, (Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545 0047

Open to Public

A	For the	e 2019 calen	dar year, or tax year begin	nning	, 2019,	and ending				
В	Check if	applicable	C					D Employ	er identi	fication number
	Add	fress change	Aiken County Far	m Bureau				57-0	0481	779
	Nan	ne change	PO BOX 2097					E Telepho	ne numb	ier
	$\vdash$	al return	Aiken, SC 29802					803-	-936-	-4676
-	. 🛏	return/terminated						- 003		4070
	$\vdash$	ended return						<b>G</b> Gross re	counts S	97,571.
	$\vdash$		F Name and address of principa	N officer			I(a) Is this	a group return		
	∐ App	dication pending	• •	<sup>al officer</sup> John Coons	•			-		H H
_	Taylor		Same As C Above	- \d (\\d\	4047(0)(1) ==		If "No,"	subordinates ' attach a list	(see ins	tructions)
÷		xempt status	501(c)(3) X 501(c) (	5 ) <b>(</b> (insert no )	4947(a)(1) or	(527)				0202
7		site: N/	<del></del>				<del></del>	exemption nu		
K		of organization	X Corporation Trust	Association Other	] L Y	ear of formation	195	3 <b>M</b> s	tate of le	egal domicile SC
Pa	irt 136	Summar	<u>y</u>	<del></del>			<del></del>			<del></del>
	1 5	Briefly descri	be the organization's miss	ion or most significant a	activities Pro	mote ag	ricul	<u>tural</u> :	inte	rests and to
ခွ			the lives of the				Te pe	eing re	spec	tful to the
Ē	<u> </u>	<u>needs_an</u>	d_concerns_of_al	<u>l_citizens_in_o</u>	ur state	:		<del>_</del>	- <b>-</b> -	<b>-</b>
ern	_ =	5. – <del>7 – 7</del> .	<del></del>	- <b></b>	-,	. – – , <del>–</del> –		-,- <del></del> -	- <b></b>	
્ટ્રે			ox ►			osea or mor	e than 2	1 231 70 %C	- 1	
ಷ			dependent voting member		,	1b)		-	3 4	<u>12</u> 12
es			of individuals employed in	,	•	•		ŀ	5	0
₩.			of volunteers (estimate if		urt 1, mio 2a,	•		}	6	45
Activities & Governance	)		ed business revenue from t		ne 12			Ì	7a	60.
_			business taxable income					ŀ	7b	0.
							Р	rior Year		Current Year
_	8 0	Contributions	and grants (Part VIII, line	1h)				74,8	96.	68,728.
Revenue	9 F	Program serv	rice revenue (Part VIII, line	e 2g)					60.	60.
š	10 li	nvestment in	come (Part VIII, column (A	A), lines 3, 4, and 7d)				10,4	91.	7,783.
ď	11 (	Other revenue	e (Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10c, a	ind 11e)			20,4	75.	21,000.
	12 T	Total revenue	e - add lines 8 through 11	(must equal Part VIII, o	olumn (A), lır	ne 12)	[ <u></u> _	106,5	22.	97,571.
	13 (	Grants and si	milar amounts paid (Part I	IX, column (A), lines 1-3	3)			2,0	00.	2,000.
	14 E	Benefits paid	to or for members (Part I)	X, column (A), line 4).			_			
"	15 8	Salaries, othe	er compensation, employed	e benefits (Part IX, colu	mn (A), lines	5-10)				
Expenses	16a F	Professional 1	fessional fundraising fees (Part IX, column (A), line 11e)							
Беп	ьт	Fotal fundrais	sing expenses (Part IX, col	lumn (D) line 25)	emi0H	,				
Ä	17 (	Other evnens	es (Part IX, column (A), lu	nes 11a-11d, 11f-24e)	- USB		5997000*********	48,9	E C	E2 161
			es Add lines 13-17 (must	nes Tra-Tru, 南岩石 海線質	A) line 25)			50,9		52,161. 54,161.
							——		$\overline{}$	
	19 7	teveriue less	expenses Subtract line 1	**************************************	<del>()</del> -		D	55,5		43, 410. End of Year
ts or	20 T	Cotal accote (	(Part X, line 16)				Beginnin	g of Current		612,847.
Bala	21 T	Tatal liabilitia	c (Dort V. line 26)	_				569,4	0.	012,847.
Net Aer Fund Be	20 1		fund balances Subtract li	Ogden, UT	•		<del></del>	560.4		
_				ne 21 from line 20			L	569,4	3/.	612,847.
		Signatur								
Unde	er penaltie plete Dec	es of perjury, I de	clare that I have examined this retu (other than officer) is based on	irn, including accompanying sch all information of which prepare	edules and staten r has anv knowled	nents, and to the	e best of m	y knowledge	and belie	ef, it is true, correct, and
		J		makka 2				7.1	110	120
٠.		Signatur	re of officer	NECOSIA CONTRACTOR OF THE PARTY			Dat	\/\ te	110	120
210	jn ,	77	A CONTRACTOR OF THE PROPERTY O					-		
He	re	Eric	Seymour print name and title	<del> </del>			Tax C	fficer		
				Property superty	<del>-</del>	Inate	—- <u>—</u> -		1. 1.	
			reparer's name	Preparer's signature		Date	ļ	_	. ا	PTIN
Pai		2000		Non-Paid Prepa	rer			self employe	d [	ta da
Pre	parer	I			599-200-2014	200 <u>0</u> 4.475				
US	e Only	Firm's addre	SS DECEMBER OF THE PROPERTY OF	ASSESSMENT AND A SESSOR	00 (2018) 32 (2)		29. 30	Firm's EIN		
<u> </u>	. <u> </u>	_1	\$76655 (ASS. 2.200 ASS.	<u> Visi 10+10101000000000000000000000000000000</u>	1988 NO 1888	4 12 11 12 15 16 16 16 16 16 16 16 16 16 16 16 16 16	100	Phone no	10000	
May	the IR	S discuss the	is return with the preparer	shown above? (see ins	tructions)					Yes No

