and _	
	events promoting agriculture.			<del>_</del>
			<del>-</del> .	
		<b>-</b>	- <b>-</b>	
		. <b></b>	<del>-</del> -	
			<b>-</b>	<b>-</b>
			<del>-</del> .	- <del></del> -
		<b>-</b>	- <b></b>	
			<b></b> -	
		<del></del>		
4 d	Other program services (Describe on Schedule O)  See Schedule O		_	
	(Expenses \$ including grants of \$ ) (Revenue \$		)	
4 e	Total program service expenses ► 0.			



## Partily Checklist of Required Schedules

<u> </u>	ATOM OTTOGRANDE CONTRACTOR		Yes	No
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	,,,,	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		<u>x</u>
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		Х
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		Х
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		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	or X as applicable			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b 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		<u> </u>
	c 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		X
	d 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_
	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 Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
I	b 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	12b		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		X
ı	b 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	14b		Х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), 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		X
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		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
Ł	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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
_				(0010)

Form 990 (2019) FLORENCE COUNTY FARM BUREAU

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		Х
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		х
ı	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	:	
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
ı	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		_x_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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)			
ā	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
ď	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
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		X
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		X_
34	and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
t	olf '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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u> </u>
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		_ X
_	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	-	\	ᄔ
1 -	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1 b  0		I	
	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
`	(gambling) winnings to prize winners?	1 c	Х	
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Form 990 (2019) FLORENCE COUNTY FARM BUREAU

Part V

Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a 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	0		100
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	sencitato	sn.exet.ctd
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) <b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		200	X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O	3 a 3 b		
	36		_
4 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)?	4 a		Х
b if 'Yes,' enter the name of the foreign country▶			- 3個
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	ation 6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Б		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		S. P. C.	244
services provided to the payor?	7 a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	76		
Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	19/4K S	10 mm maly 10 mm maly	YEY
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		N. B.	<b>"你</b> 主题
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			湖南湖
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		1-1-2
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11. Section 501(a)(12) approximations. Enter			
11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders   11a			ŽŽ.
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them)		G.i	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	1000
a Is the organization licensed to issue qualified health plans in more than one state?	13a	5 ab 1 1 1 1	VCS/42M
Note: See the instructions for additional information the organization must report on Schedule O			
b 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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b	]	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
excess parachute payment(s) during the year?  If 'Yes,' see instructions and file Form 4720, Schedule N	13 \$23.2		^
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ाकर <u>क</u> सुंस्कृत	X
If 'Yes,' complete Form 4720, Schedule O	HE S	MERGICA SELCATOR	HA TO
BAA TEEA0105L 07/31/19	Form	990 (	2019)

Form 990 (2019) FLORENCE COUNTY FARM BUREAU 57-0343186 Page 6 Rant VIS 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 1 b 15 b Enter the number of voting members included on line 1a, above, who are independent 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, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents χ since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a X **b** Each committee with authority to act on behalf of the governing body? 8Ь 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 on Schedule Q Х 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a  $\overline{X}$ 10a 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 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b 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 X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 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 a **b** Other officers or key employees of the organization 15b 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 16a 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 16b organization's exempt status with respect to such arrangements? **Section C. Disclosure** 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

available for public inspection indicate how you made these available. Check all that apply

Own website

Another's website

X Upon request

Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 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 SC Farm Bureau 724 Knox Abbott Drive Cayce SC 29033 803-936-4676

Form 990 (2)	019) F	LORENCE	COUNTY	FARM	BUREAU

57-0343186

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## Partivili 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

