Form **990**

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)

▶ 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.

OMB No 1545-0047

Open to Public Inspection

Α	For the	2017 calen	dar year, or tax year begin	ning , 2	2017, and ending			1			
В	Check if a	pplicable	С			D	D Employer identification number				
	Addre	ess change	Aiken County Far	m Bureau			57-0481779				
	Name	change	PO BOX 2097				E Telephone number				
	Initial	return	Aiken, SC 29802				803-936-4676				
~	\vdash	eturn/terminated					000 3 300	1070			
2018	H	ided return				ا م	Gross receipts	\$ 108,755.			
	\vdash	cation pending	F Name and address of principa	Lofficer T. 1. G		(a) Is this a grou					
5	☐ ybbiid	cation pending		Tofficer John Coons	ì	-					
7	T		Same As C Above	100762	(1) 01 [02(1)]	(b) Are all subor	a list (see ins	tructions)			
\geq	Tax-exe	mpt status	501(c)(3) X 501(c) (5) ◀ (insert no) 4947(a)()					
2	Webs	ite: N/ organization Summar riefly descriptimize eeds an	A		T	(c) Group exem					
<u>uK</u>	Form of	organization	X Corporation Trust	Association Other ►	L Year of formation	1953	M State of le	egal domicile SC			
, <u>3</u> P	art I	Summar	у	!							
ĭ≚	1 Br	riefly descri	be the organization's missi	on or most significant activities							
. 3	<u>,</u>	<u>ptimize</u>	the lives of the	ose involved in agric		<u>le beind</u>	<u>respec</u>	tful to the			
	<u>n</u>	<u>eeds_an</u>	d concerns of all	<u>citizens in our sta</u>	<u>ate</u>			- 			
	_ =				-,			- -			
Activities & Governance	2 CI	neck this bo	ox • if the organization	n discontinued its operations or	disposed of more	e than 25% o					
Q.	3 No			ning body (Part VI, line 1a) s of the governing body (Part VI,	line 1h)		3	12			
ď	5 To			ı calendar year 2017 (Part V, line		150	5	12			
: <u>-</u>	6 To		of volunteers (estimate if)	6	<u>0</u> 45			
Ę	7a To		•	Part VIII, column (C), line 12	10	The state of the s	7a	200.			
7			business taxable income				7 <u>b</u>				
	1			102	17000	7 Prior		Current Year			
	8 C	ontributions	and grants (Part VIII, line	1h)	はこれ	<u> </u>	78,546.	81,094.			
ne			rice revenue (Part VIII, line	1 - 1 - 1 - 1 - 1 - 1			404.	200.			
19 Revenue				1), lines 3, 4, and 8102 0	Z AON) (E2-653	 	5,684.	8,113.			
တ္ဆ	11 01	her revenu	e (Part VIII. column (A). lir	nes 5, 6d, 8c, 9d, 60c, and 11e)	in Mony les	 	9,181.	19,348.			
2007_ 2019				(must equal Part VIII, epitimo (4	A)=Infe-121_ 0	 	3,815.	108,755.			
· · ·				X, column (A), lines 19		`	,,,,,,,	1,000.			
<u></u>			to or for members (Part I)		-010			1,000.			
				e benefits (Part IX, column (A), I	lines 5.10)						
ANNED MAR Expenses	10- 0										
	Iba Fi		fundraising fees (Part IX, o			Selection Control	COMMUNICATION OF STREET				
	. b To		sing expenses (Part IX, col			****	10 E 9 7 1				
₩"	17 Of	ther expens	ses (Part IX, column (A), Iir	nes 11a-11d, 11f-24e)			54,025.	60,224.			
#	18 To	otal expense	es Add lines 13-17 (must e	equal Part IX, column (A), line 2	25)		54,025.	61,224.			
2	19 Re	evenue less	expenses Subtract line 1	8 from line 12			19,790.	47,531.			
CD ₅	8	<u> </u>				Beginning of		End of Year			
က်နဲ့	20 To	tal assets	(Part X, line 16)				8,612.	556,143.			
¥.	21 To	otal liabilitie	s (Part X, line 26)				0.	0.			
Se l	22 Ne	et assets or	fund balances Subtract III	ne 21 from line 20		5.0	08,612.	556,143.			
(a)		Signatur					70,012.				
						- hand of my line					
COL	ier penaities iplete Decla	or perjury, 1 de eration of pre	eclare that I have examined this retu Fer (other than officer) as based on	irn, including accompanying schedules and all information of which preparer has any ki	nowledge	e best of my kno	wiedge and beli	er, it is true, correct, and			
_			Ass Alexan	ou -		1 (1)	elix				
c:	~ m	Signatu	ire of officer			Date	31.0				
71 21	gn ere	T-4	- C			T 066					
119	51 C		C Seymour print name and title			Tax Off	icer				
_			preparer's name	Preparer's signature	Date	1	Izz I . To	PTIN			
_		i iniviype p	ACPOICE 3 HOLLIC	' -	Jaic	Chec	` E" .				
	aid			Non-Paid Preparer		self-e	mployed				
Preparer Firm's name											
U	se Only	Firm's addre	ess			Firm	s EIN 🟲 🌉				
				ess experience		Phon	ело 💮				
Ma	v the IRS	discuse th	is return with the preparer	shown above? (see instructions)	\			Yes No			

