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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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.

Interna	al Revenu	e Service	Third made a second control of the	and its instructions	0 00 0000000				mspectic	71
A 1	or the	2016 cal	endar year, or tax year beginning		, and e	nding	<u></u>			
ВС	heck if a	pplicable	C Name of organization Anne Arundel	County Farm Bureau, Inc.			D Employe	r identifica	tion number	
Па	ddress o	change	Doing business as							
\equiv		·	Number and street (or P O box if mail is no	t delivered to street address)	Room/suite		52-128204	5		
N	ame cha	ange	5643 Greenock Road		ļ		E Telephoni	e number		
	nitial retu	ırn	City or town	State	ZIP code					
느"	iiliai ielo		Lothian	MD	20711-976	5	(410) 741-9	<u>)212</u>		
∐ Fı	nal return	/terminated		province/state/county	Foreign postal					
Ξ.			Foreign country name Foreign	province/state/county	roreign postar	wue .	G Cross ros	ounto C	2	222 524
∟ ,^	mended	return				ليحسب	G Gross rec	eipis s		333,524
\square_{A}	pplicatio	n pending	F Name and address of principal officer			H(a) Is the	s a group return	for subordina	ates? Yes	X No
	• • • • • • • • • • • • • • • • • • • •		John Faber 4570 Owensville-Sudley	RD Harwood MD 20	776	H(h) Are	all subordinat	es included	=	=
										L
I Ta	ax-exem	pt status	501(c)(3) X 501(c) (5)	(insert no) 4947(a)(1)	or 527	[" '	No," attach a li	st (see ms	tructions)	
JW	ebsite/	: > ww	v annearundel mdfarmbureau com			H(c) Gro	up exemption	number ►		
		rganization	X Corporation Trust Associa	tion Other > -	· V	ar of forms	****	M Store	o of local demission	
				tion other >	12 160	al Of IOITH	tion 1956	IN Stat	e of legal domicile	e - MD-
P	art l	Sui	mmary							
	1	Briefly d	escribe the organization's mission or	most significant activiti	es: To	asıst faı	mers and p	oromote	farming	
e G	ļ	ınterest	3	3						
ā		interest	***************************************							
Ĕ									·	
Š	2	Check th	nis box 🕒 if the organization dis	continued its operations	s or dispose	d of mo	re than 25%	რ of its ⊔	et assets.	
<u>დ</u> ъ	3	Number	of voting members of the governing	body (Part VI, line 1a)				3		17
<u>ښ</u>	4	Number	of independent voting members of the	ne governing body (Par	t VI, line 1b)			4		16
<u>6</u>	5		mber of individuals employed in cale					5		1
₹३	ء ا		mber of volunteers (estimate if neces	•	,	•		6		60
ਚੁ≺	0		· ·	- ·	•					
≥	7a		related business revenue from Part \	· ·		•	• •	7a		0
UNCLIVITIES BYGovernance	b	Net unre	elated business taxable income from	Form 990-1, line 34	· <u> </u>			7b		0
	1						Prior Year		Current Yea	ar
	8	Contribu	itions and grants (Part VIII, line 1h)				7	7,312		_71,296_
(5)	9	Program	n service revenue (Part VIII, line 2g)	(ECENVED TT				0		0
S.C. Revended	10	Investm	ent income (Part VIII, column-(A), line				1	2,566	 	9,108
25	11		venue (Part VIII, column (A), lines 5,		٠.			0,979		22,340
Ç	40									
<u> </u>			enue—add lines 8 through 11 (must equ		<u>1e (2)</u>	 		0,857	1	102,744
	13		and similar amounts paid (Part IX , co					3,450		9,900
	14	Benefits	paid to or for members (Part-IX,-coli	ımn¹(A)\liné 4)!				156		<u> 156</u>
Ø	15	Salaries,	other compensation, employée benefits	(Part IX, column (A), lines	s 5 10)	[1:	5,802		17,054
Se	16a		onal fundraising fees (Part IX, colum		,			0		0
Expenses	b		ndraising expenses (Part IX, column	• •	0		- 1 - 2 1 5	-, -	٠, و	
X								0,176		20.960
_	17		openses (Part IX, column (A), lines 1		- 05)					30,869
	18		penses. Add lines 13-17 (must equa		ne 25) .	<u> </u>		9,584		57,979
	19	Revenu	e less expenses Subtract line 18 fro	m line 12		<u> </u>		1,273		44,765
Net Assets or Fund Balances						Beginn	ing of Curren	t Year	End of Yea	ır
set	20	Total as	sets (Part X, line 16)			L	52	2,136		566,978
A B	21	Total lia	bilities (Part X, line 26) .					563		640
ž,	22		ets or fund balances Subtract line 21	from line 20			52	1,573		566,338
Pa			nature Block					<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		,00,000
			y, I declare that I have examined this return, inc	Pluding accompanying school	oc and stateme	nte and t	n the best of n	ny knowloc	too	
			ect, and complete. Declaration of preparer (other						ige	
			Mariati m M	11:4		р. ор.		Z- / ·	2-1-7	
Sig	n	v.	CHOUSINE MILLEY	gein			1//	<u> </u>	<u></u>	
Her			Signature of officer				Date			
1.61	·		Christine M Griffith		, Sec	cretary-	Treasurer			
			Type or print name and title							
		Prin	/Type preparer's name	Preparer's signature		Date			PTIN	
Pai	ď	1		01+10	C 11	5/	<i>,,,,</i>	Check	7 f D04000	2000
	parer	. LRo	bert B Carico, CPA	Robert B. Care	4-, (77			self-employ	yed P01068)ZU0
	•	I -	's name ► Robert B Carico, Inc		- -		Firm's EIN ▶	52-13	79982	
USE	Only	_	's address ► 1583 Underwood Rd.,	Cambrille MD 2105	1				21-2919	
							Phone no	710-72		
May	the IF	RS discus	s this return with the preparer show	nabove? (see instructio	ns)				X Yes	∐ No