See instructions for the order in which to list the persons above

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 per	thar	one both dir	box,	unles officer truste		ion	(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							-	-	
State Director	0	X						0.	0.	0.
(2) Ronald Moore	0.3									
Director	0	Х						0.	0.	0.
(3) Andy Rodgers	0.3							:	•	
Director	0	Х				$\square$	ш	0.	0.	<u> </u>
_(4)_ Johnny Cox	0.3									
Alt. State Dir.	0	Х						0.	0.	0.
_(5)_ Terry_Vause	0.3									
Director	0	X						0.	0.	0.
_(6)_Robert_Finklea	0.3									
Director	0	X						0.	0.	0.
	0.3						1	_	_	_
Womens Comm Chr	0	X						0.	0.	<u>0.</u>
_(8) Phil Britton	0.3							_		_
PR Comm Chr	0	Х	$\sqcup$					0.	0.	0.
(9) Randy C. Cribb	0							_	_	_
Director	0	Х				$\vdash$		0.	0.	0.
(10) Dickie Kirby	0.3							_		_
Director	0	Х	$\sqcup$					0.	0.	0.
(11) Trea Gaster	0.3							_	_	_
YF&R Chair	0	Х	Ш			$\vdash$		0.	0.	0.
(12) Patrick Watson	_0.3_							_	_	_
Director	0	Х	Ш			$\sqcup$		0.	0.	0.
(13) M. D. Floyd	_0.3_							_	_	_
Secr/Treasurer	0	ļ		Х		ļ		0.	0.	0.
(14) James Anthony Ward	_0.3_							_	_	_
President	0			Х				0.	0.	0.

"pathalana" k - 1 an	(B)	T		((	<del>-) -</del> 	,			<del>                                      </del>	' (commed)
(A) Name and title	Average hours per	box	, unle	Pos check	sition more erson direct	than is bot or/trus	h an stee)	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(15) Raleigh Ward Vice President	0.3			Х				0.	0.	0.
(16)								<u> </u>		
(17)										
(18)										,
(19)	<del> </del>	-				<b>-</b>				
(20)										
(21)										
(22)										
(23)										
(24)										
(25)						_				
1 b Subtotal	<del></del>		•				<b>&gt;</b>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti	on A						<b>-</b>	0.	0.	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited from the organization ▶ 0	I to those I	sted	abov	ve) v	vho	recei	ved	0. more than \$100,000	0. O of reportable comp	0. Densation
from the organization 0										Yes No
3 Did the organization list any <b>former</b> officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, truste h ındıvıdu	e, ke <i>al</i>	y er	mplo	oyee	, or	high	nest compensated	employee	3 X
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportabler than \$1	e coi 50,00	mpe	nsa If 'Y	tion ′es, '	and con	oth <i>ple</i> :	er compensation f te Schedule J for	rom	4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen s,'comple	satio te So	n fro	om a lule	any <i>J fo</i> :	unre r suc	late h p	d organization or i erso <u>n</u>	ndıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compen	cated ind	nen	len*		ntrac	tore	the	t received more th	an \$100 000 of	
compensation from the organization Report compen	sation for	the ca	alen	dar y	/ear	endi	ng v	with or within the org	anization's tax year	<u> </u>
Name and business add	ress	_						(B) Description of	f services	(C) Compensation
				_						
Total number of independent contractors (including t \$100,000 of compensation from the organization)		ted to	tho	se li	sted	l abo	ve) v	who received more	than	

