### CHANGE OF ACCOUNTING PERIOD

Form 990 (Rev January 2020)

# 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.

2019

A For the 2019 calendar year, or tax year beginning NOV 1, 2019 and ending DEC 31, 2019 B Check if applicable C Name of organization D Employer identification number Address Cumberland Farmers Club Name change 01-0224718 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (207) 774-9811 P O Box 745 78739. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Cumberland, ME 04021 H(a) Is this a group return Applica-F Name and address of principal officer Jeff Steinman for subordinates? Yes X No same as C above H(b) Are all subordinates included? Yes Tax-exempt status X 501(c)(3) \* 501(c) ) ◀ (insert no.) 4947(a)(¶) o If "No," attach a list (see instructions) J Website: ▶ www.cumberlandfair.com H(c) Group exemption number ▶ K Form of organization X Corporation Association Other > Year of formation, 1905 M State of legal domicile ME Partii Summary Briefly describe the organization's mission or most significant activities ANNUAL COUNTY FAIR REVENUES Governance NEEDED FOR PAYMENT OF AGRICULTURAL PREMIUMS AND OTHER PROMOTION FOR 2 Check this box if the organization discontinued its operations or di iore than 25% of its net assets 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1 4 139 SCANNED MAR 215 2021 Total number of individuals employed in calendar year 2019 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 35763. 765. Contributions and grants (Part VIII, line 1h) 1316231. 77186. Program service revenue (Part VIII, line 2g) 1607. 788. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1108. 0. 1354709. 78739 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 177638 6844. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 51972. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e 1263881. 18 Total expenses Add lines 13-17 (must equal Part IX column 1441519. 58816. 19923. Revenue less expenses Subtract line 18 from line -86810. ŏ Ŏ Beginning of Current Year **End of Year** APR 17 2020 S 848379. 20 Total assets (Part X, line 16) 863984. 21 Total liabilities (Part X, line 26) 21337. 17019. 827042. Net assets or fund balances Subtract line 21 from line 20 846965. Partill 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. Deparation of pregarer (other than officer) is based on all information of which preparer has any knowledge. ionature of offic Sign Jeff Steinman, Treasurer Here Type or print name and title Date PTIN Preparer's Print/Type preparer's name Pt Mites 4/9/20 signature Paid ₱01200943 Peter Montano Firm's name PGM LLC Preparer Firm's EIN > 82-4812448 Firm's address > 265 Main Street Use Only Phone no. (207) Biddeford, ME 04005 415-5714 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No Form 990 (2019) LHA For Paperwork Reduction Act Notice, see the separate instructions. 932001 01-20-20

See Schedule O for Organization Mission Statement Continuation

| Forr     | n 990 (2019) Cumberland Farmers Club  | 01-0224718 Page                       |
|----------|---|---------------------------------------|
| Pa       | rt III Statement of Program Service Accomplishments   |                                       |
|          | Check if Schedule O contains a response or note to any line in this Part III  |                                       |
| 1        | Briefly describe the organization's mission   |                                       |
|          | ANNUAL COUNTY FAIR REVENUES NEEDED FOR PAYMENT OF AGRICU  | ULTURAL                               |
|          | PREMIUMS AND OTHER PROMOTION FOR PURPOSE OF AGRICULTURE   |                                       |
|          |   |                                       |
|          |   |                                       |
| 2        | Did the organization undertake any significant program services during the year which were not listed on the  |                                       |
|          | prior Form 990 or 990-EZ?   | Yes X N                               |
|          | 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 services?  | Yes X N                               |
| -        | If "Yes," describe these changes on Schedule O.   |                                       |
| 4        | Describe the organization's program service accomplishments for each of its three largest program services, as  | s measured by expenses                |
|          | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other  |                                       |
|          | revenue, if any, for each program service reported.   | ,                                     |
| 4a       | 20060   | 97186.                                |
|          | ANNUAL COUNTY FAIR EXPENSES/FAIR GROUNDS  |                                       |
|          |   |                                       |
|          |   |                                       |
|          |   |                                       |
|          |   |                                       |
|          |   |                                       |
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|          |   |                                       |
|          |   |                                       |
| 4b       | (Code) (Expenses \$ including grants of \$) (Reve   | anue S                                |
|          | / Cook |                                       |
|          |   |                                       |
|          |   |                                       |
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|          |   |                                       |
|          |   |                                       |
| 4c       | (Code ) (Expenses \$ Including grants of \$ ) (Reve   |                                       |
| 40       | /code \ /cxbeuses \$ incinding thauts or \$ \ / \ /uese   |                                       |
|          |   |                                       |
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|          |   | <del></del>                           |
|          |   |                                       |
|          |   |                                       |
| <u> </u> | Other program coveres (Decembs on Schedule C)   |                                       |
| 4d       | Other program services (Describe on Schedule O )  | •                                     |
|          | (Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ▶ 30060.  |                                       |
| 4e       | Total program service expenses ► 30060.   | Form <b>990</b> (201                  |
|          |   | rom 230 (20)                          |

Yes No

Form 990 (2019) Cumberland Farmers Club

[Partily] Checklist of Required Schedules

| 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?  | 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    |     | _ X      |
| 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    |     | 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    |     | 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    |     | х        |
| 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   |     | х        |
| 11    | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X   |      |     |          |
| -     | as applicable   |      |     |          |
| а     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.   |      |     |          |
|       | Part VI   | 11a  | X   |          |
| ь     | 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   | 11b  |     | 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  | 11c  |     | _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   | i i  |     |          |
|       | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d  |     | <u> </u> |
| е     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e  |     | 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  | 11f  |     | <u>X</u> |
| 12a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |      |     |          |
|       | Schedule D, Parts XI and XII  | 12a  |     | <u> </u> |
| þ     | 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        |
| 13    | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13   |     | <u>X</u> |
|       | 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  |     | <u> </u> |
| 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   |      |     | v        |
|       | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15   |     | <u> </u> |
| 16    | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  | 4.   |     | x        |
|       | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16   |     |          |
| 17    | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 17   |     | Х        |
| 10    | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | ├-"- |     |          |
| 18    | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | 18   |     | Х        |
| 19    | 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | ''   |     |          |
|       |   | 19   |     | X_       |
| 202   | complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |     | X        |
|       | 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        |
| 32003 | 01-20-20  | Form | 990 | (2019)   |
|       |   |      |     |          |

# Form 990 (2019) Cumberland Farmers Club [PartilV] Checklist of Required Schedules (continued)

|             |  |     | 163 | 140             |
|-------------|--|-----|-----|-----------------|
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     | ļ   |                 |
|             | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | X               |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |     |     |                 |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   | 22  |     | х               |
| 24 2        | Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  | 23  |     | <del>- ^-</del> |
| 240         | 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               |
| ь           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     | <u></u>         |
|             | 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 |     | ĺ               |
| d           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |                 |
| 25 a        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |     |     |                 |
|             | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |     | X               |
| b           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |     |     |                 |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |     |     |                 |
|             | Schedule L, Part I   | 25b |     | X               |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |     |     | İ               |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |     |     | X               |
| 07          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26  |     | <u> </u>        |
| 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)  |     |     | initia<br>Part  |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   | , , |     |                 |
|             | "Yes," complete Schedule L, Part IV  | 28a |     | Х               |
| b           | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | Х               |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  | 1   |     |                 |
|             | "Yes," complete Schedule L, Part IV  | 28c |     | X               |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |     | X               |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |     |     | l               |
|             | contributions? If "Yes," complete Schedule M   | 30  |     | X               |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | Х               |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |     |     | х               |
|             | Schedule N, Part II  | 32  |     | ^               |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 33  |     | х               |
| 34          | sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  | 33  |     | <del></del>     |
| •           | Part V, line 1   | 34  |     | х               |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | Х               |
|             | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |     |     |                 |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b |     | L               |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 1 1 |     |                 |
|             | If "Yes," complete Schedule R, Part V, line 2  | 36  |     | <u>X</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               |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |     |     |                 |
| i Da-       | Note: All Form 990 filers are required to complete Schedule O  | 38  | X   | L               |
| <u>(Par</u> |  |     |     | $\overline{}$   |
|             | Check if Schedule O contains a response or note to any line in this Part V   |     | V 1 |                 |
| 4.          | 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.   |     |     | 4               |

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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(gambling) winnings to prize winners?