	90 (2016)	Anne Arundel County Farm Bureau, Inc	52-1282045 Page 2
Pa	rt III	Statement of Program Service Accomplishments	´ —
		Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly d	escribe the organization's mission	
	-	nize and conduct an agricultural association for the promotion of agriculture and	
	for the p	urposes of mutual help and other non-profitable purposes, no part of the net	
		and colored to the factor of a think to a set of any annual and	
	20011009	s of which is to inure to the benefit of any member	
2	Did the	organization undertake any significant program services during the year which were not listed on	
_		Form 990 or 990-EZ?	
	-	describe these new services on Schedule O	Yes X No
_			
3		organization cease conducting, or make significant changes in how it conducts, any program	[
	services		Yes X No
		describe these changes on Schedule O	
4	Describe	e the organization's program service accomplishments for each of its three largest program service	ces, as measured by
	expense	es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	allocations to others,
	the total	expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$
	The eco	nomic, social, and educational interest of farmers were protected, promoted, and/or	
		ntatied through meetings, conventions, and a varity of other activities to better the	
		position and educate the public.	
		•••••••••••••••••••••••••••••••••••••••	

4b	(Code) (Expenses \$ including grants of \$) (Revenue	ie\$
		•••••••••••••••••••••••••••••••••••••••	

4c	(Code) (Expenses \$ including grants of \$) (Revenue	ıe\$)
			• • • • • • • • • • • • • • • • • • • •
4d	Other p	rogram services (Describe in Schedule O)	
	(Expens		0)
4e		ogram service expenses 0	

Page 3

Part IV • Checklist of Required Schedules

		- 1	res	NO
1`	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
	·	-3- 	\rightarrow	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	l ₋ 1		
	Part III	5	_X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		ł	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ļ	
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7-		Χ-
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10]	<u> </u>
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			2 m 23 4 m
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		[
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		_X_
τ	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	44.	ľ	v
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
120	Schedule D, Parts XI and XII	12a)	Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes."	120		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ĺ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\hat{\mathbf{x}}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\overline{}$	$\frac{\hat{x}}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .	14b	أ	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		Χ
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		Χ
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,,
	If "Yes," complete Schedule G, Part III	19		_X_

Form 9	90 (2016)	Anne Arundel County Farm Bureau, Inc	52-1282045	Р	age 4
Parl	IV	Checklist of Required Schedules (continued)			
				Yes	No
20a	Did the	organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes"	to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21		organization report more than \$5,000 of grants or other assistance to any domestic organization or c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the	organization report more than \$5,000 of grants or other assistance to or for domestic individuals on column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23		organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
-		ation's current and former officers, directors, trustees, key employees, and highest compensated	ì		İ
	-	ees? If "Yes," complete Schedule J	23		Χ
24a	Did the \$100,00	organization have a tax-exempt bond issue with an outstanding principal amount of more than 00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		X
L		ough 24d and complete Schedule K. If "No," go to line 25a	24b		_^_
		organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C		organization maintain an escrow account other than a relationing escrow at any time during the year use any tax-exempt bonds?	24c		
4		organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section	a 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess beneation with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u> </u>		
þ	prior ye	rganization aware that it engaged in an excess benefit transaction with a disqualified person in a ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or ? If "Yes," complete Schedule L, Part I	25b		
26		organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current	or former officers, directors, trustees, key employees, highest compensated employees, or field persons? If "Yes," complete Schedule L, Part II	26		X
27	substar	organization provide a grant or other assistance to an officer, director, trustee, key employee, itial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		
		r family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Part IV	e organization a party to a business transaction with one of the following parties (see Schedule L, instructions for applicable filing thresholds, conditions, and exceptions)			
		nt or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		member of a current or former officer, director, trustee, or key employee? If "Yes," complete]		
		le L, Part IV	28b	ļ <u> </u>	X
C	was an	y of which a current or former officer, director, trustee, or key employee (or a family member thereof) officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the	organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	L	X
30		organization receive contributions of art, historical treasures, or other similar assets, or qualified			
		ration contributions? If "Yes," complete Schedule M	30		X
31	Part I	organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
32		organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	32	}	×
22		" complete Schedule N, Part II	32		-
33	section	organization own 100% of an entity disregarded as separate from the organization under Regulations s 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		X
34		e organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, /, and Part V, line 1	34	Х	
		organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
b		to line 35a, did the organization receive any payment from or engage in any transaction with a control			
		ithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	
36		n 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relate ation? If "Yes," complete Schedule R, Part V, line 2	ed 36		
37	Did the	organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and tha	t is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		×
38		organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and te. All Form 990 filers are required to complete Schedule O	38	X	
		ويراهم والمراجع			

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		_	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . [1b]	*		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		-3, ≥	, -
	· · · · · · · · · · · · · · · · · · ·	1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 1	, - :	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1		-1	
b	range di managan di ma	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		3a		X
b	per de la companya d	3b		
4a	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			١
		la		X
, b	If "Yes," enter the name of the foreign country		٠.	7.5
	dee instructions for ming requirements for modern of the port of the legit bank and thrancial Accounts	***	.	
_	(FBAR)	-		
5a	<u> </u>	5a		X
b		5b		X
C	*	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.		
	- · · · · · · · · · · · · · · · · · · ·	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	}		ĺ
-	· *	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	``	,,, ,	ž,
а	and the eigenization are provided a permitted by the goods	H		
ь.	<u></u>	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		├─
С	1	,		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c ∤		
e	Too, indicate the number of forms of the state of the sta	7e	- ^`	Х
f		7f		Î
g		7g		 ^
h		7h		├
8	en e	<i>i.</i> ,		
•		8	,	, ,
9	Sponsoring organizations maintaining donor advised funds.		y	
а	· · · · · · · · · · · · · · · · · · ·	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter		- 17	-
а	Initiation fees and capital contributions included on Part VIII, line 12	,-	~ '	Ì '
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	~~~[`	
11	Section 501(c)(12) organizations. Enter	Ţ,	4	- '
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	,- '.		
	against amounts due or received from them)	.u- T	-	-
12a		2a		_
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	4	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	 	3a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	1		
þ	Enter the amount of reserves the organization is required to maintain by the states in which	- 1		٠.
	the organization is licensed to issue qualified health plans		•	
C	Enter the amount of reserves on hand			<u> -</u>
14a		4a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	4b		1

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 16 b Enter the number of voting members included in line 1a, above, who are independent 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, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 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. a The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descлbe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Х 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records Christine M. Griffith, Secretary,-Treasurer (410) 741-9212

5643 Greenock Road, Lothian, MD 20711-9765

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Page	7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII. . .