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

1 \$25

Form **990** (2017)

TEEA0113L 08/08/17

Forn	1 990 (2017) Aiken County Farm Bureau	57-04817	779	F	age 2
	tilli Statement of Program Service Accomplishments	_			
	Check if Schedule O contains a response or note to any line in this Part III				X
1	Briefly describe the organization's mission				
	Promote agricultural interests and to optimize the lives of those	_involved	<u>in</u> _		.
	agriculture while being respectful to the needs and concerns of a	<u>ll citize</u>	ns_ir	<u>ou</u>	r
	state.				
	Did the expensely a undertake any experience process drawn the year which were not listed on the pro-				
2	Did the organization undertake any significant program services during the year which were not listed on the price Form 990 or 990-EZ?	"	Vac	X	No
	If 'Yes,' describe these new services on Schedule O	L.	Yes		Noι
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O		103	Δ	
4	Describe the organization's program service accomplishments for each of its three largest program service	ces, as measu	red by e	xpens	ses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the	total e	pens	es,
	and revenue, if any, for each program service reported				
	(Code) (Expenses \$ including grants of \$) (R	levenue \$			
~ (Provide a central location for services, the dissemination of inf		nromo	tin	 ′
	agricultural interests and meetings.	OTMACTOR _	PT OWC	,C 111	ــ ــ ــ
	agricultural interests and meetings.	·	-		
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		. 	-		
41		levenue \$)
	Sponsor county officers to attend and represent their county farm	<u> bureau_a</u>	t_rec	<u>iona</u>	<u>al</u>
	and national events.	· 			-
		· 			
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4 (: (Code) (Expenses \$ including grants of \$) (R	devenue \$)
	Sponsor county volunteers to represent their county farm bureau a	t meeting	s_and	L	
	events promoting agriculture.		- - -		
		. 	-		
					
		_ -			
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		. 			
					
		. – – – – –			
		· 			 -
4	Other program services (Describe in Schedule O) See Schedule O				
•	(Expenses \$ including grants of \$) (Revenue \$)	
4 (• Total program service expenses ► 0.				
RAA	<u> </u>		Form	Gan	(2017)



			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		Х
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		X
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		Х
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		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		Х
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> </u>
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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, 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		X_
	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		<u> </u>
	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
	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 Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Χ_
	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		X
-	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X_
	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		X
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		X
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		X
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		
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		X

Form 990 (2017) Aiken County Farm Bureau Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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	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		
ł	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		Х
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		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, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
Ł	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete</i> Schedule L, Part IV	28b		Х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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		Х
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		х
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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	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		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2017)

14 a

14b

Form **990** (2017)