If "Yes," complete Form 4720, Schedule O

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|     | to line da, bb, or rob below, describe the circumstances, processes, or changes on ochequie or see instructions   |          |              | $\mathbf{X}$ |  |  |  |
|-----|---|----------|--------------|--------------|--|--|--|
| Sac | Check if Schedule O contains a response or note to any line in this Part VI  tion A. Governing Body and Management  |          |              |              |  |  |  |
| Sec | tion A. Governing Body and Management   |          | TV           | 1            |  |  |  |
|     | Enter the number of voting members of the governing body at the end of the tax year   | ĵ        | Yes          | No           |  |  |  |
| та  | ,   | -(       | }            |              |  |  |  |
|     | If there are material differences in voting rights among members of the governing body, or if the governing   | ĺ        |              |              |  |  |  |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a, above, who are independent  10 | ;        |              |              |  |  |  |
|     |   | -        |              |              |  |  |  |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other  |          |              | Х            |  |  |  |
| _   | officer, director, trustee, or key employee?  | 2        | ├-           | ^            |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision   | ١.       |              | ↓            |  |  |  |
|     | of officers, directors, trustees, or key employees to a management company or other person?   | 3        | <del> </del> | X            |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        | <del> </del> |              |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5        |              | X            |  |  |  |
| 6   | Did the organization have members or stockholders?  | 6        |              | X            |  |  |  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or  | l _      |              | ٦,           |  |  |  |
|     | more members of the governing body?   | 7a       |              | X            |  |  |  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or  |          |              |              |  |  |  |
|     | persons other than the governing body?  | 7b_      |              | X            |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |          |              |              |  |  |  |
| а   | The governing body?   | _8a      | X            |              |  |  |  |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b       |              | X            |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  | ļ        |              |              |  |  |  |
|     | organization's mailing address? If "Yes." provide the names and addresses on Schedule O   | 9        | L            | X            |  |  |  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  |          |              |              |  |  |  |
|     |   |          | Yes          | No           |  |  |  |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a      |              | X            |  |  |  |
| 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?   | 10b      |              | x            |  |  |  |
| 11a | 1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  |          |              |              |  |  |  |
| b   | <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990   |          |              |              |  |  |  |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a      |              | <u> </u>     |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b      |              |              |  |  |  |
| C   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe  |          |              |              |  |  |  |
|     | ın Schedule O how this was done   | 12c      |              |              |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   | 13       |              | X            |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  | 14       | 4000         | 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?   |          |              |              |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a      |              | _X_          |  |  |  |
| b   | Other officers or key employees of the organization   | 15b      | _X_          |              |  |  |  |
|     | 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?   | 16a      |              | X            |  |  |  |
| 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?  | 16b      |              |              |  |  |  |
| 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)-  | s only)  | avaılal      | ble          |  |  |  |
|     | 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)  |          |              |              |  |  |  |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and   | l financ | al           |              |  |  |  |
|     | statements available to the public during the tax year  |          |              |              |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records  |          |              |              |  |  |  |
|     | Jeff Steinman - (207) 774-9811  |          |              |              |  |  |  |
|     | P O Box 745, Cumberland, ME 04021   |          |              |              |  |  |  |

932006 01-20-20

Form **990** (2019)

# Part VII 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

- 1a 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

|                          |  |                               |                       |                   |                  |                              |        | ted any current officer, director, or trustee |   |                 |  |  |
|--------------------------|--|-------------------------------|-----------------------|-------------------|------------------|------------------------------|--------|---|---|-----------------|--|--|
| (A)                      | (B)  | Depution                      |                       |                   |                  |                              |        | (D)   | (E)                                     | (F)             |  |  |
| Name and title           | Average  |                               | not c                 | heck r            | more             | than c                       |        | Reportable                                    | Reportable                              | Estimated       |  |  |
|                          | hours per<br>week                                | offi                          | , unle:<br>cer an     | ss per<br>nd a di | rson I<br>Irecto | s both<br>r/trust            | lee)   | compensation from                             | compensation                            | amount of other |  |  |
|                          | (list any  | 5                             |                       | I                 | Ι                |                              |        | the   | from related<br>organizations           | compensation    |  |  |
|                          | hours for  | direct                        |                       |                   |                  | _                            |        | organization                                  | (W-2/1099-MISC)                         | from the        |  |  |
|                          | related  | 5 G                           | stee                  |                   |                  | nsate                        |        | (W-2/1099-MISC)                               | (** = ********************************* | organization    |  |  |
|                          | organizations                                    | Indiwdual trustee or director | Institutional trustee |                   | ağ.              | ag E                         |        | `   |   | and related     |  |  |
|                          | below  | gng                           | utran                 | <sub>=</sub>      | 텵                | est co                       | ler.   |   |   | organizations   |  |  |
|                          | tine)  | 횰                             | Instil                | Officer           | Key              | Highest compensated employee | Former |   |   |                 |  |  |
| (1) JOHN AMES            | 5.00   |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
| DIRECTOR                 |  | X                             |                       |                   |                  |                              |        | 0.  | 0.                                      | 0.              |  |  |
| (2) MARC COOPER          | 5.00   |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
| DIRECTOR                 |  | X                             |                       |                   |                  |                              |        | 0.  | 0.                                      | 0.              |  |  |
| (3) DAN FOSSETT          | 5.00   |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
| DIRECTOR                 |  | X                             |                       |                   |                  |                              |        | 0.  | 0.                                      | 0.              |  |  |
| (4) TED GOOGINS          | 5.00   |                               |                       |                   |                  | П                            |        |   |   |                 |  |  |
| DIRECTOR                 |  | х                             |                       |                   |                  |                              |        | 0.  | 0.                                      | 0.              |  |  |
| (5) LYLE MERRIFIELD      | 5.00   |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
| DIRECTOR                 |  | x                             |                       |                   | ŀ                |                              |        | 0.  | 0.                                      | 0.              |  |  |
| (6) ANDY DUGAS           | 5.00   |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
| DIRECTOR                 |  | x                             |                       |                   |                  |                              |        | 0.  | 0.                                      | 0.              |  |  |
| (7) JEFFREY STEINMAN     | 20.00  |                               |                       |                   |                  | П                            |        |   |   |                 |  |  |
| TREASURER                |  | 1                             |                       | х                 |                  |                              |        | 2600.   | 0.                                      | 0.              |  |  |
| (8) MICHAEL TIMMONS      | 20.00  |                               |                       |                   |                  |                              |        |   |   | -               |  |  |
| PRESIDENT                |  | 1                             |                       | x                 |                  | ΙÌ                           |        | 2600.   | 0.                                      | 0.              |  |  |
| (9) DAN DOYLE            | 6.00   |                               |                       |                   |                  |                              |        |   | <del>-</del>                            | -               |  |  |
| VICE PRESIDENT           |  | 1                             |                       | х                 |                  |                              |        | 0.  | 0.                                      | 0.              |  |  |
| (10) ELIZABETH TARANTINO | 6.00   |                               |                       |                   |                  |                              |        |   |   | 7               |  |  |
| SECRETARY                |  | 1                             |                       | x                 |                  |                              |        | 0.  | 0.                                      | 0.              |  |  |
|                          |  |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
|                          | - <del></del>                                    |                               |                       |                   |                  |                              |        |   | t                                       |                 |  |  |
| <del></del>              |  |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
|                          |  | ١.,                           |                       |                   |                  |                              |        |   |   |                 |  |  |
|                          |  | П                             |                       |                   |                  |                              |        |   |   |                 |  |  |
|                          |  |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
| <del></del>              |  |                               | _                     |                   |                  | Н                            |        |   |   | - <del></del>   |  |  |
|                          |  |                               |                       |                   |                  |                              |        |   | :                                       |                 |  |  |
| <del></del>              |  |                               |                       |                   |                  | $\Box$                       |        |   |   |                 |  |  |
|                          | <del>                                     </del> |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
| ····                     | <u> </u>   |                               |                       | $\vdash$          |                  | $\vdash$                     |        |   |   |                 |  |  |
|                          | <u> </u>   |                               |                       |                   |                  |                              |        |   |   |                 |  |  |
|                          | <del></del>                                      | $\vdash$                      | $\vdash$              | ┥                 | _                |                              |        |   |   |                 |  |  |
|                          | <del></del>                                      |                               |                       |                   |                  |                              |        | •   |   |                 |  |  |
| <del></del>              | <del></del>                                      | لـــا                         |                       |                   |                  |                              |        |   |   | Form 990 (2019  |  |  |

932007 01-20-20

Form 990 (2019)