_		
	VΙ	
	A 1	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor ar	ny related organ	ızatıo	n cc	mp	ens	ated	any	current officer,	director, or trust	ee
				(0	 -					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) John Faber President	8 00	Х		Х				50 0		
(2) Jeffrey Griffith	3 00									<u> </u>
Vice-President		х		х				300		
(3) Christine M Griffith	25.00									
Secretary-Treasurer		х		х			 	15,192		
(4) Rick Catterton	2 00									
Board Member		Х			l					
(5) Earl Griffith	4 00									
Membership Chair		X	_		_]	L .			
(6) Mark Hopkins	6 00									
Board Member		Х							<u> </u>	_
(7) Ross E Moreland	6 00				ļ .					
Board Member	L	Χ			l					<u></u>
(8) Steuart Pittman, Jr	3 00	ļ					ļ —			
Equine Chair		Х				L				
(9) Frank Tremel	3 00								_	
Livestock/Poultry		_X_			L_		<u> </u>			
(10) Milly B Welsh	3 00		Ì		1		Ì	Ì		
Legilative Chair		Х			<u> </u>		_			
(11) Martin Zehner	3 00				ŀ	1		İ		
Farmers Market Chair		Х			<u> </u>		<u> </u>			L
(12) Liza Barge	3 00	•			ł	ļ				
Education Chair		X	L		<u> </u>	<u> </u>	L		· · · · · · · · · · · · · · · · · · ·	
(13) Florence Carr	3.00	(l	1			
Education Chair		X	L.,	L_	L_	L	<u> </u>		<u></u>	
(14) Christine Catterton	3 00	•	Ì '		ŀ		1			
Women's Chair	l	X	1		1	1		\ '	'	

12	Section A. Officers, Directors, 17	ustees, Key Er	npio	yees	<u>s,</u> a	na	High	est	Compensated i	Employees (co	riuriue	?U)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	Pos eck s pe d a d	rson	that is or employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fi org an	(F) stimated mount of other spensatir rom the ganization d related anization	f ori on d
	Lıllıan M. Grıffith	3 00	7										
	larship Chair Shelly Hopkins	3 00	X			<u> </u>							
Your	g Farmes Rep		X										
	Robert Roseback	3 00	1								1		
74.0)	d Member		X	-	_	-	-	-	 				
			1			_					L		
<u>(19)</u>			ļ										
(20)			-	-	-	-		 					
(21)			-		_			L					
			-	-	_	-							
										· 			
(23)													
(24)													
(25)			-										
1b	Sub-total .	l	·	Ļ	L	l	<u></u>	•	15,992	0			(
C	Total from continuation sheets to Part VII,	Section A						>	0	0			9
d2	Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization				ove 0) wł	no red	eiv	15,992 red more than \$1				'
	Did the assessment in the second of the second of								oot companyate			Yes	No
3	Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche					yee	e, Oi 1	iigii	est compensate	u	3		Х
4	For any individual listed on line 1a, is the sum												
	the organization and related organizations greated individual	eater than \$150,	000?	If "	Yes	s," C	ompl	ete	Schedule J for s	such	4		Х
5	Did any person listed on line 1a receive or acc	crue compensat	ion fr	om	anv	าเก	relate	d o	Irganization or in	dividual	-		
	for services rendered to the organization? If "										5_		_X
	tion B. Independent Contractors									- \$100,000 of			
1	Complete this table for your five highest comp compensation from the organization Report of year										n's tax	:	
	(A) Name and business add	dress							(B) Description of ser	vices	(C Comper	s) nsation	
						_							(
								-					(
								\vdash		·			
2	Total number of independent contractors (incl more than \$100,000 of compensation from the	-	nited ►	to th	nos	e lis	ted a		/e) who received				