Foi	m 990 (2017) Aiken County Farm Bureau	57-0483	1779	F	age !
P	art 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				
				Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3	2000	334
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	7		
			\dashv		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	eportable gaming	1 c	X	
•	La Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			10000	
-	ments, filed for the calendar year ending with or within the year covered by this return	2 a	ol		
	b If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in		99 36	13000	23.3
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year	*	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	•	3 b	1	
			33		\vdash
-	I a At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country	,	1.2		(385)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	Accounts (FBAR)	\dashv		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a		X
٠	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	-	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	er transaction.	5 c		<u> </u>
	Cit res, to line 3a of 30, did the organization line Forth 8800-17		36		⊢—
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a	ind did the organization			x
	solicit any contributions that were not tax deductible as charitable contributions?		6 a		├ ^
	b If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ions or gifts were	6.		ł
-			6 b	-accentes	
•	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 payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made payment in excess	partly for goods and			
	services provided to the payor?		7 a		-
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		<u> </u>
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282?	was required to file	7 c		l
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	7.0	-)-8.00	3/2000
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, no a personal ber		7 f		
			/ '		- -
	g If the organization received a contribution of qualified intellectual property, did the organization file as required?	rorm 8899	7 g		ĺ
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	organization file a			\vdash
	Form 1098-C?	organization me a	7 h		ĺ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring	712.	ron	200
	organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		7.7	2.7	
	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
10	Section 501(c)(7) organizations. Enter				
	a Initiation fees and capital contributions included on Part VIII, line 12	10 a			4
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11	Section 501(c)(12) organizations. Enter	L			
	a Gross income from members or shareholders	11 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	11 b	1972		
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12 a	***************************************	***************************************
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	126			S ₂
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		F72	3.4
•	a is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note. See the instructions for additional information the organization must report on Schedul	e O	10.74	C	
	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	13Ь			
	c Enter the amount of reserves on hand	13c			
			1.6600	. 1000-000000000	

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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Form 990 (2017) Aiken County Farm Bureau 57-0481779 Page 6 Part 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 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 Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 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 since the prior Form 990 was filed? Х 4 5 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 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 82 X 8 b **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 q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 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 operations are consistent with the organization's exempt purposes? 10 b 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 X 12 a 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 X 13 Did the organization have a written whistleblower policy? 13 14 X 14 Did the organization have a written document retention and destruction policy? 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 Х X 15 b **b** Other officers or key employees of the organization 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 taxable entity during the year? 16 a 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

Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ► None
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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
	Own website
19	Describe in 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
20	State the name, address, and telephone number of the person who possesses the organization's books and records

• 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

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

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

				(C)						
(A) Name and Title		Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	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	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Carl Brown Jr	0.3									•
Director	0	X	\sqcup	_		\sqcup		0.	0.	0.
_(2) Rodney Quattlebaum	0.3	,,						_	ا م	0.
Director	0	X	\vdash	-		-		_0.	0.	<u> </u>
_(3) Donnie Wakefield	0.3							0.	0.	0.
Director	0	Х	\vdash	-+		\vdash		U.	<u> </u>	<u> </u>
_(4) Debbie Etheredge	0.3	X						0.	0.	0.
<u>Director</u>		1^	┝	\dashv				U.		0.
	0.3	X		-				0.	0.	0.
	0.3		+	\dashv		\vdash	_	<u> </u>	- 0.	<u> </u>
_(6) Colby Furtick Director	- 0.3	X						0.	0.	0.
(7) Lawana Furtick	0.3	1		\dashv						
Director	0	X	1					0.	0.	0.
(8) Tim Johnson	0.3									
Director	0	X						0.	0.	0.
(9) Allen Williams	0.3									
Director	0	X						0.	0.	0.
(10) John Coons	0.3									_
President	0	<u> </u>		Х				0.	0.	0.
(11) Gerald Miller	0.3							_	_	
Vice President	0			Х				0.	0.	0.
(12) Chris Ulmer	0.3			_						
Secretary/Treas	0	_	<u> </u>	Х				0.	0.	0.
(13)										
(14)										
		_								