| r <u>a</u> al | Section A. Officers, Directors, Trus   | 1                 | ploy                           | ees,                  |          |              | ghes                         | t C           |  |  | <del></del>                                       |
|---------------|--|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|---------------|--|--|---|
|               | (A)  | (B)               |                                |                       |          | C)           |                              |               | (D)  | (E)                                      | (F)   |
|               | Name and title   | Average           |                                | not c                 | heck     |              | than o                       |               | Reportable                                       | Reportable                               | Estimated   |
|               |  | hours per<br>week |                                |                       |          |              | s both<br>or/trus            |               | compensation compensa                            |  | amount of   |
|               |  | (list any         | -                              |                       |          | П            | Π                            | Ė             | from the   | from related<br>organizations            | other compensation                                |
|               |  | hours for         | direct                         |                       |          |              |                              |               | organization                                     | (W-2/1099-MISC)                          | from the  |
|               |  | related           | ee or                          | ıstee                 |          |              | nsate                        |               | (W-2/1099-MISC)                                  | <b>(</b> <u></u>                         | organization                                      |
|               |  | organizations     | trust                          | 튵                     | l        | oyee         | e e                          |               | }  |  | and related                                       |
|               |  | below             | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated employee | <b>Former</b> |  |  | organizations                                     |
|               |  | line)             | 프                              | <u> </u>              | ਰ        | ş            | 물 등                          | Œ             | <del> </del>                                     | ·  | <del></del>                                       |
|               |  |                   |                                |                       |          |              |                              |               |  |  |   |
|               |  |                   |                                |                       |          |              |                              |               |  |  |   |
|               |  | ļ. <u>-</u>       | L                              |                       |          | _            |                              |               |  | ·  | <del> </del>                                      |
|               |  |                   |                                |                       |          |              |                              |               |  |  |   |
|               |  |                   |                                |                       |          |              |                              |               |  | · · · · · · · · · · · · · · · · · · ·    |   |
|               |  |                   |                                |                       |          | <del> </del> | H                            |               | <del></del>                                      |  |   |
|               |  |                   |                                |                       |          |              |                              |               |  |  | <u> </u>  |
|               |  | -                 |                                |                       |          |              |                              |               |  |  |   |
|               |  | <del> </del>      |                                |                       |          | _            |                              |               | <del>                                     </del> |  | <del>                                      </del> |
|               |  |                   |                                |                       |          |              |                              |               |  |  |   |
|               |  | -                 |                                |                       |          |              |                              |               |  |  |   |
|               |  |                   |                                |                       | _        | -            | Н                            |               |  |  |   |
|               |  |                   |                                |                       |          |              |                              |               |  |  |   |
|               | Subtotal   |                   |                                |                       |          |              |                              | >             | 5200.  | 0.                                       |   |
|               | Total from continuation sheets to Part VI  | I, Section A      |                                |                       |          |              |                              | >             | 0.   | 0.                                       |   |
|               | Total (add lines 1b and 1c)  |                   |                                |                       | -1 -1    |              | \ da                         | <u> </u>      | 5200.  | 0.00                                     | 0.  |
| 2             | Total number of individuals (including but n   | ot limited to the | ose                            | liste                 | d at     | ove          | ) wh                         | o re          | eceived more than \$100,                         | 000 of reportable                        | 0   |
| _             | compensation from the organization   |                   |                                |                       |          |              |                              |               | <del></del>                                      |  | Yes No  |
| 3             | Did the organization list any former officer,  | director (truste  | ee k                           | ev e                  | mol      | ove          | e. or                        | hıa           | hest compensated empl                            | ovee on                                  |   |
| •             | line 1a? If "Yes," complete Schedule J for s   |                   |                                | , .                   |          | 0,0          | J, J.                        | 9             |  | -, · · · · · · · · · · · · · · · · · · · | 3 X   |
| 4             | For any individual listed on line 1a, is the su  |                   | е со                           | mpe                   | nsa      | tion         | and                          | oth           | ner compensation from the                        | ne organization                          |   |
|               | and related organizations greater than \$150   |                   |                                |                       |          |              |                              |               |  | J  | 4 X   |
| 5             | Did any person listed on line 1a receive or a  |                   |                                |                       |          |              |                              |               |  | ual for services                         |   |
|               | rendered to the organization? If "Yes." com  | plete Schedule    | Jf                             | or su                 | ch ,     | oers         | on_                          |               |  |  | 5 X   |
|               | tion B. Independent Contractors  |                   |                                |                       |          |              |                              | - db          | not recovered more than C                        | 100 000 of compose                       | ation from  |
| 1             | Complete this table for your five highest co<br>the organization Report compensation for     |                   |                                |                       |          |              |                              |               |  |  | ation non   |
|               | (A)  | addrass           |                                |                       |          |              |                              |               | (B)<br>Description of s                          | anuo o o                                 | (C)   |
|               | Name and business  | address           | NC                             | NE                    | <u> </u> |              |                              | $\dashv$      | Description of s                                 | ervices                                  | Compensation                                      |
|               |  |                   |                                |                       |          |              |                              | $\perp$       |  |  |   |
|               |  |                   |                                |                       |          |              |                              |               |  |  |   |
|               |  |                   |                                |                       |          |              |                              | 7             |  |  |   |
|               |  |                   | _                              |                       |          |              |                              | $\downarrow$  |  |  |   |
|               |  |                   |                                |                       |          |              |                              |               |  |  |   |
|               |  |                   |                                |                       | •        |              |                              | 7             |  |  |   |
| _             | <del>-</del>   | <del></del>       |                                |                       |          |              |                              |               | - 1  |  |   |
| 2             | Total number of independent contractors (ii \$100,000 of compensation from the organization) | -                 | ot lim                         | nited                 | to 1     | thos<br>0    |                              | ed            | above) who received mo                           | re than                                  |   |
|               |  |                   |                                |                       |          |              |                              |               |  |  | Form <b>990</b> (2019)                            |

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Form 990 (2019) Cumberland Farmers Club

Part VIII Statement of Revenue

|                                    | Check if Schedule O contains a response or note to any line in this Part VIII |  |   |  |  |  |  |  |  |  |  |  |  |
|------------------------------------|---|--|---|--|--|--|--|--|--|--|--|--|--|
|                                    |   |  |   |  | (A)<br>Total revenue   | (B) Related or exempt function revenue   | (C) Unrelated business revenue                                 | (D)<br>Revenue excluded<br>from tax under  |  |  |  |  |  |
|                                    |   |  |   |  |  | Landilon 101 on ac   | badii idda fo fo fo fall                                       | sections 512 - 514   |  |  |  |  |  |
| रें रे                             | 3 1   | ã  | Federated campaigns 1a                                  |  |  |  |  |  |  |  |  |  |  |
| rau                                | •   | b  | Membership dues 1b                                      |  |  |  |  |  |  |  |  |  |  |
| 9                                  | ĺ   | С  | Fundraising events 1c                                   |  |  |  |  |  |  |  |  |  |  |
| ii ts                              | 4   | ď  | Related organizations 1d                                |  |  |  |  |  |  |  |  |  |  |
|                                    |   | е  | Government grants (contributions) 1e                    |  |  |  |  |  |  |  |  |  |  |
| Ü                                  | 3   | f  | All other contributions, gifts, grants, and             |  |  |  |  |  |  |  |  |  |  |
| e e e                              |   |  | similar amounts not included above 11                   | 765.   |  |  |  |  |  |  |  |  |  |
| Ē                                  | 1   | g  | Noncash contributions included in lines 1a-1f           |  |  |  |  |  |  |  |  |  |  |
| Contributions, Gifts, Grants       | 1   | h  | Total. Add lines 1a-1f                                  | <b>&gt;</b>                                      | 765.   |  |  |  |  |  |  |  |  |
| •                                  |   |  |   | Business Code                                    |  |  |  |  |  |  |  |  |  |
| ģ                                  | 2   | а  | CUMBERLAND AGRICULTURA                                  | 110000   | 77186.   | 77186.   |  | _  |  |  |  |  |  |
| , <u>Z</u>                         | ]   | b  |   |  | ·  |  |  |  |  |  |  |  |  |
| Se                                 |   | С  |   |  |  |  |  |  |  |  |  |  |  |
| E a                                | 1   | đ  |   |  |  |  |  |  |  |  |  |  |  |
| Program Service                    | 1   | е  |   |  | ,  |  |  |  |  |  |  |  |  |
| ď                                  | l   | f  | All other program service revenue                       |  |  |  |  |  |  |  |  |  |  |
|                                    | L   | 9  | Total. Add lines 2a-2f                                  | · <b>&gt;</b>                                    | 77186.   |  |  |  |  |  |  |  |  |
|                                    | 3   |  | Investment income (including dividends, inter           | est, and   |  |  |  |  |  |  |  |  |  |
|                                    | ĺ   |  | other similar amounts)                                  | <b>•</b>   | 788.   |  |  | 788.   |  |  |  |  |  |
|                                    | 4   |  | Income from investment of tax-exempt bond               | proceeds   |  |  |  |  |  |  |  |  |  |
|                                    | 5   |  | Royalties   |  |  | ,  |  |  |  |  |  |  |  |
| ,                                  | ĺ   |  | (i) Real  | (ii) Personal                                    |  |  |  |  |  |  |  |  |  |
|                                    | 6   | а  | Gross rents 6a  |  |  |  |  |  |  |  |  |  |  |
|                                    |   | b  | Less rental expenses 6b                                 |  |  |  |  |  |  |  |  |  |  |
|                                    |   | С  | Rental income or (loss) 6c                              |  |  |  |  |  |  |  |  |  |  |
|                                    |   | d  | Net rental income or (loss)                             |  | Dispute samula dividendi parantina i Si  | tronkrimatistus provetsiis, renei terranine en   | i di anni sunt sudmicrittari massissione anni stroni ma trabat |  |  |  |  |  |  |
|                                    | 7   | а  | Gross amount from sales of (i) Securities               | (ii) Other                                       |  |  |  |  |  |  |  |  |  |
|                                    |   |  | assets other than inventory 7a                          | <u> </u>   |  |  |  |  |  |  |  |  |  |
|                                    |   | þ  | Less cost or other basis                                |  |  |  |  |  |  |  |  |  |  |
| Je                                 |   |  | and sales expenses 7b                                   | 1,3  |  |  |  |  |  |  |  |  |  |
| Other Revenue                      |   |  | Gain or (loss) 7c                                       | <u> </u>   |  |  |  |  |  |  |  |  |  |
| æ                                  |   |  | Net gain or (loss)                                      | <del>,                                    </del> | no antigacostro en el labor solicitado n   | Aderica above ideo, acontensamo escribirario   | e machinistatist and activities                                | distriction of the Company of the control of the co |  |  |  |  |  |
| Ę.                                 | 8   | а  | Gross income from fundraising events (not               |  |  |  |  |  |  |  |  |  |  |
| 0                                  |   |  | including \$ of   |  |  |  |  |  |  |  |  |  |  |
|                                    |   |  | contributions reported on line 1c), See                 |  |  |  |  |  |  |  |  |  |  |
|                                    |   |  | Part IV, line 18  |  |  |  |  |  |  |  |  |  |  |
|                                    |   | b  | Less direct expenses 8t                                 | <u> </u>   | 部。由他的地名的西部西西   |  |  | 加斯伯斯特里地海撒斯斯达米斯斯  |  |  |  |  |  |
|                                    | _   |  | Net income or (loss) from fundraising events            |  |  |  |  |  |  |  |  |  |  |
|                                    | 9   | а  | Gross income from gaming activities Sec                 | 1  |  |  |  |  |  |  |  |  |  |
|                                    | 1   | _  | Part IV, line 19  |  |  |  |  |  |  |  |  |  |  |
|                                    | ſ   |  | Less direct expenses 9t                                 | ·  | <b>建筑。如时经过 西巴拉斯巴尔拉洛拉维尔的时间</b> 更  | Commission of the state of the  | Scharm Austria in British I Halle Geller                       | ACCEPTATION OF THE PROPERTY OF |  |  |  |  |  |
|                                    | ,   |  | Net income or (loss) from gaming activities             |  |  |  |  |  |  |  |  |  |  |
|                                    | 10  | ä  | Gross sales of inventory less returns and allowances 10 |  |  |  |  |  |  |  |  |  |  |
|                                    |   | <b>.</b>                                     | and allowances 10 Less cost of goods sold 10            |  |  |  |  |  |  |  |  |  |  |
|                                    |   |  | Net income or (loss) from sales of inventory            | DHANKAHAINESEN ZENKAINEN AHERE                   | LESSANCE AND RESEARCH AND LANGUAGE AND LANGU | 121年6月2日 - 121日 - 1   | янинно-сил, <sub>селен</sub> авличениванн <del>ом</del>        |  |  |  |  |  |  |
|                                    |   | <u>.                                    </u> | THE THEOTHE OF HOSSY HOTH SAIES OF HIVEHOLY             | Business Code                                    |  |  |  |  |  |  |  |  |  |
| Sn                                 | 11  | a  | •   |  | Total Indiana de Contraction de la Contraction d | - sintrocondromental and the sint and s |  | THEORIGINALISM STREET, |  |  |  |  |  |
| ned<br>Tue                         | ٠.  | b  |   |  |  | -  |  |  |  |  |  |  |  |
| ella                               |   | c  |   |  |  |  |  |  |  |  |  |  |  |
| Miscellaneous<br>Revenue           |   | d  | All other revenue                                       | ·  |  | <del></del>  |  | <del></del>  |  |  |  |  |  |
| Σ                                  |   | -  | Total. Add lines 11a-11d                                | ▶  | -  |  |  |  |  |  |  |  |  |
|                                    | 12  |  | Total revenue. See instructions                         | <b></b>  | 78739.   | 77186.   | 0.   | 788.   |  |  |  |  |  |
| 932009 01-20-20 Form <b>990</b> (2 |   |  |   |  |  |  |  |  |  |  |  |  |  |