i d					a resp	onse or note to an	y line in this Part V	7IIL		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaig	ıns		1 a					
Srai		Membership dues			1 b	74,699.				
ts,	c Fundraising events									
इं इं	l	Related organizatio			1 d					
ars,		e Government grants (contributions)  f All other contributions, gifts, grants, and						<b>建建炼技</b> 。		
utio	<b>'</b>	similar amounts not incl			_1f					
ē ģ	g	Noncash contributions in	clude	ed in	1 g					
Contributions, Gifts, Grants and Other Similar Amounts	l h	lines 1a-1f Total. Add lines 1a-	-1f		' 9		74,699.			A4 14 1
<u> </u>	<u> </u>	701077100 111100 110			1	Business Code		STATE OF STA		
죑	2 a	Activities I	Inc	ome	Ī		20.		20.	
æ		Contribution								
<u>X</u> :	С									
38	d									
E	e				<u>-</u>					
Program Service Revenue	֡֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֓֡֓֓֡֓֡	All other program s  Total. Add lines 2a-		ce revenu	e [		. 20.	(%).j85.ja5/4542.00%.y5		
Щ.				dina divide	ande ii	nterest and	, 20.			
	3 Investment income (including dividends, interest, and other similar amounts)						3,432.		_	_3,432.
	4	Income from invest	men	t of tax-e	xempt	bond proceeds				
	5	Royalties		<u>_</u>		<u> </u>	And a San Book SV eliker addition to Co.	X., 305, 58-8 b. 506-8 727-126-89, P	15-19-sh sh sh 17 shareh his old	NATIONAL DE SEA DE LE SENERAL DES
		Canan wanta	c -	(i) Re		(II) Personal				
		Gross rents Less rental expenses	6a 6b	29,	373	·				
	1	Rental income or (loss)		29	373	<del></del>				
	ı	Net rental income of			<u> </u>	•	29,373.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	29,373.
	7 a	Gross amount from		(ı) Secu	rities	(ii) Other				
		sales of assets other than inventory		<del> </del>						
	ь	Less cost or other basis				<del> </del>				
		and sales expenses	7b							
		Gain or (loss)  Net gain or (loss)	7с				1 073		2015 Marie 7625 CAPSA	-1,073.
		Gross income from fundr				<del>_</del>	-1,073.	/\$05343- <b>1</b> 17136933		-1,073.
Other Revenue	o a	(not including \$	aisini	g events						
ķ		of contributions reported	on li	ne 1c)						
æ		See Part IV, line 18			8	a				
Ë		Less direct expens			8	<u> </u>	<b>强数据证据等</b> 。		<b>建筑。从此代理</b>	
δ		Net income or (loss			ising e	events •		STATE OF THE PARTY	AND AND AND THE PROPERTY OF THE PARTY OF	
	9a	Gross income from gamin See Part IV, line 19	ng ac	tivities	9:				<b>没有的</b>	
	h	Less direct expens	es		9					
		Net income or (loss		m gamino	تا	<u> </u>	Son - Silver - Tables - Light, haster conversion South."	Section of secundary and section of	harrand interest and and an area of	SECTION ALL SO TO ANNOTAL SECULT
	10a	Gross sales of inventory.	less		`   <u></u>	T		7-5-17-07-07		
		Gross sales of inventory, returns and allowances			10.	a				
		Less cost of goods			10					
—	С	Net income or (loss	s) fro	m sales o	of inve		E SECTION CONTRACTOR OF THE CO	har mahariya bakkin sa kasila	talesmenateraminater. Ul	TERRETARY LOSS ARROWSHIELD
STC	11 2					Business Code		NEO-TOO TOO	1.4. 1.4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2,488.
<b>A 3</b>	11a b c d					<del>_</del>	2,488.			2,400.
종	c						<del></del>			<del></del>
Miscellaneous Revenue	d All other revenue									
Σ		Total. Add lines 11a	a-11	d		•	2,488.	<b>《作品》《新聞歌》</b>	<b>分别的数据</b>	<b>对都教</b> 心的 <b>证</b> 证
	12	Total revenue. See	ınst	ructions		<b>•</b>	108,939.	0.	20.	34,220.

# Form 990 (2019) FLORENCE COUNTY FARM BUREAU Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organ	izations must complete all col	lumns All other organizations	must complete column (A)

	Check if Schedule O contains a response or note to any line in this Part IX					
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	3,000.	3,000.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members			CHECK TO STREET		
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			<u> </u>		
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 (nonemployees)					
а	Management	19,934.		19,934.		
b	Legal				-	
c	Accounting					
d	Lobbying					
е	Professional fundraising services See Part IV, line 17					
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion					
13	Office expenses	2,483.		2,483.		
14	Information technology					
15	Royalties					
16	Occupancy	10,178.	10,178.			
17	Travel	2,250.	2,250.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	14,517.	14,517.			
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance	65.		65.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ).					
а	STATE_DUES	11,991.	11,991.			
b	OTHER CONTRIBUTIONS	3,596.	3,596.			
С	Postage and Shipping	3,556.	3,556.			
	MISCELLANEOUS EXPENSE	700.	700.			
е	All other expenses	340.	340.			
25	Total functional expenses Add lines 1 through 24e	72,610.	50,128.	22,482.	0.	
26	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)					