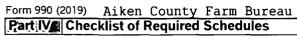
BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/21/20

- Form **990** (2019)

	1 990 (2019) Aiken County Farm Bureau	57-0481779	Page <b>2</b>
Par	till∎ Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	Promote agricultural interests and to optimize the lives of those	<u>e_involved_i</u>	<u>n</u>
	agriculture while being respectful to the needs and concerns of	all citizens	in our
	state.		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	_
	Form 990 or 990-EZ?	Y	es X No
	If "Yes," describe these new services on Schedule O	<u> </u>	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Y	es X No
	If "Yes," describe these changes on Schedule O	<del></del>	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	rices, as measured as to others, the tot	by expenses al expenses,
4 a	(Code ) (Expenses \$ including grants of \$ ) (F	Revenue \$	)
	Provide a central location for services, the dissemination of in	formation pr	omoting
	agricultural interests and meetings.		
	,		
			- <b>-</b>
4 b		Revenue \$	)
	Sponsor county officers to attend and represent their county farm	n bureau at	regional
	and national events.	<del>-</del>	
		<del>-</del>	<del>-</del>
		<del>-</del>	<del>-</del>
		<b></b>	
		<b>-</b>	
		<b>-</b>	
		<b>-</b>	<b></b> -
		<b>-</b>	
		<b></b>	<b></b>
4 c	·	Revenue \$	)
	Sponsor county volunteers to represent their county farm bureau a events promoting agriculture.	<u>at meetings a</u>	and
		<b>. – – – – –</b> – -	-,
		<b></b>	
			<b></b>
		<b></b>	
			<del></del>
		. <b>-</b>	
		<b></b>	
	Other assertion converse (December on Schoolide O.)	<del> </del>	
4 d	Other program services (Describe on Schedule O ) See Schedule O (Expenses \$ including grants of \$ ) (Revenue \$		)
	Total program service expenses ► 0.		
BAA	TEEA0102L 07/31/19	F	orm <b>990</b> (2019)