# Form 990 (2019) Cumberland Farmers Club Part X Statement of Functional Expenses

| Secti    | ion 501(c)(3) and 501(c)(4) organizations must com   | plete all columns All oth | er organizations must co                           | mplete column (A)  |                                |
|----------|--|---------------------------|--|--|--------------------------------|
| <u> </u> | Check if Schedule O contains a respo   |                           |  | · · · · · · · · · · · · · · · · · · ·  | , <u> </u>                     |
|          | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII                               | (A)<br>Total expenses     | (B) Program service expenses                       | (C) Management and general expenses  | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | ,                         |  |  |                                |
| 2        | Grants and other assistance to domestic  | ;                         |  |  |                                |
|          | individuals. See Part IV, line 22  |                           |  |  |                                |
| 3        | Grants and other assistance to foreign   |                           | ·  |  |                                |
|          | organizations, foreign governments, and foreign  | 1                         |  |  |                                |
| •        | individuals See Part IV, lines 15 and 16   |                           |  |  |                                |
| 4        | Bénefits paid to or for members  | :                         | <u> </u>   |  |                                |
| 5        | Compensation of current officers, directors,   |                           | 2522   | 1  | '                              |
| •        | trustees, and key employees  | 5200.                     | 3639.  | 1561.  |                                |
| ·6       | Compensation not included above to disqualified  | 1                         |  | ·  |                                |
| 1        | persons (as defined under section 4958(f)(1)) and  | ,                         |  |  |                                |
|          | persons described in section 4958(c)(3)(B)   | 1000                      | 1000   | •  |                                |
| 7        | Other salaries and wages   | 1033.                     | 1033.  | ·  | ļ                              |
| 8        | Pension plan accruals and contributions (include   |                           | . ,  |  | <b>'</b> .                     |
|          | section 401(k) and 403(b) employer contributions)  | <del></del>               |  |  |                                |
| 9        | Other employee benefits  |                           | 100  | 100  |                                |
| 10       | Payroll taxes  | 611.                      | 183.   | 428.   | <u>'</u>                       |
| 11       | Fees for services (nonemployees)   |                           |  | t  | ,                              |
| а        | Management   | <u> </u>                  |  |  |                                |
| b        | Legal ·  |                           | <del>-</del>                                       | <u> </u>   |                                |
| С        | Accounting   |                           |  |  |                                |
| d        | Lobbying   | , `                       | on Loren Politicanthropy and Drylon Ulithia Saland | Afficial actions in the operation of the first of the fir |                                |
| е        | Professional fundraising services. See Part IV, line 17  |                           |  |  | 1                              |
| f        | Investment management fees   |                           |  | 1 .  | ·                              |
| g        | Other (If line 11g amount exceeds 10% of line 25,  |                           | , ,  | 505  |                                |
|          | column (A) amount, list line 11g expenses on Sch O.)   | 506.                      | 1125   | 506.   |                                |
| 12       | Advertising and promotion  | 1135.                     | 1135.  | 1500   |                                |
| 13       | Office expenses ·  | 1566.                     |  | 1566.  | , ,                            |
| - 14     | Information technology   |                           |  |  |                                |
| 15·      | Royalties  |                           |  | ·  |                                |
| 16       | Occupancy  |                           |  |  |                                |
| 17       | Travel   | ļ                         | • '  |  | , .                            |
| 18       | Payments of travel or entertainment expenses   | •                         |  | •  | •                              |
|          | for any federal, state, or local public officials  | 4545                      |  | 1515   | <u> </u>                       |
| 19       | Conferences, conventions, and meetings   | 1517.                     | • • •  | 1517.  | · · ·                          |
| 20       | Interest   | 599.                      |  | 599.   |                                |
| 21 '     | Payments to affiliates *   | <u> </u>                  |  |  |                                |
| 22       | Depreciation, depletion, and amortization  | 10000                     |  | 10000  | .=                             |
| 23       | Insurance  | 10083.                    |  | 10083.   |                                |
| 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)  |                           |  |  |                                |
| ٠,       | amount, list line 24e expenses on Schedule O.)   |                           |  |  |                                |
|          | UTILITIES  | 15288.                    | - 7644.  | 7644.  |                                |
|          | FAIR EXPENSES  | 11443.                    | 11443.   | 4002   | •                              |
|          | MAINTENANCE .  | 8414.                     | 4207.  | 4207.  | <del></del>                    |
|          | REPAIRS  | 1290.                     | 645.   | 645.   |                                |
|          | All other expenses   | 131.                      | 131.   | 2005   |                                |
| 25_      | Total functional expenses. Add lines 1 through 24e   | 58816.                    | 30060.   | 28756.   | . 0.                           |
| 26 •     | Joint costs. Complete this line only if the organization   |                           |  |  | r. •                           |
|          | reported in column (B) joint costs from a combined   | ا ' نِ ' ا                | •  | •  | •                              |
| ~        | educational campaign and fundraising solicitation.   | -                         | ·  |  |                                |
|          | Check here if following SOP 98-2 (ASC 958-720)   | L. <u> </u>               |  | ·  | - 000                          |
| 932010   | 01-20-20   | · .                       | •  | •  | Form <b>990</b> (2019          |

