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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning , and ending	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Anne Arundel County Farm Bureau, Inc Number and street (or P O box, if mail is not delivered to street address) Room/suite 5643 Greenock Road City or town State ZIP code Lothian MD 20711-9765 Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number 52-1282045	
E Telephone number (410) 741-9212	
F Group Exemption Number ☐ n/a	
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ☐	
I Website: www.mdfarmbureau.com	
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) (insert no) ☐ 4947(a)(1) or ☐ 527	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 87,438	

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 ☒

	1	Contributions, gifts, grants, and similar amounts received	1	695
	2	Program service revenue including government fees and contracts	2	5,509
	3	Membership dues and assessments	3	74,096
	4	Investment income	4	2,008
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	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	5,080
	c	Less direct expenses from gaming and fundraising events	6c	3,910
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,170
	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	0
	8	Other revenue (describe in Schedule O)	8	50
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	83,528
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	8,950
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	15,796
	13	Professional fees and other payments to independent contractors	13	585
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	26,082
	17	Total expenses. Add lines 10 through 16	17	51,413
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	32,115
	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	428,185
	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	460,300

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990-EZ** (2014)

SCANNED JUN 03 2015 Revenue

Part V Other Information (Note the Schedule A and personal benefit contract 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	X
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	X
35 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	X
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	X
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	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40b ; section 4955 40c	40a	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c	40c	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d	40d	
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	40e	X
41 List the states with which a copy of this return is filed MD		
42 a The organization's books are in care of Christine M. Griffith Telephone no. (410)741-9212 Located at 5643 Grenock Rd City Lothian ST MD ZIP + 4 20711-9765		
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 42b See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country 42c	42c	X
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	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year? 44c	44c	X
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	44d	X
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a	45a	
b 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	45b	X

- 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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

- 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

	Yes	No
47		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		
Name				
Title	Hr/WK	00		

- 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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP

- 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 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	<i>Christine M. Griffith</i>	<i>4-26-2015</i>
	Signature of officer	Date
	Christine M. Griffith, Secretary-Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Pnn/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Robert B. Carico, CPA	<i>Robert B. Carico, CPA</i>	4/18/15		P01068208
	Firm's name	Firm's EIN		Phone no	
	Robert B Carico, Inc.	52-1379982		410-721-2919	
	Firm's address		1583 Underwood Rd., Gambrills, MD 21054		

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014**Open to Public
Inspection**

Name of the organization

Anne Arundel County Farm Bureau, Inc.

Employer identification number

52-1282045

Grants and Allocations – Page 1, Line 10

<u>Grantees' Activity</u>	<u>Grantee's Name & Address</u>	<u>Relationship to Grantor</u>	<u>Amount of Grant</u>
<i>Promoting agricultural activities and education</i>	Anne Arundel Economic Development Corp 2660 Riva Road, Suite 200 Annapolis, MD 21401	None	\$ 1,500
	Maryland FFA Foundation P.O. Box 3241 Silver Spring, MD 20918	None	150
<i>Education Scholarships and Grants</i>	Joseph Degreenia 317 Pertch Rd. Severna Park, MD 21146	None	1,000
	Victoria Willis 1727 Grandview Rd. Pasadena, MD 21122	None	2,000
	Courtney Metcalf 6009 Shady Side Rd. Shady Side, MD 20764	None	1,000
	Raymond Duvall 5802 Brooks Wood Rd. Lothian, MD 20711	None	1,000
	Brooke Catterton 377 Lankford Rd. Harwood, MD 20776	None	1,000
	Dylan Catterton 377 Lankford Rd. Harwood, MD 20776	None	1,000
	Maryland 4-H Foundation Hourse Judging Contest 800 Greenmead Dr. College Park, MD 20740	None	100
	University of Maryland Soil Judging Team Rm 1109 H.J. Patterson Hall College Park, MD 20742	None	200
Total Grants & Allocations			<u>\$ 8,950</u>

Name of the organization

Employer identification number

Anne Arundel County Farm Bureau, Inc.

52-1282045

Other Expenses, Page 1, Ln 16:

Conferences, Conventions, and Meetings	\$19,426
Insurance	943
Misc. Donations	1,500
Telephone	79
Agi Education	1,451
Office Supplies and Expense	2,389
State Farm Bureau Dues – Honorary Members	156
Miscellaneous	138
Total Other Expenses	<u>\$26,082</u>

Total Liabilities, Part II, Page 2, Line 16:

	<u>Beg of Year</u>	<u>End of Year</u>
Payroll Taxes held in Reserve for Payment of Quarterly Taxes	\$563	\$563

List of Current Officers, Directors, Trustees, and Key Employees - Part IV, Page 2:

<u>Name and Address</u>	<u>Title and Average Hours per Week Devoted To Position</u>	<u>Compensation</u>	<u>Contributions To Employee Benefit Plans & Deferred Compensation</u>	<u>Expense Account and Other Allowances</u>
<i>Officers:</i>				
Jeffrey W. Griffith 5643 Greenock Road Lothian, MD. 20711	President 8 hours	None	None	\$500.00
John Faber 1197 Gwynne Ave. Churchton, MD. 20733	Vice President 3 hours	None	None	\$500.00
Christine M. Griffith 5643 Greenock Road Lothian, MD. 20711	Secretary/Treasurer 25 Hours	\$1,060/mo.	None	\$1,200.00
<i>Board of Directors:</i>				
C. Jean Carico 1583 Underwood Road Gambrills, MD. 21054	Membership Comm. 2 hours	None	None	None
Rick Catterton 377 Lankford Rd. Harwood, MD 20711	Director 2 hours	None	None	None
Earl Griffith 5571 Greenock Road Lothian, MD. 20711	Membership Chair 4 hours	None	None	None

Name of the organization

Employer identification number

Anne Arundel County Farm Bureau, Inc.

52-1282045

List of Current Officers, Directors, Trustees, and Key Employees - Part IV, Page 2 (Continued):

Name and Address	Title and Average Hours per Week Devoted To Position	Compensation	Contributions To Employee Benefit Plans & Deferred Compensation	Expense Account and Other Allowances
<i><u>Board of Directors (Continued):</u></i>				
Mark Hopkins 530 Bayard Rd. Lothian, MD 20711	Young Farmers Chair 6 hours	None	None	None
Ross E Moreland 818 Holly Landing Rd. West River, MD 20778	Scholarship Comm. 6 hours	None	None	None
Steuart Pittman, Jr. 440 Dodon Road Davidsonville, MD 21035	Equine Chair 3 hours	None	None	None
Frank Tremel 4735 Sudley Road West River, MD 20778	Livestock/Poultry 3 hours	None	None	\$200.00
Milly B. Welsh 3355 Davidsonille Rd. Davidsonville, MD. 21035	Legislative Chair 3 hours	None	None	\$200.00
Martin Zehner 3011 Patuxent River Road Davidsonville, MD. 21035	Farmers Market Chair 3 hours	None	None	None
<i><u>Directors At Large:</u></i>				
Lisa Barge 677 Loch Haven Rd. Edgewater, MD. 21037	Education Comm. 5 hours	None	None	None
Florence Carr 3365 Riva Road Davidsonville, MD. 21035	Education Chair. 3 hours	None	None	None
Lillian M. Griffith 5571 Greenock Rd. Lothian, MD. 20711	Scholarship Chair. 3 hours	None	None	None
Oscar grimes 3527 Birdsville Road Davidsonville, MD 21035	Honorary Director 2 hours	None	None	None