Yes No



57-0481779

AA	TEEA0103L 07/31/19	Form	990 (	2019)
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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	14Ь		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
d	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	х	
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule  D. Part VI	11 a	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
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		<u> </u>
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
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
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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
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 98-197 If 'Yes,' complete Schedule C, Part III	5		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
3	for public office? If 'Yes,' complete Schedule C, Part I	3		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
'	Schedule A	1		Х

Form **990** (2019)

		7-0481779		Page
Pa	tilV Checklist of Required Schedules (continued)		7	7
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on F column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	Part IX,	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	ent 23		х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	f d <b>24</b> :	a	х
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	b	<u> </u>
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeasi any tax-exempt bonds?	e <b>24</b> 6	c	
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24	d	
25	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25	a	
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, at 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	nd <b>25</b> l	b	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any currer former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	nt or entity 26		х
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)			
á	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28	a	х
1	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	281	·	X
•	: A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV	280	:	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conscontributions? If 'Yes,' complete Schedule M	servation 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, P.	art I 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, c and Part V, line 1	or IV, 34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	Х
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a control entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	lled 35t	,	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	t is <b>37</b>		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Pa	tiVI Statements Regarding Other IRS Filings and Tax Compliance	<del> </del>		
	Check if Schedule O contains a response or note to any line in this Part V		Voc	No
1:	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3	Yes	INO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
(	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	E X	

TEEA0104L 07/31/19

Form 990 (2019) Aiken County Farm Bureau

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

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		3873F3	
	ments, filed for the calendar year ending with or within the year covered by this return			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	*****	#884cro+64
٠.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3-		X
	a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 a		
		30	ļ	├
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
l	b If 'Yes,' enter the name of the foreign country▶		100	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
١	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
í	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	9 Milita	
ı	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?  If 'Yes,' indicate the number of Forms 8282 filed during the year  7 d	7 c	(48)°,	300
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	S. 350. 1	*18.35 B
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			—— 
	as required.  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 g		
	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	<b>分数约</b> 4	(2 <b>3</b> 85) 2	38-73
_	organization have excess business holdings at any time during the year?	8	2999Ca. a	2002.2e1 1
	Sponsoring organizations maintaining donor advised funds.  Did the grangering arganization make any toyoble digitabilities under control 19663		溪沁	<b>*</b>
	a Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 a		
	Section 501(c)(7) organizations. Enter	20		<b>10074</b>
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders		2500	
ŧ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>***</b>	<b>%</b>	<b>***</b>
ā	Is the organization licensed to issue qualified health plans in more than one state?	13a	~ Jack of 23	1 12/15
	Note: See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b			
	Enter the amount of reserves on hand	14-	BEN.	X
	Did the organization receive any payments for indoor tanning services during the tax year?  If 'Yes' has it filed a Form 720 to report these payments? If 'No ' provide an explanation on Schedule O	14a		
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	J	Х
	If 'Yes,' see instructions and file Form 4720, Schedule N		705 200	W. S. M.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	- NEWS-PT	X
	If 'Yes,' complete Form 4720, Schedule O	7.322	43800	: <b>**</b> ********
D A A			2000	2010

Form 990 (2019) Aiken County Farm Bureau 57-0481779 Page 6 Party Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Nο Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 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 more X members of the governing body? **7** a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? X b Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο X 10a 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 大学 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 X 14 X 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply Another's website Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O

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

Form 990 (2019) Aiken County	rarm	Bureau
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Page 7