| 掘                           | 小軟體       | Balance Sheet   |          |                       |                          |         |                    |
|-----------------------------|-----------|---|----------|-----------------------|--------------------------|---------|--------------------|
|                             |           | Check if Schedule O contains a response or note   | e to ar  | y line in this Part X |                          |         |                    |
| ,                           |           | ,   |          |                       | (A)<br>Beginning of year |         | (B)<br>End of year |
|                             | 1         | Cash - non-interest-bearing   |          |                       | 89503.                   | 1       | 103680.            |
|                             | 2         | Savings and temporary cash investments  |          |                       | 198282.                  | 2       | 198579.            |
|                             | 3         | Pledges and grants receivable, net  |          |                       |                          | 3       |                    |
|                             | 4         | Accounts receivable, net  |          |                       | 4803.                    | 4       | 5931.              |
|                             | 5         | Loans and other receivables from any current or   | forme    | r officer, director,  |                          |         |                    |
|                             |           | trustee, key employee, creator or founder, substa   | antial o | ontributor, or 35%    |                          |         |                    |
|                             | 1         | controlled entity or family member of any of thes   | e pers   | ons                   |                          | 5       | <u></u>            |
|                             | 6         | Loans and other receivables from other disqualifi   |          |                       |                          |         |                    |
|                             |           | under section 4958(f)(1)), and persons described  | ın sec   | tion 4958(c)(3)(B)    |                          | 6       |                    |
| स                           | 7         | Notes and loans receivable, net   |          |                       |                          | 7       | <u>.</u>           |
| Assets                      | 8         | Inventories for sale or use   |          |                       |                          | 8_      |                    |
| Ä                           | 9         | Prepaid expenses and deferred charges   |          |                       |                          | 9       |                    |
|                             | 10a       | Land, buildings, and equipment cost or other  |          |                       |                          |         |                    |
|                             | ĺ         | basis Complete Part VI of Schedule D  | 10a      | 6440761.              |                          |         |                    |
|                             | b         | Less accumulated depreciation   | 10b      | 5885078.              | 555683.                  | 10c     | 555683.            |
|                             | 11        | Investments - publicly traded securities  |          | 11                    |                          |         |                    |
|                             | 12        | Investments - other securities. See Part IV, line 1   |          | 12                    |                          |         |                    |
|                             | 13        | Investments - program-related. See Part IV, line 1  |          |                       | 13                       |         |                    |
|                             | 14        | Intangible assets   |          | 100                   | 14                       |         |                    |
|                             | 15        | Other assets See Part IV, line 11   |          |                       | 108.<br>848379.          | 15      | 111.               |
|                             | 16        | Total assets. Add lines 1 through 15 (must equa   | 21337.   | 16                    | 863984.<br>17019.        |         |                    |
|                             | 17        | Accounts payable and accrued expenses   | 21337.   | 17                    | 17019.                   |         |                    |
|                             | 18        | Grants payable  |          | 18                    |                          |         |                    |
|                             | 19        | Deferred revenue  |          | 19                    | <del></del>              |         |                    |
|                             | 20        | Tax-exempt bond liabilities   | )<br>    | of Cohodulo D         | <del></del>              | 20      | <del> </del>       |
|                             | 21        | Escrow or custodial account liability Complete F<br>Loans and other payables to any current or form |          |                       |                          | 21      |                    |
| iles                        | 22        | trustee, key employee, creator or founder, substa   |          |                       |                          |         |                    |
| Liabilites                  |           | controlled entity or family member of any of thes   |          |                       |                          | 22      |                    |
| Lia                         | 23        | Secured mortgages and notes payable to unrelate   |          |                       |                          | 23      |                    |
|                             | 24        | Unsecured notes and loans payable to unrelated  |          |                       |                          | 24      | ·                  |
|                             | 25        | Other liabilities (including federal income tax, pay  |          |                       | <del></del>              |         | <del></del>        |
|                             |           | parties, and other liabilities not included on lines  |          |                       |                          |         |                    |
|                             |           | of Schedule D   | ـ .,     | Complete Fairty       |                          | 25      |                    |
|                             | 26        | Total liabilities. Add lines 17 through 25  |          |                       | 21337.                   | 26      | 17019.             |
|                             |           | Organizations that follow FASB ASC 958, chec  | k her    | e ▶ X                 |                          |         |                    |
| ses                         |           | and complete lines 27, 28, 32, and 33.  |          |                       |                          |         |                    |
| anc                         | 27        | Net assets without donor restrictions   |          |                       | 827042.                  | 27      | 846965.            |
| Bal                         | 28        | Net assets with donor restrictions  |          |                       |                          | 28      |                    |
| pu                          |           | Organizations that do not follow FASB ASC 95  |          |                       |                          |         |                    |
| <u></u>                     |           | and complete lines 29 through 33.   |          |                       |                          |         |                    |
| SO                          | 29        | Capital stock or trust principal, or current funds  |          |                       |                          | 29      | <u> </u>           |
| Net Assets or Fund Balances | 30        | Paid-in or capital surplus, or land, building, or equ   |          |                       |                          | 30      |                    |
| t As                        | 31        | Retained earnings, endowment, accumulated inc   | ome,     | or other funds        |                          | 31      | <del> </del>       |
| ž                           | 32        | Total net assets or fund balances   |          | 827042.               | 32                       | 846965. |                    |
|                             | <u>33</u> | Total liabilities and net assets/fund balances  |          | . <u></u>             | 848379.                  | 33      | 863984.            |

| Forn | n 990 (2019) Cumberland Farmers Club   | 01-022                                | <u>4718</u> | Page 12          |
|------|--|---------------------------------------|-------------|------------------|
| ιPa  | 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                                     |             | 8739.            |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2                                     |             | 8816.            |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3                                     |             | 9923.            |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                            | 4                                     | 82          | 7042.            |
| 5    | Net unrealized gains (losses) on investments   | 5                                     |             |                  |
| 6    | Donated services and use of facilities   | 6                                     |             |                  |
| 7    | Investment expenses  | 7                                     | <del></del> |                  |
| 8    | Prior period adjustments   | 8                                     |             |                  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9                                     |             | <u> </u>         |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,                    | ļ                                     |             |                  |
|      | column (B))  | 10                                    | 84          | <u> 6965.</u>    |
| [Ka  | TIXII Financial Statements and Reporting   |                                       |             |                  |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |                                       |             |                  |
|      |  |                                       | Υ           | es No            |
| 1    | Accounting method used to prepare the Form 990 Cash X Accrual Other  |                                       |             | The second       |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (     | )                                     |             |                  |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                      |                                       | <u>2a</u>   | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed      | on a                                  |             |                  |
|      | separate basis, consolidated basis, or both  |                                       | 1           |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |                                       |             | سنبر کا          |
| b    |  |                                       | 2b          | X                |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate     | basis,                                |             |                  |
|      | consolidated basis, or both  |                                       |             |                  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |                                       |             |                  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   | audit,                                |             |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                       |                                       | 2c          |                  |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche   |                                       |             |                  |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | gie Audit                             |             | ٠,               |
|      | Act and OMB Circular A-133?  | 1                                     | 3a          | <u> </u>         |
| þ    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | ed audit                              | _           |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                             | <del></del>                           | 3b          | 20 (224.5)       |
|      |  |                                       | Form 9      | <b>90</b> (2019) |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

