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2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 11-01-2011 , and ending 10-31-2012

C Name of organization	
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C Name of organization LITCHFIELD FARMERS CLUB C/O KAREN BYRAS TREASURER	
Number and street (or P O box, if mail is not delivered to street address) 125 DENNIS HILL ROAD	Room/suite
City or town, state or country, and ZIP + 4 LITCHFIELD, ME 04350	

01-0346937

(207) 582-3159

F Group Exemption
Number 

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 124,730**

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	38,363		
	2	Program service revenue including government fees and contracts	2	85,068		
	3	Membership dues and assessments	3			
	4	Investment income	4	103		
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6	Gaming and fundraising events	6d			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)			6a	
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b	
	c	Less direct expenses from gaming and fundraising events			6c	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d			
	7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
8	Other revenue (describe in Schedule O)	8	1,196			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	124,730			
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	500		
	11	Benefits paid to or for members	11			
	12	Salaries, other compensation, and employee benefits	12	11,036		
	13	Professional fees and other payments to independent contractors	13	325		
	14	Occupancy, rent, utilities, and maintenance	14	33,755		
	15	Printing, publications, postage, and shipping	15			
	16	Other expenses (describe in Schedule O)	16	78,575		
	17	Total expenses. Add lines 10 through 16	17	124,191		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	539		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	55,788		
	20	Other changes in net assets or fund balances (explain in Schedule O)	20			
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	56,327		

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	55,788	22	56,327
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	55,788	25	56,327
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	55,788	27	56,327

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose?

PROMOTION OF AGRICULTURE THROUGH CONDUCT OF THE LITCHFIELD FAIR FOR THREE DAYS EACH SEPTEMBER

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	PROMOTION OF AGRICULTURE - FAIR ACTIVITIES INCLUDED LIVESTOCK JUDGING, EXHIBITION OF ARTS AND CRAFTS, HORSE AND STEER PULLING, CANNING AND PRESERVING EXHIBITS (Grants \$)	If this amount includes foreign grants, check here ☐	28a	
29				
	(Grants \$)	If this amount includes foreign grants, check here ☐	29a	
30				
	(Grants \$)	If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O)	If this amount includes foreign grants, check here ☐	31a	
	(Grants \$)			
32	Total program service expenses (add lines 28a through 31a)		32	

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of KAREN BYRAS TREASURER Telephone no (207) 582-3159 125 DENNIS HILL ROAD Located at LITCHFIELD, ME ZIP + 4 04350		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-12-11 Date			
	KAREN BYRAS TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	JONATHAN A HUSSEY	Date 2012-12-11	Check if self-employed ☐	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ROBUSTELLI SOUCY HUSSEY PA 1071 LISBON ST LEWISTON, ME 042405768			EIN
					Phone no (207) 783-2839
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization LITCHFIELD FARMERS CLUB C/O KAREN BYRAS TREASURER	Employer identification number 01-0346937
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Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS 1,196 TOTAL 1,196
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 3,391 POSTAGE 357 MEETINGS 2,587 INSURANCE 10,209 SUPPLIES 8,053 PREMIUMS AND AWARDS 39,942 PRINTING AND PUBLICATIONS 4,159 ENTERTAINMENT 6,552 LICENSES, DUES AND ASSESS 1,863 MISCELLANEOUS 1,462 TOTAL 78,575
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	PROMOTION OF AGRICULTURE THROUGH CONDUCT OF THE LITCHFIELD FAIR FOR THREE DAYS EACH SEPTEMBER

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TOM PELLETIER  1378 HALLOWELL ROAD LITCHFIELD, ME 04350	DIRECTOR 2 00	0		
JIM LAFLIN  25 BERRY ROAD READFIELD, ME 04355	DIRECTOR 2 00	0		
RYAN BEAUDETTE  PO BOX 236 LITCHFIELD, ME 04350	DIRECTOR 2 00	0		
EVIE VORPAGEL  303 WINTHROP ROAD READFIELD, ME 04355	DIRECTOR 2 00	0		
KAREN STINSON  806 RIVER ROAD RICHMOND, ME 04357	DIRECTOR 2 00	0		
DAVID SMITH  23 HALEY LANE LITCHFIELD, ME 04350	DIRECTOR 2 00	0		

TY 2011 Compensation Explanation

Name: LITCHFIELD FARMERS CLUB
C/O KAREN BYRAS TREASURER

EIN: 01-0346937

Person Name	Explanation
CHARLES SMITH	
RICHARD BROWN	
G DAVID BYRAS JR	
RAYMA ASHBY	
KAREN BYRAS	
ALTON MERRILL	
G DAVID BYRAS SR	
RAYNA LEIBOWITZ	
THEODORE SMITH	
DONALD RIDLEY	
JIM CAMPBELL	
LISA RIDLEY	
CAL PAQUET	
MELANIE PAGE	
MATTHEW BYRAS	
TOM PELLETIER	
JIM LAFLIN	
RYAN BEAUDETTE	
EVIE VORPAGEL	
KAREN STINSON	
DAVID SMITH	

Additional Data

Software ID:
Software Version:
EIN: 01-0346937
Name: LITCHFIELD FARMERS CLUB
C/O KAREN BYRAS TREASURER

Form 990-EZ, Special Condition Description:

Special Condition Description

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHARLES SMITH 18 FREE STREET LISBON FALLS, ME 04252	PRESIDENT 2 00	0		
RICHARD BROWN PO BOX 172 RICHMOND, ME 04357	FIRST VICE P 2 00	0		
G DAVID BYRAS JR 20 BYRAS LANE LITCHFIELD, ME 04350	SECOND VICE 2 00	0		
RAYMA ASHBY 20 BYRAS LANE LITCHFIELD, ME 04350	SECRETARY 2 00	0		
KAREN BYRAS 125 DENNIS HILL ROAD LITCHFIELD, ME 04350	TREASURER 2 00	0		
ALTON MERRILL 297 KEAY ROAD SABATTUS, ME 04280	DIRECTOR 2 00	0		
G DAVID BYRAS SR 125 DENNIS HILL ROAD LITCHFIELD, ME 04350	DIRECTOR 2 00	0		
RAYNA LEIBOWITZ 1032 PLAINS ROAD LITCHFIELD, ME 04350	DIRECTOR 2 00	0		
THEODORE SMITH 12 LIBBY ROAD LITCHFIELD, ME 04350	DIRECTOR 2 00	0		
DONALD RIDLEY 2605 HALLOWELL ROAD LITCHFIELD, ME 04350	DIRECTOR 2 00	0		
JIM CAMPBELL 2454 HALLOWELL ROAD LITCHFIELD, ME 04350	DIRECTOR 2 00	0		
LISA RIDLEY 1050 RIVER ROAD BRUNSWICK, ME 04011	DIRECTOR 2 00	0		
CAL PAQUET 58 HARMON DRIVE BOWDOIN, ME 04287	DIRECTOR 2 00	0		
MELANIE PAGE 547 WEST ROAD BOWDOIN, ME 04287	DIRECTOR 2 00	0		
MATTHEW BYRAS 309 DENNIS HILL ROAD LITCHFIELD, ME 04350	DIRECTOR 2 00	0		