returns and allowances. b Less cost of goods sold

All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

11a

ď

Net income or (loss) from sales of inventory Miscellaneous Revenue

	(00	40 A	5					50 4	
	990 (20 t VIII		m Bureau, In	ıc .		 _		52-12820)45 Page 9
ı aı	t viii	Check if Schedule O contains	e a reconnee	Or :	note to any line	in this Part VIII			[-]
		Check ii Scheddie O contain.	- a response	7.	note to any line	(A)	(B)	(C)	· · <u>L</u>
		-			•	Total revenue	Related or	Unrelated	(D) Revenue
		-	-				exempt	business revenue	excluded from tax under sections
		· · · · · · · · · · · · · · · · · · ·			· · · ·		function revenue	revenue	512-514
e	1a	Federated campaigns		1a	0	- 40 3 20 70 70		المراجعة المساوية الم	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b	71,296	17. A	August State		
, G	С	Fundraising events .	լ	1c	0	للا ال	A-13-13-13-13	1. 北京區	4.4
Sifts ar /	d	Related organizations	Ĺ	1d	0			77 mg s	\$5.2 ± 1.5 ±
JS, (e	Government grants (contribution	ıs) L	1e	0	4		1.50	
er S	f	All other contributions, gifts, grain	nts, and					An inde	"
를 돌]	similar amounts not included ab-	_	1f	0	12 - 12 - 15 mg	The state of	Last. F	m. " " " " " " " " " " " " " " " " " " "
ig ig	g	Noncash contributions included in li	ines 1a-1f [.]	\$	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Large of Tonning of the	5.555 Table 1	S
0 6	h	Total. Add lines 1a-1f .				71,296	ا کار در وسید ا کار در وسید در در در وسید		*
e					Business Code	, , ,	Company of the company of	since while the second	***
ven	2a					0			
S.	b		. 			0			
VICE	C					0			
Ser	d		·			0	ļ		
am	е		· • • • • • • • • • • • • • • • • • • •			0			
Program Service Revenue	f	All other program service revenu	ue .			0			
<u>~</u>	9	Total. Add lines 2a-2f .			. ▶	0			
	3	Investment income (including di	vidends, inte	rest	, and				
		other similar amounts)			•	6,326			
	4	Income from investment of tax-e	exempt bond	pro	ceeds >	0			
	5	Royalties .		, 1	· · · · · · · · · · · · · · · · · · ·	, 0			7
		_	(ı) Real	_	(II) Personal	ak ,			2,
	6a	Gross rents				· · · · · · · · · · · · · · · · · · ·			
	b	Less rental expenses							
	C	Rental income or (loss)	L	0	0	~ ~	The same	F , T . * 7,2	5.
i	_d	Net rental income or (loss)	(i) Securities		(II) Other		2 t×		
	7a	Gross amount from sales of	(i) Securities		(ii) Other	1998		But he age to have	The state of the s
	١.	assets other than inventory	50,4	175	0	a hamila			ପ୍ୟାବନ୍ତି
	b	Less. cost or other basis	17.0				J. 75	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	m,
	_	and sales expenses	47,6		0	ر میشد. در میشد به از این ا	State of the state of		
	C	Gain or (loss)		782	0	7 Taga 1	. +1 # (1 <u>5</u> , 1		
	d	Net gain or (loss) .	•	i		2,782		<u> </u>	
a	0.	Cross income from fundament				, ± \f*	Arriva di Salahari Marajaran		A
Ž	8a	Gross income from fundraising	0				القرائية المراجعة	Para and	in the second
Š		events (not including \$ of contributions reported on line	0					120	Nim amma .
ፙ		See Part IV, line 18	10)		205.262	M. T	- 1. S.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other Revenue	ь	Less direct expenses		a b	205,362 183,087	ب پشک تر شکت	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 3. 1 × 1
ŏ	C	Net income or (loss) from fundra	atnava nnizi	- 1	100,007	22,275			-
		Gross income from gaming activ	-	í		<u> </u>	مراد مدول	4.20.82	4,2 ,
	, Ja	See Part IV, line 19 .	nuco.	a	Λ.	e de la company			
	ь	Less direct expenses.	•	b	0				
	C	Net income or (loss) from gamin	n activities	-		0	12 12 C	1	1
	102	Gross sales of inventory less	5 4504,000	1			The state of the s	523 4, 12	,,,

Business Code

0

65

65

102,744

ar 1	
0	0

Form **990** (2016)

Part IX	Ciciomani of Europianal Evangage
aitin j	Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	ll columns All other	organizations mus	t complete column	(A) ,
	Check if Schedule O contains a response or note	e to any line in this F	Part IX		
	not include amounts reported on lines 6b, 7b, 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			٧	
	domestic governments See Part IV, line 21	3,400	3,400		
2	Grants and other assistance to domestic			× ,	
	individuals. See Part IV, line 22	6,500	6,500		<u></u>
3	Grants and other assistance to foreign		1	٠	
	organizations, foreign governments, and foreign	_		<i>*</i> ,	
_	individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	156	156	`	
5	Compensation of current officers, directors,	45.000	200	45.400	
_	trustees, and key employees	15,992	800	15,192	
6	Compensation not included above, to disqualified	ĺ	•		
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages Pension plan accruals and contributions (include	-			
O	·				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0			
10	Payroll taxes	1,062		1,062	
11	Fees for services (non-employees)	1,002		1,002	
''a	Management	ol			
b	Legal	 			
	Accounting .	1,600		1,600	
d	Labbanas	000,7		1,000	
<u>.</u>	Professional fundraising services See Part IV, line 17			,	
f	Investment management fees	3,541		3,541	
g	Other (If line 11g amount exceeds 10% of line 25, column	0 ,511			
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	o			
13	Office expenses	2,975		2,975	
14	Information technology .	0			
15	Royalties	0			
16	Occupancy .	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ol			
19	Conferences, conventions, and meetings	17,297	17,297		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0		
23	Insurance	2,351		2,351	
24	Other expenses Itemize expenses not covered] '-		`	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
a	Agricultural Education	2,411	2,411		
þ	Mics Donations and Gifts	618	618		
C	Miscellaneous Expense	76		76	
d	All d	0			
e	All other expenses	57.070			
25	Total functional expenses. Add lines 1 through 24e	57,979	31,182	26,797	
26	Joint costs. Complete this line only if the	{			
	organization reported in column (B) joint costs				
	from a combined educational campaign and			}	
	fundraising solicitation Check here if		ı	}	
	following SOP 98-2 (ASC 958-720)	1		·	1

Part X Balance Sheet

Anne Arundel County Farm Bureau, Inc

		Check if Schedule O contains a response or note to any line in this Part	X		🔲
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	67,305	1	103,757
	2	Savings and temporary cash investments .	93,112	2	96,511
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net .	0	4	0
	5	Loans and other receivables from current and former officers, directors,	· · · · · · · · · · · · · · · · · · ·	200	31 32 32
	}	trustees, key employees, and highest compensated employees Complete Part II of Schedule L	The second secon	5 5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	The state of the s	12.50	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Ø		organizations (see instructions) Complete Part II of Schedule L	Lauri Lauri	6	
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	} <u>-</u>	- 8	<u> </u>
	9	Prepaid expenses and deferred charges		9	
	10a	, ,			
	IUa	other basis Complete Part VI of Schedule D 10a 0		ζ.,	المراجع المستمرين المراجع المستمرين المراجع المراجع المراجع المستمرين المراجع المراجع المراجع المراجع المراجع ا
	Ь	Less accumulated depreciation 10b 0	0	10c	^
	11	Investments—publicly traded securities	361,719	11	366,710
	12	Investments—other securities See Part IV, line 11	0		300,710
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	522,136		566,978
_	17	Accounts payable and accrued expenses	563		640
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ŵ	22	Loans and other payables to current and former officers, directors,	المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع المرابع		24
Liabilities]	trustees, key employees, highest compensated employees, and			10 - 42,822
Ē		disqualified persons Complete Part II of Schedule L		22	***
Ξ.	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	563	26	640
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and		ا جيء چڪي	
es	ł	complete lines 27 through 29, and lines 33 and 34.			7
2	27	Unrestricted net assets .		27	هد،
Balances	28	Temporarily restricted net assets		28	
a B	29	Permanently restricted net assets		29	
or Fund		Organizations that do not follow SFAS 117 (ASC958), check here X and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds .	Para Carrier Comment	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Retained earnings, endowment, accumulated income, or other funds	521,573		566,338
Š	33	Total net assets or fund balances	521,573		566,338
_	34	Total liabilities and net assets/fund balances	522,136		566,978