Section A. Officers, Directors, 17t	(B)	Ney	LIII	(()	C3,	aiit	i riigilesi coli	ipensateu Lii	ipioyees (continueu)
(A) Name and title	Average hours per week	box	, unle	heck ss pe nd a i	erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related	Individual or director	Institution	Officer	Key emp	Highest o	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099 MISC)	s compensation from the organization and related organizations
	organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee		loyee	Highest compensated employee				
(15)						_ a				
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)		-								
(25)									-	
1 b Sub-total c Total from continuation sheets to Part VII, Section	on A						>	0.). 0.). 0.
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	isted	abov	ve) v	who	recei	ved	0. more than \$100,00		D. 0. mpensation
		-4					n - h	vahaat aamaaaat	ad ampleuse	Yes No
 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc For any individual listed on line 1a, is the sum of 	h ındıvıdu	al								3 X
the organization and related organizations greate such individual	er than \$1	50,00)O?	lf 'Υ	es,	com	ple	te Schedule J for		4 X
5 Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes Section B. Independent Contractors	e compen s,' comple	satio te Sc	n fro :hed	om a lule	any <i>J fo</i>	unre r <i>suc</i>	ate h p	d organization or erson	ındıvıdual ———————	5 X
Complete this table for your five highest compensation from the organization. Report compensation from the organization.	sated inde	epend the ca	dent alend	cor dar y	ntrac year	tors endii	tha	t received more th	ian \$100,000 of ganization's tax ye	ear
(A) Name and business add	ress							(B) Description o		(C) Compensation
		-								
2 Total number of independent contractors (including b		ted to	o tho	se l	ısted	l abo	ve)	who received more	than	
\$100,000 of compensation from the organization	<u>_</u> _	TEFAC	100	00/0	20/17					Form 990 (2017

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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 Code 11a Miscellaneous Income 900099 c C Total Code 10.				m gaming	activit	ties •			10000 NO 00 VV NO 800000000000000000000000000000000000	*************
b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Miscellaneous Income 900099 10. 10. b c										7//
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Miscellaneous Income 900099 10. 10.		ıva	and allowances	7, 1633 Telu	1113 a					
c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a Miscellaneous Income 900099 10. 10.	- 1	b	Less cost of goods sold	i	b					
Miscellaneous Revenue Business Code					inven	tory				
b							625			
b		11 a	Miscellaneous	Income	-	900099	10.	10.		
c d All other revenue	ł	_				<u> </u>				
d All other revenue		С				·		-	-	
		d	All other revenue				 			
e Total. Add lines 11a-11d				d	_	•	10		279723	
						•				27,451.

	TIX Statement of Functional Expen							
Sec	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							
	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	(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	1,000.	1,000.					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members 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):			<u>-</u>				
a	Management	16,461.		16,461.				
Ŀ	Legal							
c	Accounting							
c	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column							
12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion							
13	Office expenses	1,289.	. – . – . – . – . – . – . – . – . – . –	1,289.				
14	Information technology	1,209.		1,209.				
15	Royalties							
16	Occupancy	11,175.	11,175.					
17	Travel	22.	11,173.	22.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	22.		22.				
19 20	Conferences, conventions, and meetings Interest	7,255.	7,255.					
21	Payments to affiliates	·						
22	Depreciation, depletion, and amortization				·			
	Insurance	495.	495.					
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)							
а	STATE DUES	11,592.	11,592.					
b	GROUND MAINTENANCE	4,500.	4,500.					
c	AGRICULTURAL EVENTS	2,725.	2,725.					
d		2,343.		2,343.				
е	All other expenses	2,367.	2,250.	117.				
25	Total functional expenses. Add lines 1 through 24e	61,224.	40,992.	20,232.	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)							