| Name of    | ame of the organization Employer identification number  |                        |  |                  |                                   |                 |                |                            |  |  |  |
|------------|---|------------------------|--|------------------|-----------------------------------|-----------------|----------------|----------------------------|--|--|--|
|            | Cumb  | erland Far             | mers_Club  | _                |                                   |                 | . 0            | 1-0224718                  |  |  |  |
| Part T     | Reason for Public   | Charity Status (       | All organizations must c                           | omplete th       | us part ) Si                      | ee instructions | 3              |                            |  |  |  |
| The orga   | nization is not a private found   | dation because it is ( | For lines 1 through 12, o                          | heck only        | one box)                          |                 |                | $\sigma$                   |  |  |  |
| 1 🗔        | A church, convention of ch  | urches, or association | on of churches described                           | d in section     | on 170(b)(                        | 1)(A)(ı).       |                | $     \triangle  $         |  |  |  |
| 2 🗀        | A school described in sect  | tion 170(b)(1)(A)(ii). | (Attach Schedule E (Forr                           | n 990 or 9       | 90-EZ))                           |                 |                | ()                         |  |  |  |
| з 🗀        | A hospital or a cooperative   | hospital service orga  | anization described in s                           | ection 170       | )(b)(1)(A)(i                      | n).             |                |                            |  |  |  |
| 4 🗔        | A medical research organiz  | zation operated in co  | njunction with a hospital                          | described        | in section                        | n 170(b)(1)(A   | )(iii). Enter  | the hospital's name,       |  |  |  |
|            | city, and state   |                        |  |                  |                                   |                 |                |                            |  |  |  |
| 5          | An organization operated for  | or the benefit of a co | llege or university owner                          | d or operat      | ed by a go                        | vernmental u    | nit describe   | ed in                      |  |  |  |
|            | section 170(b)(1)(A)(iv). (   | Complete Part II.)     |  |                  |                                   |                 |                |                            |  |  |  |
| 6          | A federal, state, or local go   | vernment or governn    | nental unit described in                           | section 1        | 70(b)(1)(A)                       | (v).            |                |                            |  |  |  |
| 7 🗀        | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in |                        |  |                  |                                   |                 |                |                            |  |  |  |
|            | section 170(b)(1)(A)(vi). (C  | Complete Part II)      |  |                  |                                   |                 |                |                            |  |  |  |
| 8 🗔        | A community trust describe  | ed in section 170(b)   | (1)(A)(vi). (Complete Par                          | t II )           |                                   |                 |                |                            |  |  |  |
| 9 🗔        | An agricultural research org  | ganızatıon described   | in section 170(b)(1)(A)(                           | ix) operat       | ed in conju                       | inction with a  | land-grant     | college                    |  |  |  |
|            | or university or a non-land-  | grant college of agric | ulture (see instructions)                          | Enter the        | name, city                        | , and state of  | the college    | or                         |  |  |  |
|            | university  | <del></del>            |  |                  |                                   |                 |                | ·                          |  |  |  |
| 10 X       | An organization that norma  | ally receives (1) more | than 33 1/3% of its sup                            | port from (      | contributio                       | ns, membersh    | np fees, an    | d gross receipts from      |  |  |  |
|            | activities related to its exen  | npt functions - subjec | ct to certain exceptions,                          | and (2) no       | more than                         | 1 33 1/3% of it | s support t    | from gross investment      |  |  |  |
|            | income and unrelated busing   | ness taxable income    | (less section 511 tax) fro                         | om busine:       | sses acqui                        | red by the org  | anization a    | ifter June 30, 1975        |  |  |  |
|            | See section 509(a)(2). (Co  | mplete Part III.)      |  |                  |                                   |                 |                |                            |  |  |  |
| 11 🛌       | An organization organized   | •                      | •  | -                |                                   |                 |                |                            |  |  |  |
| 12         | An organization organized   | •                      | •  | •                |                                   |                 | -              |                            |  |  |  |
|            | more publicly supported or  | -                      |  |                  |                                   |                 |                | Check the box in           |  |  |  |
| _          | lines 12a through 12d that  |                        | - · ·  |                  |                                   |                 | ·              |                            |  |  |  |
| а          | _ Type I. A supporting orga   |                        | •  | -                | _                                 |                 |                |                            |  |  |  |
|            | the supported organization  |                        |  | majority o       | of the airec                      | tors or trustee | es of the su   | ipporting                  |  |  |  |
|            | organization You must o   | •                      |  |                  |                                   | . d             | -(-)           |                            |  |  |  |
| b _        | Type II. A supporting org   |                        |  |                  |                                   |                 |                |                            |  |  |  |
|            | control or management of  |                        |  | ame perso        | ns that co                        | ntroi or manaç  | ge the supp    | orted                      |  |  |  |
|            | organization(s). You mus  | •                      |  | in connec        | tion with i                       | and functional  | lu intograta   | d with                     |  |  |  |
| c L        | Type III functionally inte  | •                      |  |                  |                                   |                 | iy ii ilegrale | u with,                    |  |  |  |
| a [        | its supported organization  |                        | ·  |                  |                                   |                 | ted organi     | ration(s)                  |  |  |  |
| u (_       | Type III non-functionally<br>that is not functionally int   |                        | <del>-</del> -                                     |                  |                                   |                 | _              |                            |  |  |  |
|            | requirement (see instruct   |                        | • •  | •                |                                   | •               | anattenti      | reness                     |  |  |  |
| e [        | Check this box if the orga  | •                      | •  |                  |                                   |                 | II Tyne III    |                            |  |  |  |
| • <u>_</u> | functionally integrated, or   |                        |  |                  |                                   | Type I, Type I  | ii, iypc iii   |                            |  |  |  |
| f Ent      | er the number of supported of   | * -                    | nany integrated support                            | ng organiz       | ation                             |                 |                |                            |  |  |  |
|            | vide the following information  | -                      | d organization(s)                                  |                  |                                   |                 |                | <u> </u>                   |  |  |  |
|            | (i) Name of supported   | (II) EIN               | (III) Type of organization                         | (iv) is the orga | inization fisted<br>ing document? | (v) Amount of   | monetary       | (vi) Amount of other       |  |  |  |
|            | organization  |                        | (described on lines 1-10 above (see instructions)) | Yes              | No                                | support (see in | structions)    | support (see instructions) |  |  |  |
|            |   |                        | above (ose monecusing)                             |                  |                                   |                 |                |                            |  |  |  |
|            |   |                        |  | 1                |                                   |                 |                |                            |  |  |  |
|            |   |                        |  |                  |                                   |                 | _              |                            |  |  |  |
|            |   |                        |  |                  |                                   |                 |                |                            |  |  |  |
|            |   |                        |  |                  |                                   | _               |                |                            |  |  |  |
|            |   |                        |  |                  |                                   |                 |                |                            |  |  |  |
|            |   |                        |  |                  |                                   |                 |                |                            |  |  |  |
|            | ··  |                        |  | ļ <u>.</u>       |                                   |                 | _              |                            |  |  |  |
|            |   |                        |  |                  |                                   |                 |                |                            |  |  |  |
|            |   |                        |  |                  |                                   |                 |                |                            |  |  |  |
| Total      |   | 1-1-1                  | p. T   | , 46             | 1                                 |                 |                |                            |  |  |  |

11320408 152130 70047

# Schedule A (Form 990 or 990-EZ) 2019 Cumberland Farmers Club [Partill] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

| 50   | ction A. Public Support  | elow, please comp            | nete Part II )         |                        |                     |                     |                      |
|------|--|------------------------------|------------------------|------------------------|---------------------|---------------------|----------------------|
|      |  | 1.555=                       | #1.0055                | 4-1 2027               | 4 00:0              | ()0000              | 10 = 1 :             |
|      | ndar year (or fiscal year beginning in)  | (a) 2015                     | (b) 2016               | (c) 2017               | (d) 2018            | (e) 2019            | ત્યું <b>n</b> Total |
| 1    | Gifts, grants, contributions, and  | ,                            |                        |                        |                     |                     |                      |
|      | membership fees received (Do not   | 702                          | 20650                  | 40050                  | 25762               | 765                 | 100011               |
|      | include any "unusual grants ")   | 783.                         | 30650.                 | 40250.                 | 35763.              | 765.                | 108211.              |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 1126055.                     | 1030056.               | 1216928.               | 1316231.            |                     | 4689270.             |
| 3    | Gross receipts from activities that  | ]                            |                        |                        |                     |                     |                      |
|      | are not an unrelated trade or bus-<br>iness under section 513  |                              |                        |                        |                     |                     |                      |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                              |                        |                        |                     |                     |                      |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                              | 19                     |                        | II                  | ·                   |                      |
| 6    | Total. Add lines 1 through 5   | 1126838.                     | 1060706.               | 1257178.               | 1351994.            | 765.                | 4797481.             |
| 7 a  | Amounts included on lines 1, 2, and  |                              |                        |                        |                     |                     |                      |
|      | 3 received from disqualified persons   |                              |                        |                        |                     |                     | 0.                   |
| b    | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                              |                        |                        |                     |                     | 0.                   |
| c    | Add lines 7a and 7b  |                              |                        |                        |                     |                     | 0.                   |
|      | Public support. (Subtract line 7c from line 6)   |                              |                        |                        |                     |                     | 4797481.             |
| Sec  | ction B. Total Support   |                              |                        |                        |                     |                     |                      |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2015                     | (b) 2016               | (c) 2017               | (d) 2018            | (e) 2019            | (f) Total            |
| 9    | Amounts from line 6  | 1126838.                     | 1060706.               | 1257178.               | 1351994.            | 765.                | 4797481.             |
| 10a  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 |                              | _                      |                        | 1607.               | 788.                | 2395.                |
| b    | Unrelated business taxable income  |                              |                        |                        |                     |                     |                      |
|      | (less section 511 taxes) from businesses   |                              |                        |                        |                     |                     |                      |
|      | acquired after June 30, 1975   |                              |                        | _                      |                     |                     |                      |
| c    | Add lines 10a and 10b  |                              |                        |                        | 1607.               | 788.                | 2395.                |
| 11   | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                              |                        |                        |                     |                     |                      |
| 12   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |                              |                        |                        |                     |                     |                      |
| 13   | Total support. (Add lines 9, 10c, 11, and 12)  | 1126838.                     | 1060706.               | 1257178.               | 1353601.            | 1553.               | <u>4799876.</u>      |
| 14   | First five years. If the Form 990 is for   | the organization's           | first, second, third   | I, fourth, or fifth ta | x year as a section | 501(c)(3) organiza  | tion,                |
|      | check this box and stop here   |                              |                        |                        | <del></del>         |                     | ▶□                   |
| Sec  | tion C. Computation of Publi   | c Support Per                | centage                |                        |                     |                     |                      |
| 15   | Public support percentage for 2019 (li   | ine 8, column (f), di        | vided by line 13, c    | olumn (f))             |                     | 15                  | 99.95 <u>%</u>       |
|      | Public support percentage from 2018  |                              |                        | <del></del>            |                     | 16                  | <u>99.97 %</u>       |
|      | ction D. Computation of Inves  |                              |                        |                        |                     |                     |                      |
| 17   | Investment income percentage for 20  | 1 <b>19</b> (line 10c, colum | nn (f), divided by lir | ne 13, column (f))     |                     | 17                  | .05 %                |
|      | Investment income percentage from 2  |                              |                        |                        |                     | 18                  | .03 %                |
| 19a  | 33 1/3% support tests - 2019. If the   | organization did no          | ot check the box o     | n line 14, and line    | 15 is more than 33  | 3 1/3%, and line 17 |                      |
|      | more than 33 1/3%, check this box ar   | *                            | -                      |                        |                     |                     | $\triangleright X$   |
| b    | 33 1/3% support tests - 2018. If the   |                              |                        |                        |                     |                     | nd                   |
|      | line 18 is not more than 33 1/3%, chec   |                              | •                      |                        |                     | _                   | <b>P</b>             |
| 20   | Private foundation. If the organization  | n did not check a b          | oox on line 14, 19a    | , or 19b, check thi    |                     |                     |                      |
| 3202 | 3 09-25-19   |                              |                        |                        | Sche                | dule A (Form 990    | or 990-EZ) 2019      |