Form 9	1990 (2016) Anne Arundel County Farm Bureau, Inc	52-12	02045	Pag	3e 12
Part	XI Reconciliation of Net Assets		,		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		102	744
2	Total expenses (must equal Part IX, column (A), line 25)	2		57	,979
3	Revenue less expenses Subtract line 2 from line 1	3		44	,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		521	,573
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1 1			
	column (B))	10		566	<u>3,338</u>
Part	· · ·				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				ł
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1 1		1
	Schedule O.		1 1		ĺ
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				l
	X Separate basis Consolidated basis Both consolidated and separate basis		1		ĺ
ь	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both		}		
	Separate basis Consolidated basis Both consolidated and separate basis		1 -		l
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	• of	1 1		
С	the audit, review, or compilation of its financial statements and selection of an independent accountant?	(01	2c		×
	If the organization changed either its oversight process or selection process during the tax year, explain it	_	20		 ^-
	Schedule O.	11	1 .		l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
Ja	the Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ı			
J	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	q			990	(2016)
					/

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

Name of organization

HTA

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

52-1282045

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

Anne Arundel County Farm Bureau, Inc.

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Pa	rt I-A Complete if t	the organization is exempt und	er section 501	(c) or is a section 527 (organization.
1	- -	the organization's direct and indirect	political campaig	n activities in Part IV (see	instructions for
	definition of "political can	. •			
2	Political campaign activit	ty expenditures (see instructions)		. ▶\$	
3	Volunteer hours		<u> </u>	<u> </u>	
Pa		the organization is exempt und			
1		excise tax incurred by the organization			
2	Enter the amount of any	excise tax incurred by organization i	managers under s	section 4955 > \$	
3	If the organization incurr	ed a section 4955 tax, did it file Form	1 4720 for this yea	ar? .	🗌 Yes 🔲 No
4a	Was a correction made?	•		•	. Tyes No
b	If "Yes," describe in Part	: IV			
Pa	rt I-C Complete if t	the organization is exempt und	er section 501	(c), except section 501	(c)(3).
1	Enter the amount directly	y expended by the filing organization	for section 527 e	exempt function	
	activities		•	. ▶\$	
2	Enter the amount of the	filing organization's funds contributed	d to other organiz	ations for section	
	527 exempt function acti	ivities .		. ▶\$	
3	Total exempt function ex	penditures Add lines 1 and 2 Enter	here and on Fori	m 1120-POL,	
	line 17b			▶ \$	0
4	Did the filing organization	n file Form 1120-POL for this year?			Yes No
5		sses and employer identification num			
	organization made paym	nents. For each organization listed, e	nter the amount p	paid from the filing organiza	ation's funds Also enter
	the amount of political co	ontributions received that were promi	otly and directly d	lelivered to a separate polit	tical organization, such
	as a separate segregate	d fund or a political action committee	(PAC) If additio	nai space is needed, provi	de information in Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and
		1		futios it flotte, effet -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					1
		 		ļ	
(2)					
				 	
(3)					
				 	
(4)					
(5)					
					<u> </u>
(6)		}			
				<u> </u>	<u> </u>
For	Paperwork Reduction Act I	Notice, see the Instructions for Form 9	90 or 990-EZ.	Sch	edule C (Form 990 or 990-EZ) 2016

						raye Z
P	art II-A Complete if the organizati under section 501(h)).	on is exempt u	ınder section 50)1(c)(3) and filed	Form 5768 (elect	ion ,
A	Check ▶☐ if the filing organization to name, address, EIN, exp	_			_	member's
В	Check ▶ I If the filing organization of	checked box A	and "limited cont	rol" provisions ap	oly	
	Limits on Lol	bying Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" i)	organization's totals	group totals
1a	Total lobbying expenditures to influence p					0
b	Total lobbying expenditures to influence a			ĺ		_ 0
C	Total lobbying expenditures (add lines 1a	•	(======================================	Ì	0	0
d	Other exempt purpose expenditures	,		Ì		0
е	Total exempt purpose expenditures (add	lines 1c and 1d)			0	0
f	Lobbying nontaxable amount Enter the a		ollowing table in b	oth		
	columns		Ū		0	0
[If the amount on line 1e, column (a) or (b) is	: The lobbying	g nontaxable amou	nt is:		
[Not over \$500,000	20% of the ar	mount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plu	s 15% of the excess	over \$500,000		
ļ	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
ļ	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess of	over \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25				0	0
h	Subtract line 1g from line 1a If zero or le				0	0
1	Subtract line 1f from line 1c. If zero or les			. 5	0	0
	If there is an amount other than zero on e section 4911 tax for this year?	either line 1h or lii	ne 1ı, did the orgai	nization file Form 4	20 reporting	Yes No
	(Some organizations that made a s	ection 501(h) el	Period Under se- ection do not hav ructions for lines	e to complete all	of the five columns	below.
	Lobby	ing Expenditure	s During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount			0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))		· ·			0
С	Total lobbying expenditures			0	0	0
d	Grassroots nontaxable amount			0	0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))		-			0
f	Grassroots lobbying expenditures			0	0	0
					Schedule C (Forn	n 990 or 990-EZ) 2016