# 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

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

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

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

Check this box in neither the diganization not any relati		(C)					,	T		
(A) Name and title		than 18	one both dir	box, an o ector/	unles fficer truste	eck moss s pers and a ee)	son	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
(1) Carl Brown Jr	0.3									
Director	0	X						0.	0.	0.
(2) Rodney Quattlebaum	0.3									
Director	0	Х				<u> </u>		0.	0.	0.
(3) Donnie Wakefield	0.3									
Director	0	Х						0.	0.	0.
_(4) Debbie Etheredge	0.3	١						_		•
Director	0	Х		_				0.	0.	0.
(5) Carl Brown III	0.3	.,							_	^
Director (C) College Francisco	0	X	$\vdash$	_				0.	0.	0.
_(6) Colby Furtick	0.3	l ,							0.	٥
Director C) Lawrence Frontiels	0.3	X			-	-	H	0.	0.	0.
	-0.3-	Х						0.	0.	0.
(8) Tim Johnson	0.3			_	_	-		<u> </u>	0.	
Director		x						0.	0.	0.
(9) Allen Williams	0.3	<u> </u>			_			<u> </u>	0.	<del></del>
Director	0.5	x				[		0.	0.	0.
(10) John Coons	0.3					-		<u>_</u>		
President	0.5			х				0.	0.	0.
(11) Gerald Miller	0.3			-						·
Vice President	0			х				0.	o.	0.
(12) Chris Ulmer	0.3									
Secretary/Treas	0			х		)		0.	0.	0.
(13)			$\Box$			М	$\Box$	<del>_</del> _		<del></del>
(14)				7						

Tage VII   Occion A. Onicers, Directors, Tre	131003,	itey		יוקוי	Jyc	<del>,</del>	aiii	d ringinest con	ipensacea Emp	Toyces (contin	ueu/_
(A) Name and title	Average hours per week (list any hours for related organiza tions below dotted line)	l box	cer a	check ess p	sition more erson direct	that Highest compensated	Former	(D)  Reportable compensation from the organization (W 2/1099 MISC)	(E)  Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amo of other compensation in the organization and related organizations	om
(15)		<u> </u>			-		1				_
(16)		1									
(17)							-		-		
(18)											
(19)	<b>_</b>										
(20)	<b>-</b>								1		
(21)	<b>-</b>						-		-		
(22)											
(23)											
(24)											
(25)											
1 b Subtotal			1				<b>&gt;</b>	0.	0.	<u> </u>	0.
c Total from continuation sheets to Part VII, Section	on A						<b>•</b>	0.	0.		0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.		0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	sted	abov	ve) v	vho i	recer	ved	more than \$100,00	0 of reportable comp	ensation	
										Yes	No
3 Did the organization list any former officer, direct	tor, truste	e, ke	ey er	mplo	yee	, or	high	nest compensated	employee		
on line 1a7 If 'Yes,' complete Schedule J for such	h ındıvıdu	al								3	<u> X</u>
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportabler than \$1	le coi	mpe ງດາ	nsa If 'Y	tion es.	and	oth	er compensation to the Schedule J for	from		`
such individual		00,00			,		٠,٥٠٥			4	X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen	satio	n fre	om a lule	any <i>J foi</i>	unre r suc	late	ed organization or erson	individual	5	X
Section B. Independent Contractors										- <del></del>	
Complete this table for your five highest compens compensation from the organization. Report compens	sated inde	epend	dent	cor	ntrac vear	tors	tha	it received more the	nan \$100,000 of ganization's tax year		
(A) Name and business addr							3	(B) Description of	<u> </u>	(C) Compensation	1
											-
2 Total number of independent contractors (including b		ted to	tho	se li	sted	abo	ve)	who received more	than	,	
\$100,000 of compensation from the organization					:					F 000 ::	010
BAA	1	EEA0	108L	07/3	1/19					Form <b>990</b> (2	U19)