Yes No

### Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? // "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,". answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| 1 1        | 1      | ł    |
|------------|--------|------|
|            |        |      |
| 2          |        |      |
| 3a         |        |      |
| 3b         |        |      |
| 3c         |        |      |
| 4a         |        |      |
| 4b         |        |      |
|            |        |      |
|            | 1      |      |
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| 5a         |        |      |
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| 7          |        |      |
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|            |        |      |
| 9a         |        |      |
| 9b         |        |      |
| 9c<br>10a  |        |      |
| 10a<br>10b |        |      |
| 990 or 9   | 90-FZ1 | 2019 |

932024 09-25-19

| 0.1.     | edule A (Form 990 or 990_EZ) 2019 Cumberland Farmers Club                       |     |  | 1-0224718 Page 6   |
|----------|---|-----|--|--|
|          | Type III Non-Functionally Integrated 509(a)(3) Supporting                       |     |  | 11-0224/10 Page 6  |
| 1        | Check here if the organization satisfied the Integral Part Test as a qualifying |     |  | Part VI) See instructions. All   |
| •        | other Type III non-functionally integrated supporting organizations must c      | •   | • •  |  |
| Sect     | ion A - Adjusted Net Income   |     | (A) Prior Year   | (B) Current Year<br>(optional)   |
| 1        | Net short-term capital gain   | _ 1 | <u> </u>   |  |
| 2        | Recoveries of prior-year distributions  | 2   |  |  |
| 3        | Other gross income (see instructions)   | 3   |  |  |
| 4        | Add lines 1 through 3   | 4   |  |  |
| 5        | Depreciation and depletion  | 5   |  |  |
| 6        | Portion of operating expenses paid or incurred for production or                |     |  |  |
|          | collection of gross income or for management, conservation, or                  | - 1 |  | •  |
|          | maintenance of property held for production of income (see instructions)        | _ 6 |  |  |
| 7        | Other expenses (see instructions)   | 7   |  |  |
| 8        | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                    | 8   |  |  |
| Sect     | ion B - Minimum Asset Amount  |     | (A) Prior Year   | (B) Current Year<br>(optional)   |
| 1        | Aggregate fair market value of all non-exempt-use assets (see                   |     |  |  |
|          | instructions for short tax year or assets held for part of year)                |     |  |  |
| <u>a</u> | Average monthly value of securities   | 1a  |  |  |
| <u>b</u> | Average monthly cash balances   | 1b  | <u> </u>   |  |
| c        | Fair market value of other non-exempt-use assets                                | 1c  |  |  |
| d        | Total (add lines 1a, 1b, and 1c)  | 1d  | a control bening a state a prophysical designation as a state of the s | albertenn er in Waathuise Il engliste interie as as a settification will |
| е        | Discount claimed for blockage or other  |     |  |  |
|          | factors (explain in detail in Part VI)  |     |  |  |
| 2        | Acquisition indebtedness applicable to non-exempt-use assets                    | 2   | `  |  |
| _3_      | Subtract line 2 from line 1d  | 3   |  |  |
| 4        | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,    | ł   | }  |  |
|          | see instructions)   | 4_  |  |  |
| _5       | Net value of non-exempt-use assets (subtract line 4 from line 3)                | 5   |  |  |
| _6       | Multiply line 5 by 035  | 6   |  |  |
| 7        | Recoveries of prior-year distributions  | 7   |  |  |
| 8        | Minimum Asset Amount (add line 7 to line 6)                                     | 8   |  |  |
| Sect     | ion C - Distributable Amount  |     |  | Current Year   |
| 1        | Adjusted net income for prior year (from Section A, line 8, Column A)           | 1   |  |  |
| 2        | Enter 85% of line 1   | 2   |  |  |
| 3        | Minimum asset amount for prior year (from Section B, line 8, Column A)          | 3   |  |  |
| 4        | Enter greater of line 2 or line 3   | 4   |  |  |
| 5        | Income tax imposed in prior year  | 5   |  |  |

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016c Excess from 2017d Excess from 2018e Excess from 2019

| Schedule A (Form 990 or 990-EZ) 2019 Cumberland Farmers Club   | 01-0224718 Page 8  |
|--|--|
| Part VI. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V | 17b, Part III, line 12,<br>and 2, Part IV, Section C,<br>, Section B, line 1e, Part V. |
| Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)   | nal information,   |
| Part III, Short Year Explanation:  |  |
| zazo zaz, witozo zoaz zingzania ozozi.   | <del></del>  |
| The organization changed their year ending date from October   | 31 to  |
| December 31 in 2019.   |  |
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# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Name of the organization

Cumberland Farmers Club

Employer identification number 01-0224718

| ( <u>P</u> a | Organizations Maintaining Donor Advise                              | d Funds or Other Similar Funds or                  | Accounts. Complete if the             |
|--------------|---|--|---------------------------------------|
|              | organization answered "Yes" on Form 990, Part IV, lin               | le 6 (a) Donor advised funds                       | (b) Funds and other accounts          |
| 1            | Total number at end of year   | (4,  |                                       |
| 2            | Aggregate value of contributions to (during year)                   |  |                                       |
| 3            | Aggregate value of grants from (during year)                        |  | · · · · · · · · · · · · · · · · · · · |
| 4            | Aggregate value at end of year                                      |  | <del> </del>                          |
| 5            | Did the organization inform all donors and donor advisors in        | writing that the assets held in donor advised t    | funds                                 |
| J            | are the organization's property, subject to the organization's      |  | Yes No                                |
| 6            | Did the organization inform all grantees, donors, and donor a       | •  | <del>_</del> _                        |
| ·            | for charitable purposes and not for the benefit of the donor o      | • •  | · · ·                                 |
|              | impermissible private benefit?                                      | , donor devicer, or for any earler purpose een     | Yes No                                |
| įŖa          | rtill Conservation Easements. Complete if the org                   | ganization answered "Yes" on Form 990, Part        |                                       |
| 1            | Purpose(s) of conservation easements held by the organization       |  |                                       |
|              | Preservation of land for public use (for example, recrea            | tion or education) Preservation of a h             | nistorically important land area      |
|              | Protection of natural habitat                                       | Preservation of a c                                | certified historic structure          |
|              | Preservation of open space  |  |                                       |
| 2            | Complete lines 2a through 2d if the organization held a qualif      | fied 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       |
| а            | Total number of conservation easements                              |  | 2a                                    |
| b            | Total acreage restricted by conservation easements                  |  | 2b                                    |
| С            | Number of conservation easements on a certified historic stru       | ucture included in (a)                             | 2c                                    |
| d            | Number of conservation easements included in (c) acquired a         | after 7/25/06, and not on a historic structure     | ] ]                                   |
|              | listed in the National Register                                     |  | 2d                                    |
| 3            | Number of conservation easements modified, transferred, rel         | eased, extinguished, or terminated by the org      | ganization during the tax             |
|              | year ▶  |  |                                       |
| 4            | Number of states where property subject to conservation eas         | sement is located                                  |                                       |
| 5            | Does the organization have a written policy regarding the per       | iodic monitoring, inspection, handling of          | <u></u>                               |
|              | violations, and enforcement of the conservation easements it        |  | Yes No                                |
| 6            | Staff and volunteer hours devoted to monitoring, inspecting,        | handling of violations, and enforcing conserv      | ation easements during the year       |
| 7            | Amount of expenses incurred in monitoring, inspecting, hand         | lling of violations, and enforcing conservation    | easements during the year             |
| •            | S   | ming of violations, and children goods of validity | casemente daming the year             |
| 8            | Does each conservation easement reported on line 2(d) abov          | e satisfy the requirements of section 170(h)(4)    | )(B)(i)                               |
|              | and section 170(h)(4)(B)(ii)?                                       |  | Yes No                                |
| 9            | In Part XIII, describe how the organization reports conservation    | on easements in its revenue and expense stat       | tement and                            |
|              | balance sheet, and include, if applicable, the text of the footn    | ote to the organization's financial statements     | that describes the                    |
| ,            | organization's accounting for conservation easements                |  |                                       |
| [Pa          | ttillij Organizations Maintaining Collections of                    |  | r Similar Assets.                     |
|              | Complete if the organization answered "Yes" on Form                 | 990, Part IV, line 8                               |                                       |
| 1a           | If the organization elected, as permitted under FASB ASC 95         | 8, not to report in its revenue statement and I    | balance sheet works                   |
|              | of art, historical treasures, or other similar assets held for pub  | olic exhibition, education, or research in furthe  | erance of public                      |
|              | service, provide in Part XIII the text of the footnote to its finan | icial statements that describes these items        |                                       |
| b            | If the organization elected, as permitted under FASB ASC 95         | 8, to report in its revenue statement and bala     | nce sheet works of                    |
|              | art, historical treasures, or other similar assets held for public  | exhibition, education, or research in furthera     | nce of public service,                |
|              | provide the following amounts relating to these items               |  |                                       |
|              | (i) Revenue included on Form 990, Part VIII, line 1                 |  | ► \$<br>► \$                          |
|              | (ii) Assets included in Form 990, Part X                            |  | <b>&gt;</b> \$                        |
| 2            | If the organization received or held works of art, historical treat | asures, or other similar assets for financial gai  | ın, provide                           |
|              | the following amounts required to be reported under FASB A          | SC 958 relating to these items                     |                                       |
| а            | Revenue included on Form 990, Part VIII, line 1                     |  | ► \$ <u>·</u>                         |
| <u>b</u>     | Assets included in Form 990, Part X                                 |  | <b>&gt;</b> \$                        |
| LHA          | For Paperwork Reduction Act Notice, see the Instructions            | for Form 990.                                      | Schedule D (Form 990) 2019            |