2 K.	nic.	Check if Schedule O contains a response or note to any line in this Part X			П
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	-1.	1	-1.
	2	Savings and temporary cash investments	140,657.	2	124,954.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under		is the	
		section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	A designate of the state of the	6	THE AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRE
	7	Notes and loans receivable, net		7	
Ø	8	Inventories for sale or use		8	
set	9	Prepaid expenses and deferred charges		9	
Assets		Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a 451,900.			
	h	Less accumulated depreciation 10b	451,900.	10 c	451,900.
	11	Investments – publicly traded securities	431, 900.	11	431, 900.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11	<del></del>	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	105,382.	15	157,414.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	697,938.	16	734,267.
	17	Accounts payable and accrued expenses	<u> </u>	17	<del></del> .
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Ë		controlled entity or family member of any of these persons	<del></del>	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
nces		Organizations that follow FASB ASC 958, check here			
Ĕ	~7	and complete lines 27, 28, 32, and 33.			
je j	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions	94 may 52 Aut 18 b F c t to t co	28	Process of order for the local section in the section of the secti
Net Assets or Fund Bala		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
٥	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
38	31	Retained earnings, endowment, accumulated income, or other funds	697,938.	31	734,267.
it A	32	Total net assets or fund balances	697,938.	32	734,267.
ž	33	Total liabilities and net assets/fund balances	697, 938.	33	734,267.

Forn	n 990 (2019) FLORENCE COUNTY FARM BUREAU	57-0343186	F	⊃age <b>12</b>
Pa	tiXI≝ Reconciliation of Net Assets			
	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	108	939.
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,	610.
3	Revenue less expenses Subtract line 2 from line 1	3	. 36,	329.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 -		938.
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 on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	734,	267.
Pai	★XII。Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	s No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		Jan 1997 1998	TE TEN
	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 reseparate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	viewed on a		
ŧ	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 s basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	eparate		
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 on Schedule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?		3 a	<u> x</u>
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits  TEEA0112L 01/21/20		3 b	
BAA	TECAUTIZE UTZTZU		Form <b>990</b>	. (2019)

BAA

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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.

Employer identification number

Open to Public Inspection

OMB No 1545-0047

57-0343186 FLORENCE COUNTY FARM BUREAU Rart Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No Yes impermissible private benefit? Partill Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held 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 2 a a Total number of conservation easements 2 b b Total acreage restricted by conservation easements 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partille Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items a Revenue included on Form 990, Part VIII, line 1 ▶\$ ▶\$ b Assets included in Form 990, Part X

achedule D (Form 330) 2013 FLOR	ENCE COUNTY F	ARM BURLAU		57-034	13100	Paye 2
Part III Organizations Mainta	ining Collection	s of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (continu	ued)
3 Using the organization's acquisition items (check all that apply)	n, accession, and othe	r records, check a	any of the following that r	nake significant use of its	collection	
a Public exhibition		<b>d</b> Loan	or exchange program			
<b>b</b> Scholarly research		e Other				
c Preservation for future gene	rations					
4 Provide a description of the organi. Part XIII	zation's collections an	d explain how the	y further the organization	's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather to	t <u>han to be maintaine</u>	d as part of the o	organization's collection	۱ <sup>۶</sup>	Yes	No
Part IV Escrow and Custodia	al Arrangements.  amount on Form	Complete if 990, Part X,	the organization ar line 21.	nswered 'Yes' on Fo	orm 990, Pa	rt IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian or ot	her intermediary	for contributions or oth	ner assets not included	☐ Yes [	□No
<b>b</b> If 'Yes,' explain the arrangemen	t in Part XIII and con	nplete the follow	ing table		☐ ies [	
					Amount	
c Beginning balance				1 c		-
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2a Did the organization include an a	amount on Form 990	, Part X, line 21,	for escrow or custodia	l account liability?	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIII Check	here if the explai	nation has been provide	ed on Part XIII	<u> </u>	┑
•					L	
Part V Endowment Funds. C	Complete if the or	ganization ar	nswered 'Yes' on Fo	orm 990, Part IV, III	ne 10.	
	(a) Current year	(b) Prior yea			(e) Four year	rs back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships	<u> </u>	<del> </del>			<del>                                     </del>	
Other expenditures for facilities and programs					-	
f Administrative expenses		<u> </u>			<del> </del>	
q End of year balance		-		<u> </u>		
2 Provide the estimated percentage	o of the current weer	and halance (lir	o la column (a)) hold			
'	•	enu parance (iii	ie ry, column (a)) neiu	as		
a Board designated or quasi-endown		<del></del> °				
<b>b</b> Permanent endowment ►	<del></del>					
c Term endowment	`	•••				
The percentages on lines 2a, 2b, a	na 2c snoula equal 10	0%				
3a Are there endowment funds not in	the possession of the	organization that a	are held and administered	d for the		T 84.
organization by					Yes	No_
(i) Unrelated organizations					3a(i)	<u> </u>
(ii) Related organizations					3a(ii)	ļ
<b>b</b> If 'Yes' on line 3a(ii), are the rela	•	•			3b	<u></u>
4 Describe in Part XIII the intende		ation's endowme	ent funds			
Part VI Land, Buildings, and						
Complete if the organ	ızatıon answered	'Yes' on Fori	m 990, Part IV, line	e 11a. See Form 99	0, Part X, Ii	ne 10.
Description of property		t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1 a Land			32,306.		32	,306.
<b>b</b> Buildings			210,061.			,061.
c Leasehold improvements			135,951.			, 951.
<b>d</b> Equipment					100	, , , , , .
e Other			73,582.		72	,582.
Total. Add lines 1a through 1e (Colum	n (d) must equal Fo	rm 990 Part X /				, <u>302.</u> , 900.
BAA	(a) mast equal 1 of	550, 1 010 77,	22.2 (5), 1110 100 )	Sched	ule D (Form 990	
···				Concu	(. 0, 0.0	., == : 0