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 202,171 163,470. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 71,289. 85,073 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 125,582 b Less accumulated depreciation 10b 120,409 10 c 125,582 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 11 100,960. 15 195,801 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 508,612 556,143 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 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. 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 29 Permanently restricted net assets X Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 508,612 32 556,143 33 Total net assets or fund balances 33 508,612 556,143 Total liabilities and net assets/fund balances 508,612 34 556,143.

orr	m 990 (2017) Aiken County Farm Bureau	57-0481779	Pa	age 12
Pa	n∛XI 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,	755.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,2	224.
3	Revenue less expenses Subtract line 2 from line 1	3	47,	531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	508,6	612.
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	<u> </u>	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	556,1	
Pa	rtXII 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	1		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev	ewed on a		
	separate basis, consolidated basis, or both	0		
	Separate basis Consolidated basis Both consolidated and separate basis			
- 1	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	parate		
	basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
(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?	udit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	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?	jle	3 a	Х
		1	3 4	 ^
,	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	audit	3 b	

Form **990** (2017)

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SCHEDULE D (Form 990)

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 Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Alken County Farm Bureau		57-0481779
Pai	Organizations Maintaining Dono	or Advised Funds or Other Similar F	unds or Accounts.
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, Iır	пе 6.
		(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	Aggregate value at end of year		
·	,		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in organization's exclusive legal control?	donor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	rs, and donor advisors in writing that grant fu of the donor or donor advisor, or for any oth	er purpose conferring
	impermissible private benefit?		Yes No
Pai	Conservation Easements.		
	Complete if the organization ans	wered 'Yes' on Form 990, Part IV, Iir	ne 7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)	
	Preservation of land for public use (e g , r	ecreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization last day of the tax year	neld a qualified conservation contribution in the f	form of a conservation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements		2 a
ı	Total acreage restricted by conservation ease	ments	2 b
	Number of conservation easements on a certi		2c
	d Number of conservation easements included i	n (c) acquired after 7/25/06, and not on a his	toric
_	structure listed in the National Register		2 d
3	Number of conservation easements modified, transtax year	isterred, released, extinguished, or terminated by	y the organization during the
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re and enforcement of the conservation easemer		nandling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing cons	servation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements		
Pai	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, wered 'Yes' on Form 990, Part IV, Ir	or Other Similar Assets. ne 8.
1 8	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or research in	
ı	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to report in its revenuor public exhibition, education, or research in fur	ue statement and balance sheet works of art, therance 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, hamounts required to be reported under SFAS		nancial gain, provide the following
	Revenue included on Form 990, Part VIII, line	, ,	▶\$
	Assets included in Form 990, Part X		▶ \$

Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, or	Other Similar Ass	sets (continue	ed)	
3 Using the organization's acquisition, accession, a items (check all that apply)	and other records, check a	iny of the following that ar	e a significant use of its	collection	_	
a Public exhibition	d Loan or exchange programs					
b Scholarly research	e Other					
c Preservation for future generations						
4 Provide a description of the organization's collect Part XIII	tions and explain how the	y further the organization's	s exempt purpose in			
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?	<u> </u>	Yes	No	
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	nents. Complete if the Form 990, Part X,	the organization and line 21.	swered 'Yes' on Fo	orm 990, Part —	: IV, 	
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	n or other intermediary	for contributions or other	er assets not included	Yes	No	
b If 'Yes,' explain the arrangement in Part XIII a	and complete the followi	ng table			_	
				Amount	•	
c Beginning balance			1 c			
d Additions during the year			1 d		-	
e Distributions during the year			1 e			
f Ending balance			11			
2a Did the organization include an amount on Fo	rm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No	
b If 'Yes,' explain the arrangement in Part XIII	Check here if the explar	nation has been provide	d on Part XIII		1	
					.	
Part V Endowment Funds. Complete if	the organization ar	nswered 'Yes' on Fo	orm 990, Part IV, I	ne 10.		
(a) Curren	t year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years	back	
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the curre	nt year end balance (lin	ne 1g, column (a)) held a	as			
a Board designated or quasi-endowment	~~~~~ %					
b Permanent endowment ►	;					
c Temporarily restricted endowment ►	~%					
The percentages on lines 2a, 2b, and 2c should e						
3a Are there endowment funds not in the possession organization by	of the organization that a	are held and administered	for the	Yes	No	
(i) unrelated organizations						
(ii) related organizations						
b If 'Yes' on line 3a(ii), are the related organiza	tions listed as required (on Schedule R?		3a(ii) 3b		
4 Describe in Part XIII the intended uses of the	•					
Part VIII Land, Buildings, and Equipmen			-			
Complete if the organization ans		m 990, Part IV, line	11a. See Form 99	90, Part X, Iır	ne 10.	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book val	ue	
1 a Land		4,655.	X-1000	4,	655.	
b Buildings		59,579.		59,	579.	
c Leasehold improvements		5,848.		5,	848.	
d Equipment						
e Other		55,500.		55,	500.	
Total. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X,				582.	
ВАА			Sched	lule D (Form 990)		