Par	t∗VI	Statement of Check if Schedu	•		a resp	oonse or note to ar	ny line in this Part \	/IIL		
			•		<u>·</u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a Federated campaigns 1 a						7.42.77		100	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1 b	68,728.		A Page 1911	14 7 15 19	5.00
ts, e	C	Fundraising events			1 c					
ia eg	d	Related organization			1 d 1 e					
Sin.	l f	Government grants (con All other contributions,			ı e				1.13	haras to
ž ž		similar amounts not incl	luded	above	1 f				and the second	
돌	g	Noncash contributions in lines 1a-1f	nclude	ed in	1 g				100	
S a	h	Total. Add lines 1a	-1f			<b>•</b>	68,728.			
Program Service Revenue						Business Code				
e e	2a b	Activities :	Inc	ome			60.		60.	<del> </del>
Se B	ם ס	' <b>-</b>						<del> </del>		<del> </del>
eZ	d									
SE	e							<u> </u>		
g	f	All other program s	servi	ce revenu	e					
ے _	g	Total. Add lines 2a				· · · · · · · · · · · · · · · · · · ·	60.			
	3	Investment income ( other similar amou	(inclu	iding divide	ends, ı	nterest, and	7,783.			7,783.
	4	Income from invest		nt of tax-e	xempi	t bond proceeds	1, 183.			1,163.
	5	Royalties								
				(ı) R		(II) Personal				
		Gross rents	6a	21,	000					100
		Less rental expenses Rental income or (loss)	6b	21	000	<del> </del>				
		Net rental income of			000	•1	21,000.	7.70-3833148547988164 <u>5</u>	BEST COMMENTS SERVE COMMENTS	21,000.
		Gross amount from	$\Box$	(ı) Secu	rities	(II) Other	21,000:			21,000
		sales of assets	7a			<del> </del>				
	ь	other than inventory Less cost or other basis								
	,	and sales expenses Gain or (loss)	7b 7c			<del></del>				
		Net gain or (loss)	70	L			A-115801A-1201A-1201A-1201A	10.1-20.020.20.20.20.20.21.0	100 100 100 100 100 100 100 100 100 100	
ø	l	Gross income from fund	raisin	a events	Г					
Ž		(not including \$		<u> </u>				4		7.
eve		of contributions reported	l on l	ne 1c)						
노		See Part IV, line 18 Less direct expens	.05		8					
Other Reve		Net income or (loss		om fundra			**************************************		**************************************	790000470000000000000000000000000000000
0		Gross income from gami	-			T				
	<b>.</b> .	See Part IV, line 19	ng ac		9	a				
		Less direct expens			9					
		Net income or (loss		om gamin	g activ	/ities ►	29 (19 ph) (19 ph)			
	10a	Gross sales of inventory, returns and allowances	, less		10	a				
		Less cost of goods		d	10					
	C	Net income or (loss	s) fro	m sales o	of inve	entory <b>&gt;</b>				
ZŽ.					$-\Box$	Business Code				
Miscellaneous Revenue	11a b c d									
	b	~								
Sce Re	d	All other revenue	<b></b>				<del>  .                                   </del>	-		
Ξ		Total. Add lines 11	a-11	d		•			7-7-7-10 (A)	<i>4</i>
		Total revenue. See		<del></del>		<b>•</b>	97,571.	0.	60.	28,783.

For	m 990(2019) Aiken County Farm Bu	irean		57-04	81779 Page 10
	rt X Statement of Functional Exper				01775 Tage 10
	ction 501(c)(3) and 501(c)(4) organizations must co		ther organizations must o	complete column (A)	
	Check if Schedule O contains a			<del></del>	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			30 <sub>4</sub> 2 (1)	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,000.	2,000.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	<del></del>		18 18 18 18 18 18 18 18 18 18 18 18 18 1	
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	•			
11	Fees for services (nonemployees)	-			
	a Management	14,733.		14,733.	
	<b>b</b> Legal				
	c Accounting				
	<b>d</b> Lobbying				
	e Professional fundraising services See Part IV, line 17				
	Investment management fees				
	3 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0 ) Advertising and promotion				
13	Office expenses	694.	·-	694.	
14	Information technology				
15	Royalties				
16	Occupancy	6,113.	6,113.		
17	Travel	10.	10.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,827.	13,827.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		673.		673.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	STATE DUES	6,258.	6,258.		7.70 to 20 t
	GROUND MAINTENANCE	5,305.	5,305.		<u> </u>
	Postage and Shipping	2,850.	3,303.	2,850.	<del></del>
	COMMUNITY / CHARITABLE	1,400.	1,400.	2,030.	
	a COMMONITI / CHARTIABLE	298.	298.		
	Total functional expenses Add lines 1 through 24e	54,161.	35,211.	18,950.	0.
		,	~~, <del>~~</del> -	,,	

54,161.