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	n 5768
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	3)	(b)
	ription of the lobbying activity	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local	- , (,
	legislation, including any attempt to influence public opinion on a legislative matter or		·	
	referendum, through the use of	·	,	
а	Volunteers? .			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			:
q	Mailings to members, legislators, or the public?			<u> </u>
е	Publications, or published or broadcast statements?	ļ		
f	Grants to other organizations for lobbying purposes?	ļ		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			ļ
h			-	
	Other activities?	<u> </u>		
J	Total Add lines 1c through 1i		,	0
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Ţν		· -
b	If "Yes," enter the amount of any tax incurred under section 4912	, i	,	
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	,		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	0\/E\		L
гаг	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(a),	01 50	ection
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members? .			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ear?		3 X
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes.") Par	
1	Dues, assessments and similar amounts from members		1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			ı
	Current year .	i	2a	
a h	Carryover from last year	•	2b	
c	Total		2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible		1	
	lobbying and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	0
Part				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	up list), Par	t II-A, lines 1 and
2 (se	e instructions), and Part II-B, line 1. Also, complete this part for any additional information.			
			- -	
				· · · · · · · · · · · · · · · · · · ·
	•••••••••••••••••••••••••••••••••••••••		- <i></i>	

Anne	Arundel County Farm Bureau, Inc	52-1282045
Part IV	rm 990 or 990-EZ) 2016	Page 4
PAILIV	Supplemental Information (continued)	
-		
	••••••••••••••••••••••••••••••	
	······································	
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Inspection Employer identification number

Anne Arundel County Farm Bureau, Inc. 52-1282045 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) (II) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (I) Ye<u>s</u> No 1 0 0 2 0 0 0 0 0 0 0 5 0 0 0 0 7 0 0 8 0 0 9 0 0 10 0 0 Total 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2016 Anne Arundel County Farm Bureau, Inc. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

			(a) Event #1 Farm Equip Auction	(b) Event #2 Fruit Sakles	(c) Other events NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	204,594	768	0	205,362
Ä	2	Less. Contributions . Gross income (line 1			0	0
		minus line 2)	204,594	768	0	205,362
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs			0	0
ect Exp	7	Food and beverages .			0	0
DIE	8	Entertainment			0	0
	9	Other direct expenses	182,037	1,050	0	183,087
	10 11				>	(183,087) 22,275
Pa	irt l	Gaming. Complete if the	he organization answer		Part IV, line 19, or rep	
ø		than \$15,000 on Form		(b) Pull tabs/instant	43.00	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
-Re	1	Gross revenue				0
ses	2	Cash prizes				0
Direct Expenses	3	Noncash prizes .				0
Orrect	4	Rent/facility costs .				0
	5	Other direct expenses				0
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary Ad	id lines 2 through 5 in col	umn (d)	•	(0)
	8	Net gaming income summan	y Subtract line 7 from line	e 1, column (d)	<u> </u>	0
9) 1	Enter the state(s) in which the o	rganization conducts gan	ning activities		
		s the organization licensed to c f "No," explain		n each of these states?		Yes No
40	-					
		Were any of the organization's of "Yes," explain				
	-	•				

chedu	ele G (Form 990 or 990-EZ) 2016 Anne Arundel County Farm Bureau, Inc	52-1282045 Page 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
b	An outside facility L	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ 0 and the amount of gaming revenue retained by the third party ▶\$ 0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
20-4	or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	u) and (v) and
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions	
		
 P.	art II, Lines 1 - 9, Event #1, Fund raising Events - Each year the Young Farmers Com	mittee
	(F) holds a farm equipment auction to provide farmers with a way to dispose of unneede	
(1	(r) holds a family equipment addition to provide familiers with a way to dispose of difficed	·u

equipment and to provide other farmers the opportunity to acquire used needed equipment

refreshments for the convenience of auction attendees.

at reasonable prices. The sales facilities are provided by a Farm Bureau member at no cost and no one

represent the auction price at which the equipment was sold. The equipment owner receives these funds

receives any compensation for services provided for the auction event. Gross receipts primarily

less a commission the FY's receive for selling the equipment. Unsold equipment is returned to its owner. Gross receipts and expenses also include a small amount represented by the sale of food and

SCHEDULE (Form 990)

Governments, and Individuals in the United States Complete of the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

► Attach to Form 990.

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Open to Public Inspection Employer Identification number

Department of the Treasury	<u> </u>	Copie	Attach to Form 990.	TALIACE 1990.	Obomical your sai mine		Open to Fublic Inspection
Name of the organization		Ulliation about Scrip	sugie i (romi sau) and	Its mountaines is at w	ww.iis.govioimsso.	Employer identification number	cation number
Anno Annalo Compte Com Duron Inc	001 11002110					52	52-1282045
Part General Inform	General Information on Grants and Assistance	and Assistance					
oes (maintain records to s	substantiate the amo	ount of the grants or a	ssistance, the grantee	nount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ts or assistance, and	
the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	sed to award the grar organization's proce	nts or assistance?	the use of grant fund	is in the United States	•	٠	X Yes No
art II	ther Assistance to	Domestic Organi	Grants and Other Assistance to Domestic Organizations and Domes 990 Part IV line 21 for any recipient that received more than \$5,000	stic Governments. (Part II can be dublic	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part IV line 21 for any recipient that received more than \$5,000. Part II can be dublicated if additional space is needed	zation answered "Yoe is needed	es" on Form
1 (a) Name and address of organization or government	atron (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)					(2000)		
(2)							
(6)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organiza Enter total number of other organizations listed in the line 1 table 	section 501(c)(3) and other organizations list	government organisted in the line 1 tab	nzations listed in the line 1 table ble	ne 1 table		A A	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

HTA

Page 2

Anne Arundel County Farm Bureau, Inc

Schedule I (Form 990) (2016)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 6,500 (c) Amount of cash grant Part III can be duplicated if additional space is needed 2 (b) Number of recipients (a) Type of grant or assistance Scholarships Part IV 2 7 6 4

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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Anne Arundel County Farm Bureau, Inc

Employer identification number

52-1282045

Form 990, Part VI, Line 2 Relationships between Officers and Directors:

The following Officers and Directors have a **Family Relationship** with one or more other members of the organization's governing body. There are no known business relationships.

Officers/Diretors

Jeffrey Griffith, Vice-President Christine M. Griffith, Secretary/Treasurer

Board of Directors:

Earl Griffith Mark Hopkins

Directors at Large:

Lillian M. Griffith Shelley Hopkins

Form 990, Part VI, Line 6, Classes of Membership:

The Anne Arundel County Farm Bureau has two classes of membership, Regular and Associated.