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			·
(C)	·		
(D)			
(E)		ļ	
(F) (G)			
(G)			
(H)	·	 	
(1)			(
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)	1	N/2	
Part VIII Investments – Program Related. Complete if the organization answered	d 'Yes' on Form 99	N/A 0. 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)	(1)		<u> </u>
(2)			
			·
(5)	<u> </u>		
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	·		
Part X Other Assets. Complete if the organization answered	d 'Vas' on Form 99	O Part IV line 11d See Form 0	On Part V June 15
	escription	o, raitiv, line ind. See Form 9	(b) Book value
(1) INVESTMENT LLC			195,801.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)		·	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	<u> </u>	195,801.
Part X Other Liabilities.	D) IIII 10)		175,001.
Mark A	Form 000 Port IV June 1	1e or 11f. See Form 990. Part X. line 25	
Complete if the organization answered 'Yes' on f	TUITII JJU, FAILTY, IIITE I		
Complete if the organization answered 'Yes' on l	(b) Book value		
Complete if the organization answered 'Yes' on f (a) Description of liability (1) Federal income taxes			
Complete if the organization answered 'Yes' on f (a) Description of liability (1) Federal income taxes (2)			Employ 1 To
Complete if the organization answered 'Yes' on f (a) Description of liability (1) Federal income taxes (2) (3)			
Complete if the organization answered 'Yes' on f (a) Description of liability (1) Federal income taxes (2) (3) (4)			Market II Co
Complete if the organization answered 'Yes' on final content of the organization answered in the organization and the orga			Market 1 Comments of the Comment of
Complete if the organization answered 'Yes' on final content of the organization and the organization answered 'Yes' on final content of the organization and the organization an			
Complete if the organization answered 'Yes' on final content of the organization and the organization and the organization and the organization and the organization answered 'Yes' on final content of the organization answered 'Yes' on final content of the organization and the organization			
Complete if the organization answered 'Yes' on f (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
Complete if the organization answered 'Yes' on final content of the organization and the organization			
Complete if the organization answered 'Yes' on final complete if the organization answered in the organization and the organization and the organization answered in the organization and the organization a			
Complete if the organization answered 'Yes' on final content of the organization and			
Complete if the organization answered 'Yes' on final complete if the organization answered in the organization answered 'Yes' on final complete if the organization answered in the organization and organization and organization answered in the organization answered in the organization and organization answered in the organization and organizati	(b) Book value	financial statements that reports the organization's	liability for uncertain

Schedule D (Form 990) 2017 Aiken County Farm Bureau	57-0481779	Page 4	
Part XI Reconciliation of Revenue per Audited Financial Sta		-	
Complete if the organization answered 'Yes' on Form		ća.	
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			
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants			
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		26	
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	 	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	5		
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12	₽a.	
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		\$2.5	
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.)	24		

Part XIII Supplemental Information.

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

c Add lines 4a and 4b

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 XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4 b

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Schedule **D** (Form 990) 2017

3

4 c

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Aiken County Farm Bureau

Employer identification number

57-0481779

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 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 avialable to the public.