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-o	of-year market value
(1) Financial derivatives			<del></del>
(2) Closely held equity interests			
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)		<u> </u>	
(H)			
(1)		Character of the state of the s	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12			
Part VIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 99	N/A 90. 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	
(1)	<u>,</u>		<del></del>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			<b></b>
(9)			
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)			
Part IX Other Assets.  Complete if the organization answered  (a) Des	'Yes' on Form 99	90, Part IV, line 11d. See Form 9	90, Part X, line 15 (b) Book value
(1) INVESTMENT LLC			157,414.
(2)			
(3)			
(4)	<del> </del>		
(6)			
(7)		<del></del>	<del></del>
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) (ine 15 )		157,414.
	<del>/</del>		
Part X Other Liabilities.		11a or 116 Con Form 000 Port V lung 2F	
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Fo.  (a) Descri		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
Complete if the organization answered 'Yes' on Fo 1. (a) Descri (1) Federal income taxes	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Fo.  (a) Descri	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Fo  1. (a) Descri  (1) Federal income taxes (2) (3) (4)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Fo  1. (a) Descri  (1) Federal income taxes  (2)  (3)  (4)  (5)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Fo  1. (a) Descri  (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Fo  1. (a) Descri (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Formal Transfer of Transf	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Formal Transfer of Teach Transfer of	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Formal Transfer (a) Description (b) Pederal income taxes (c) (c) (c) (d) (c) (c) (d) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Formal States (a) Description (b) Description (c) Description (	orm 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Complete if the organization answered 'Yes' on Form 1. (a) Description (b) (a) Description (b) (b) Description (c) Description	orm 990, Part IV, line ption of liability		(b) Book value
Complete if the organization answered 'Yes' on Formal States (2) (3) (4) (5) (6) (7) (8) (9)	prim 990, Part IV, line ption of liability		(b) Book value

Schedule D	(Form 990)	2019 FT	ORENCE.	COUNTY	FARM	BUREAU

57-0343186

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A					
Complete if the organization answered 'Yes' on Form 990, F					
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		The state of the s			
a Net unrealized gains (losses) on investments	2a				
<b>b</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		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					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
<b>b</b> Other (Describe in Part XIII )	4 b				
c Add lines 4a and 4b.		4 c			
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5			
Rart:XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A					
Complete if the organization answered 'Yes' on Form 990, F	Part IV, line 12a.				
1 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>b</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	4a				
b Other (Describe in Part XIII) c Add lines 4a and 4b	4 b	1.4.5			
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c				
Part XIII Supplemental Information.	<u>'                                      </u>				
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a, and 4.	Part IV lines 1h and 2h: Da	rt \/			

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 O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

OMB No 1545 0047

Open to Public / Inspection

Name of the organization

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.