0.

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (**B**) End of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 128,408. 134,682. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under a section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 7 Notes and loans receivable, net 56,801 41,571 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 121.656 **b** Less accumulated depreciation 10b 97,530. 10 c 121,656. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV. line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 286,697 314,938. 16 612,847. 569,437. 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 0 26 0 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 28 Net assets with donor restrictions X Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ᅙ Capital stock or trust principal, or current funds 29 Assets Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 569,437 31 612,847. 32 32 Total net assets or fund balances 569,437. 612,847. 33 Total liabilities and net assets/fund balances 569,437. 33 612,847.

Forn	m 990 (2019) Aiken County Farm Bureau 57-	0481779	Page 12
Pa	rtXI® 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	97,571.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,161.
3	Revenue less expenses Subtract line 2 from line 1	3	43,410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	569,437.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	612,847.
Pai	ttiXIII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		П
			Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a	
t	were the organization's financial statements audited by an independent accountant?		2 b X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	te	
C	c 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?		2 c
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O		
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a X
t	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	t	3 b
BAA	TEEA0112L 01/21/20		Form <b>990</b> (2019)

#### 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

2019

Open to Rublic Inspection

Name of the organization 57-0481779 Aiken County Farm Bureau Partil Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No P.artIII■ Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2 b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Partille Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ► Ś (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **►**S If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items ► Ś a Revenue included on Form 990, Part VIII, line 1 ▶\$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2019 Aiken Part III Organizations Maintai	County Farm	Bureau	rical Treasures or	57-048	
3 Using the organization's acquisition			_		
items (check all that apply)	, accession, and one	·		are significant use of its	conection
Public exhibition		<b>—</b>	r exchange program		
b Scholarly research	-4	e U Other			
c Preservation for future general 4 Provide a description of the organiz		d explain how they	further the organization's	exempt purpose in	
Part XIII  5 During the year, did the organizar	tion colors or rosens	a departure of art	historical transuras, ai	r other cimilar accets	
to be sold to raise funds rather th	nan to be maintaine	d as part of the or	ganization's collection?	other similar assets	Yes No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements. amount on Form	. Complete if the 1990, Part X, I	ne organization ans ine 21.	wered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian or ot	her intermediary f	for contributions or othe	r assets not included	Yes No
b If 'Yes,' explain the arrangement	in Part XIII and con	nnlete the followin	ng table		
bit ves, explain the arrangement	in r are Am and con	inpiete the followin	ig table		Amount
c Beginning balance				1 c	
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1 f	
2a Did the organization include an a	mount on Form 990	, Part X, line 21,	for escrow or custodial	account liability?	Yes No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII Check I	here if the explan	ation has been provided	on Part XIII	<b>-</b> Н
Part V   Endowment Funds. Co	<u>omplete if the or</u>	ganization ans	swered 'Yes' on Fo	<u>rm 990, Part IV, lır</u>	ne 10.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					ļ
<b>b</b> Contributions		<u> </u>			<del></del>
c Net investment earnings, gains, and losses					
d Grants or scholarships					
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the current year	end balance (line	e 1g, column (a)) held a	ıs	
a Board designated or quasi-endowment		%			
<b>b</b> Permanent endowment					
c Term endowment ►	%				
The percentages on lines 2a, 2b, an	id 2c should equal 10	0%			
3 a Are there endowment funds not in the organization by	ne possession of the	organization that ar	e held and administered	for the	Yes No
(i) Unrelated organizations					3a(i)
(ii) Related organizations					3a(ii)
b If 'Yes' on line 3a(ii), are the rela-	ted organizations lis	sted as required o	n Schedule R?		3b
4 Describe in Part XIII the intended	uses of the organiz	ation's endowmei	nt funds		
Part VI Land, Buildings, and E	Equipment.				
Complete if the organiz		'Yes' on Form	990, Part IV, line	11a. See Form 99	0, Part X, line 10.
Description of property	(a) Cos	it or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			43,001.		43,001.
<b>b</b> Buildings			55,479.		55,479.
c Leasehold improvements			9,948.		9,948.
<b>d</b> Equipment	<del>-</del>				5/530.
e Other		<del></del>	13,228.		13,228.
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	rm 990, Part X. co		<b>•</b>	121,656.
BAA	<del></del>		<del></del>	Schedi	ule D (Form 990) 2019