- 1. **Regular Members** are those members who are engaged in the raising of crops such as corn, wheat, soybeans, etc.; livestock/poultry production; Equine; and other farming activities either full or part time. Such members have full voting rights.
- 2. Associate members are those members who may have an interest in farming activities but primarily join to take advantage of the insurance discount offered to Farm Bureau members by Nationwide Insurance Co. These members have the same rights as regular members except they do not have the right to vote on Farm Bureau matters or to hold the office of President or Vice-President.

Form 990, Part VI, Line 7a & b, Members with Powers to Elect or Appoint Members of The Governing Body: Regular members as defined above in Part VI, Line 6, are the only members who have the power to elect or appoint regular members of the governing body. This is done at the Anne Arundel County Farm Bureau's annual meeting based on the report of a Board of Directors' appointed nominating committee and regular member(s) recommendations taken from the floor. Five percent or 30 of the organization's regular members (whichever is greater) shall constitute a quorum. The setting Board of Directors has the power to fill all vacancies on the governing body caused by death, resignation, removal, or otherwise until the next annual or special meeting. Directors at Large of the governing body are appointed by the President and approved by the Board of Directors.

Form 990, Part VI, Line 9, Contact Address of Members of the Governing Body.

All members of the governing body can be reached at the Anne Arundel County Farm Bureau's address as shown on page 1.

Form 990, Part VI, Line 11b, Process for Review of this Return by the Governing Body:

There is no policy or procedure for the review of the Form 990 by members of the Governing Body and none was or will be performed either before or after the filing of this Return.

Employer identification number

52-1282045

Form 990, Part VI, Line 15b, Determination of Compensation of Officers.

The only Farm Bureau position for which wages are paid is that of the Secretary-Treasurer. In addition, the President and Vice-President positions may receive unaccounted for travel allowances to cover out of pocket local travel expense to transact Farm Bureau business and/or activities. The organization usually uses a committee composed of appointed board members which determine and make recommendations as to the wages and travel allowances based on what other similar organizations are paying. At other times the Board of Directors will receive recommendations from a board member(s) as to compensation and/or travel allowances. In all cases, the full Board of Directors makes the final decision(s) as to the amount of compensation to be paid.

Form 990, Part VI, Line 18, Availability of Form 990 to the General Public during the tax year: Upon request Anne Arundel County Farm Bureau, Inc. will make its Form 990EZ or Form 990 available to any member of the general public. In addition at the monthly meetings of the Board of Directors the Treasurer provides a detailed itemization of all non-investment receipts and disbursements that reflect changes to the beginning of the period Cash Fund Balance. The Board prefers this detailed listing for reviewing the past month's transactions, and its members and any other person(s) in attendance receive a copy to review and ask question(s). Prior to 2016 a formalized copy of the Farm Bureau's Income and Disbursements Report setting forth the monthly and Year to Date revenue and disbursements by account is prepared monthly and retained in a binder ready for inspection, and the preparation of its Form 990EZ or Form 990. The preparation of this report was discontinued during 2016 due to the investing of surplus cash in various mutual funds managed by 1st Global Research and Consulting. The Treasurer is not an accountant or bookkeeper and did not know or understand how to incorporate and/or account for these independent investment transactions. Therefore, the Farm Bureau's Independent CPA had to compile the 2016 Farm Bureau's Income and Disbursements Report from various sources to provide a Report to service as the basis for the preparation of this Form 990 for 2016. To date, the Anne Arundel County Farm Bureau is not aware of any request(s) for a copy or physical inspection of any of its Form 990EZ or Form 990 files

Form 990, Part VI, Line 19, Availability of Governing Documents, Conflict of Interest Policy, and Financial Statements to the General Public during the tax year: The Farm Bureau does not make any of the above documents available to the general public.

Form 990, Part VII, Section A, Line 1a: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors: No officer or director receives any compensation except as set forth above for Part VI, Line 15b above. The reportable compensation shown in column (D) represents wages, associated payroll taxes, and unaccounted for travel allowances paid to officers. Officers, Directors, and other Anne Arundel County Farm Bureau (AACFB) members are paid a daily stipend (Per Diem) for representing the AACFB as delegates to the state's Maryland Farm Bureau annual convention. The stipend is based on the number of days a delegate represents AACFB at the convention, and is meant to reimburse the delegate for his/her costs of attending the convention. The daily stipend (Per Diem) is less than the local daily Per Diem rate as published by GSA and is not meant to cover all expenses in attending the convention.

Schedule O (Form 990 or 990-EZ) (2016)

Page 3

Name of the organization

Anne Arundel County Farm Bureau, Inc.

Employer identification number

52-1282045

Form 990, Part XII, Line 2a: Financial Statements and Reporting: Prior to 2016 a copy of the organization's cash receipts and disbursements for the year grouped by income and disbursement accounts was reviewed by the preparer of this Form 990, a certified public accountant and farm bureau member, and traced to the Farm Bureau's Statement of Income and Disbursements Report for the year then ended. For 2016 the Farm Bureau's Independent CPA had to compile the Farm Bureau's Income and Disbursements Report from various sources to develop and compile a Report to serve as the basis for the preparation of this Form 990. Adjustments and reclassifications were made to this Report and the ending revised data was used in the preparation of this Form 990. A copy of this revised Statement of Income and Disbursements has furnished to the Farm Bureau's Secretary-Treasurer upon completion of the Form 990. At no time during the preparation of Form 990 were any audit verifications made of the data and the revised Farm Bureau Statement was not intended to be a formal complication or audit of the Farm Bureau's records.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

■ Attach to Form 990

▶ Information about Schedule R (Form 990) and its instructions is atwww.irs gov/form990

Open to Public OMB No 1545-0047 2016

Employer identification number

Inspection

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2016 No × × Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling entity 52-1282045 (e) End-of-year assets ₹ ٨ Public charity status (if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (d) Exempt Code section Sec 501(C)(5) Sec 501(C)(5) (c)
Legal domicile (state or foreign country) WASHINGTON DO Legal domicile (state or foreign country) ð છ Primary activity Farmer Representation and Aid Farmer Representation one or more related tax-exempt organizations during the tax year Primary activity and Aid 600 Maryland Avenue, SW, Suite 1000W, Washington, DC 20024 (a)Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization 3358 Davidsonville Rd, Davidsonville, MD 21054 Anne Arundel County Farm Bureau, Inc (2) American Farm Bureau Federation (1) Maryland Farm Bureau, Inc. Partl Part II 3 4 (2) 4 (5) [2] <u>(6)</u> € 9 \mathbf{c}