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|       |   | and Farmer                            |                 |                 | 0011100        | · Othor !     |             |                  | 24718       |                  |
|-------|---|---------------------------------------|-----------------|-----------------|----------------|---------------|-------------|------------------|-------------|------------------|
|       | Companizations Maintaining Companizations   |                                       |                 |                 |                |               |             |                  | (continu    | ed)              |
| 3     | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its |                                       |                 |                 |                |               |             |                  |             |                  |
| _     | collection items (check all that apply)   | _                                     |                 | Loop or ove     | hanaa nraara   |               |             |                  |             |                  |
| a     | Public exhibition   | (                                     |                 |                 | hange progra   | ım            |             |                  |             |                  |
| þ     | Scholarly research  | •                                     | • 📖             | Other           |                |               |             |                  |             |                  |
| C     | Preservation for future generations   | -11                                   |                 |                 |                | -1            |             | David            | VIII        |                  |
| 4     | Provide a description of the organization's co  | · · · · · · · · · · · · · · · · · · · |                 | -               |                |               |             | se in Part       | XIII        |                  |
| 5     | During the year, did the organization solicit of  |                                       |                 |                 |                | r sımılar a   | ssets       |                  | ٦.,         |                  |
| Da    | to be sold to raise funds rather than to be m   |                                       |                 |                 |                |               |             |                  | Yes         | No_              |
| (Fra  | Escrow and Custodial Arran  |                                       | ete if the      | e organizatio   | n answered "   | 'Yes" on F    | orm 990     | ), Part IV,      | line 9, or  |                  |
|       | reported an amount on Form 990, Pa  |                                       |                 | <del></del>     |                |               | <del></del> |                  |             | <del></del>      |
| 1a    | is the organization an agent, trustee, custod   | an or other intermed                  | liary for       | contribution    | s or other ass | ets not ind   | cluded      | _                | ٦           |                  |
|       | on Form 990, Part X?  |                                       |                 |                 |                |               |             | L                | _ Yes       | No               |
| b     | if "Yes," explain the arrangement in Part XIII  | and complete the fo                   | llowing t       | table           |                |               |             |                  |             |                  |
|       |   |                                       |                 |                 |                |               | $\vdash$    |                  | Amount      |                  |
| С     | Beginning balance   |                                       |                 |                 |                |               | 1c          |                  |             |                  |
| d     | Additions during the year   |                                       |                 |                 |                |               | 1d          |                  |             |                  |
| e     | Distributions during the year   |                                       |                 |                 |                |               | 1e          |                  |             |                  |
| f     | Ending balance  |                                       |                 |                 |                |               | 1f          |                  |             |                  |
| 2a    | Did the organization include an amount on F   | orm 990, Part X, line                 | 21, for (       | escrow or cu    | ustodial accou | unt liability | ?           |                  | Yes         | No               |
|       | If "Yes," explain the arrangement in Part XIII  |                                       |                 |                 |                |               |             |                  |             |                  |
| (Pa   | tiVa Endowment Funds. Complete  | f the organization an                 | swered          | "Yes" on Fo     | rm 990, Part   | IV, line 10   |             |                  |             |                  |
|       |   | (a) Current year                      | (b) F           | Prior year      | (c) Two year   | s back (d     | ) Three y   | ears back        | (e) Four y  | ears back        |
| 1a    | Beginning of year balance   |                                       |                 |                 |                |               |             |                  |             |                  |
| b     | Contributions   |                                       |                 |                 |                |               |             | -                |             |                  |
| С     | Net investment earnings, gains, and losses  |                                       |                 |                 |                |               |             |                  |             |                  |
| ď     | Grants or scholarships  |                                       |                 |                 |                |               |             |                  |             |                  |
|       | Other expenditures for facilities   |                                       |                 |                 |                |               |             |                  |             |                  |
| ·     | and programs  |                                       |                 |                 | İ              |               |             |                  |             |                  |
|       | Administrative expenses   |                                       |                 |                 |                | -             |             |                  |             |                  |
| 1     |   |                                       |                 |                 |                |               | _           |                  |             |                  |
| g     | End of year balance   |                                       | - 0 1-          |                 | \ bald as      |               | _           |                  |             |                  |
| 2     | Provide the estimated percentage of the curr  | ent year end balance                  |                 | g, column (a)   | ) neid as      |               |             |                  |             |                  |
| a     | Board designated or quasi-endowment   |                                       | _%              |                 |                |               |             |                  |             |                  |
| b     | Permanent endowment   | %                                     |                 |                 |                |               |             |                  |             |                  |
| C     |   | %                                     |                 |                 |                |               |             |                  |             |                  |
|       | The percentages on lines 2a, 2b, and 2c sho   | •                                     |                 |                 |                |               |             |                  |             |                  |
| 3a    | Are there endowment funds not in the posse  | ssion of the organiza                 | ation tha       | it are held ar  | nd administer  | ed for the    | organiza    | ation            | _           | <del></del>      |
|       | by Yes No   |                                       |                 |                 |                |               |             |                  |             |                  |
|       | (i) Unrelated organizations   |                                       |                 |                 |                |               |             |                  | 3a(i)       |                  |
|       | (ii) Related organizations  |                                       |                 |                 |                |               |             |                  | 3a(ii)      |                  |
| b     | If "Yes" on line 3a(ii), are the related organiza   | tions listed as requir                | ed on S         | chedule R?      |                |               |             |                  | _3b         |                  |
| 4     | Describe in Part XIII the intended uses of the  |                                       | wmen <u>t f</u> | unds            |                |               | _           |                  |             |                  |
| Par   | t Via Land, Buildings, and Equipm   | ent.                                  |                 |                 |                |               |             |                  |             |                  |
|       | Complete if the organization answere  | d "Yes" on Form 990                   | ), Part IV      | /, line 11a S   | ee Form 990,   | Part X, lin   | e 10        |                  |             |                  |
|       | Description of property   | (a) Cost or o                         | ther            | (b) Cost        | or other       | (c) Acc       | umulate     | ed               | (d) Book    | /alue            |
|       |   | basis (investr                        |                 | , , ,           | (other)        |               | eciation    |                  | ,           |                  |
| 12    | Land  | <del> ,,</del>                        |                 |                 | 55683.         |               |             |                  | 55          | 5683.            |
|       | Buildings   |                                       |                 |                 | 38174.         | 5(            | 381         | 74.              |             | 0.               |
| 0     | •   |                                       |                 |                 |                |               | <del></del> |                  |             | <del></del>      |
| ن     | Leasehold improvements  | <del></del>                           |                 |                 | 76548.         |               | 765         | 18.              |             | 0.               |
|       | Equipment   |                                       |                 |                 | 70356.         | -             | 7703        |                  |             | 0.               |
|       | Other   | 15                                    | V aid           |                 |                |               | ,,,,,,      | <del>``</del> +- | 551         | 5683.            |
| rotal | . Add lines 1a through 1e (Column (d) must e  | guai Form 990. Part .                 | x. colun        | n (6). line 1 ( | UC.)           |               |             |                  | <del></del> | <del>,,,,,</del> |

Schedule D (Form 990) 2019

### **SCHEDULE 0**

(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

Department of the Treasury Internal Revenue Service Name of the organization

Cumberland Farmers Club

Employer identification number 01-0224718

| Form 990, Part I, Line 1, Description of Organization Mission:   |
|--|
| PURPOSE OF AGRICULTURE   |
| Form 990, Part VI, Section A, line 8b:   |
| EACH COMMITTEE AS FORMED REPORTS TO THE GOVERNING BODY; I.E. EXECUTIVE  COMMITTEE  |
| Form 990, Part VI, Section B, line 11b:  |
| 990 COPY WILL BE REVIEWED AT THE NEXT MONTHLY GOVERNING OFFICERS MEETING.  DOCUMENTS WILL BE AVAILABLE AT THE OFFICE.  |
| Form 990, Part VI, Section B, Line 15b:  THE PROCESS IS PURELY EXECUTED BY THE EXECUTIVE COMMITTEE. THERE ARE THREE  PAID OFFICERS: PRESIDENT, TREASURER, AND SECRETARY. |
| Form 990, Part VI, Section C, Line 19:  DOCUMENTS WILL BE AVAILABLE UPON REQUEST.  |
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