Schedule D (Form 990) 2019 Aiken County Farm	Bureau		57-0481779	Page 3
Part VIII Investments - Other Securities.		N/A	a Farm 000 Bort V	line 10
Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market val	
(1) Financial derivatives	(B) Book Value	(c) Method of Valuation	- Cost of Cha-of-year thanket val	
(2) Closely held equity interests			· · · · · · · · · · · · · · · · · · ·	
(3) Other			·····	
(A)				
(B)				
(C) .				
(D)				
(E)				
(F)				
(G)		<u> </u>		
(H)				
_(l)		Mary 41 and 42 a		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)				100 GE
Part VIIII Investments – Program Related. Complete if the organization answered	'Yes' on Form 99	N/A 0 Part IV line 11c Se	e Form 990 Part X	line 13
(a) Description of investment	(b) Book value	(c) Method of valuation (		
(1)	<u></u>			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) .	-			
(9)			<u></u>	
(10)		Take, Supplied to Commence and Commence	Secretary of the Control of the Secretary	1 - 025220 a 2200 600
Total (Column (b) must equal Form 990, Part X, column (B) line 13)				
<b>Part/IX</b> Other Assets. Complete if the organization answered	'Yes' on Form 99	0. Part IV. line 11d. Se	e Form 990. Part X.	line 15.
	cription		(b) Book	
(1) INVESTMENT LLC	·		31	4,938.
(2)				
(3)				
(4) (5)	···	<del></del>	<del></del>	<del></del>
(6)		<del></del> _	<del></del>	
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15 )		31	<u>4,938.</u>
<b>Part X</b> Other Liabilities.  Complete if the organization answered 'Yes' on Fo	orm 000 Bort IV line 1	la or 11f Son Form 000 Por	+ V June 25	
	ption of liability	re of 111. See Fullii 990, Fal	(b) Book \	value
(1) Federal income taxes	phon or natinty	<del></del>	(B) Book (	
(2)				<del></del>
(3)				
(4)				
(5)				
(6)				
(7)	<del></del>		<del></del>	<del></del>
(8)			<del></del>	
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)			<b>•</b>	
2. Liability for uncertain tax positions in Part XIII, provide the text of the foo	tnote to the organization's f	inancial statements that reports the	organization's liability for uncer	taın
tax positions under FASB ASC 740 Check here if the text of the footnote has	-	·	•	
BAA	TEEA3303L 8/22/19		Schedule D (Form 9	990) 2019

Schedule D (Form 990) 2019 Aiken County Farm Bureau	57-0481779	Page 4	
Reconciliation of Revenue per Audited Financial Sta Complete if the organization answered 'Yes' on Form		-	,
1 Total revenue, gains, and other support per audited financial statement	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments			
a Net unrealized gains (losses) on investments  b Donated services and use of facilities  2 b			
c Recoveries of prior year grants			
d Other (Describe in Part XIII )			
e Add lines 2a through 2d	2 e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	2	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I	5		
Part XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered 'Yes' on Form	tatements With Expe	•	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b		•
c Other losses	2 c		
d Other (Describe in Part XIII )	2 d	<b></b>	
e Add lines 2a through 2d	<del></del>	2 e	
3. Subtract line 2e from line 1		3	

Part XIII Supplemental Information.

**b** Other (Describe in Part XIII )

c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a investment expenses not included on Form 990, Part VIII, line 7b

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

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

4 b

BAA

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-E2.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Aiken County Farm Bureau

Employer identification number 57–0481779

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

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

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

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

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

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

No documents avialable to the public.