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Anne Arundel County Farm Bureau, Inc

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

e	1		1	l	l	l	ļ		3	_		l	1	Į.	[ļ	l	ا پو ا
(k) Percentage ownership									(i) Section 512(b)(13) controlled entity?	2								90) 20
			 			_	-	Part	Section	Yes			<u>}</u>		Ì			orm 9
(J) General or managing partner?	1							a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part ations treated as a corporation or trust during the tax year	(h) Percentage ownership			-						Schedule R (Form 990) 2016
								Form	Perce owne	_								chedu
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								uo "s	of r assets									S
Cod amou of Sc (Fo								d "Ye	(g) Share of end-of-year assets									
(h) Dispreportionate allocations?								were		-								
		-					_	n ans year	(f) Share of total income									
end-of- ssets					ļ	ļ		izatio e tax	She	_								
(g) Share of end-of- year assets				!	}			a Corporation or Trust. Complete if the organization ansations treated as a corporation or trust during the tax year	(e) Type of entity (C corp, S corp, or trust)									
								f the st dur	(e) Type of orp, Scor							 		
(f) Share of total income					}	}		or tru	. 5	_	-							
								Compation	(d) Direct controlling entity							! !		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								rust.	(c Direct co					!				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514								or T	(Autor						<u> </u>			
		-				-		atior ated	(c) Legal domicile (state or foreign country)									
(d) controlling intity								orpoi	Lega state or fo									
(d) Direct controlling entity								s a C		<u> </u>								
		<u> </u>					_	ble a	ctivity									
(c) Legal domicile (state or foreign								Taxa ated	(b) Primary activity									
								Identification of Related Organizations Taxable as IV, line 34 because it had one or more related organiz	۵.									
ctivity					<u> </u>			aniza or mo										
(b) Primary activity								l Org	ation									
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Name rel								Part IV	Nan									
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Schedule R (F	Schedule R (Form 990) 2016	1990) 2016 Anne Arundel County Farm Bureau, Inc. Transactions With Balated Organizations Complete if the organization answered "Ves" on Form 000 Darf IV line 34, 35h or 36.
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this so	s schedule				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	following transactions with one or more related c	organizations listed	In Parts II-IV?			1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	from a controlled entity			1 a		×
b Giff, grant, or capital contribution to related organization(s)				1p		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				16		×
f Dividends from related organization(s)				¥	_	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ	1	×
 i Exchange of assets with related organization(s) 				Ę		×
j Lease of facilities, equipment, or other assets to related organization(s)	nization(s) .			=		×
k Lease of facilities, equipment, or other assets from related organization(s)	ganization(s)			*		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ations for related organization(s)			=		×
 Performance of services or membership or fundraising solicitations by related organization(s) 	ations by related organization(s)	٠		1g	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	with related organization(s)			Ę	×	Ì
 Sharing of paid employees with related organization(s) 				9		×
 Reimbursement paid to related organization(s) for expenses 				م	×	
	·			10		×
					 	1
				-	×;	
S Other transfer of cash or property from related organization(s)			on the fact of the		\ X 3	1
If the answer to any or the above is it es, see the instructions for	s for information on who must complete this line, including covered relationships and transaction thresholds	including covered	relations rips and transa	CHON CHIC	estiola	
(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	(d) thod of determin amount involved	gur _
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Part VI

Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b)		(c) (d) (e) (f) (g)	(p)	(e)		€		Ē		Ξ	3	
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant (1997)	Are all partners	rtners	Share of total income	Share of	Disproportionate allocations?		Code V—UBI	General or	Percentage
		country)		501(c)(3)	(3)					of Schedule K-1	partner?	
			sections 512-514)	יו ט				700	2		N so Y	2
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Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions

Part V, Line 1 m, Performance of Fund Raising Solicitations by Related Organization - The Maryland Farm Bureau's (MFB) membership is composed of and represents the memberships of the local county Farm Bureaus located in the State of Maryland. In addition, membership in MBF results in membership in the American Farm Bureau Federation at the national level. To facilitate the collection of dues for the county, state and national farm bureaus the MFB bills and collects dues for all three organizations in one billing. The dues collected are distributed to each of the individual organizations together with a listing of members who have paid. Periodically, a listing of unpaid members is furnished to the local counties for their follow-up and disposition. For 2015 the Anne Arundel County Farm Bureau received \$77,312 in local membership dues the MFB billed and collected.

Part V, Line 1 n, Sharing of Facilities by Related Organizations - Due to its location in Anne Arundel County, the Maryland Farm Bureau (MFB) makes a meeting room available in its Davidsonville, Maryland, facility to the Anne Arundel County Farm Bureau (AAFB). This room is utilized during the year by the AAFB for 7 of its Board of Directors meetings and its one combined Board of Directors/Annual Membership meeting The AAFB used to rent this same room from the previous owner, the Davidsonville Ruritan Foundation, Inc., for \$75 per meeting. The MFB does not charge the AAFB for the use of these MFB facilities. A member of the MFB's staff who is assigned to coordinate the sharing and co-ordination of information and actions between MFB and several county farm bureaus including AAFB is present to open and close the facility.

Part V, Line 1 p, Reimbursement of Related Organization Costs and Fees - In addition to the billing and collection of membership dues, the MFB provides a fruit and nut buying service for local farm bureaus. Anne Arundel County Farm Bureau (AAFB) solicits orders and takes payment for products ordered by AAFB members. The order is placed with the MFB Service Company who arranges for the purchase and drop shipment of the product at local farm bureaus' locations. After delivery, the MFB Service Company bills the local farm bureau for the product and its services. For 2015 AAFB acquired \$1,754 in fruit and nut products from the MFB Service Company for AAFB members.