



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

# 2016

**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
ANSON COUNTY FARM BUREAU INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
211 MORVEN ROAD

City or town, state or province, country, and ZIP or foreign postal code  
WADESBORO, NC 281702738

**D** Employer identification number  
56-0770538

**E** Telephone number  
(704) 694-4144

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(5) ◀(insert no )  4947(a)(1) or  527

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

**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 . . . . . ▶ \$ 116,767

**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 . . . . .

|            | Description   |           | Amount  |
|------------|---|-----------|---------|
| Revenue    | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .   | <b>1</b>  |         |
|            | <b>2</b> Program service revenue including government fees and contracts . . . . .  | <b>2</b>  |         |
|            | <b>3</b> Membership dues and assessments . . . . .  | <b>3</b>  | 80,900  |
|            | <b>4</b> Investment income . . . . .  | <b>4</b>  | 35,867  |
|            | <b>5a</b> Gross amount from sale of assets other than inventory . . . . .   | <b>5a</b> |         |
|            | <b>b</b> Less cost or other basis and sales expenses . . . . .  | <b>5b</b> |         |
|            | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | <b>5c</b> |         |
|            | <b>6</b> Gaming and fundraising events  |           |         |
|            | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | <b>6a</b> |         |
|            | <b>b</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) . . . . . | <b>6b</b> |         |
|            | <b>c</b> Less direct expenses from gaming and fundraising events . . . . .  | <b>6c</b> |         |
|            | <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .   | <b>6d</b> |         |
|            | <b>7a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>7a</b> |         |
|            | <b>b</b> Less cost of goods sold . . . . .  | <b>7b</b> |         |
|            | <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   | <b>7c</b> |         |
|            | <b>8</b> Other revenue (describe in Schedule O) . . . . .   | <b>8</b>  |         |
|            | <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶   | <b>9</b>  | 116,767 |
| Expenses   | <b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .  | <b>10</b> | 9,901   |
|            | <b>11</b> Benefits paid to or for members . . . . .   | <b>11</b> |         |
|            | <b>12</b> Salaries, other compensation, and employee benefits . . . . .   | <b>12</b> |         |
|            | <b>13</b> Professional fees and other payments to independent contractors . . . . .   | <b>13</b> | 435     |
|            | <b>14</b> Occupancy, rent, utilities, and maintenance . . . . .   | <b>14</b> | 3,827   |
|            | <b>15</b> Printing, publications, postage, and shipping . . . . .   | <b>15</b> | 568     |
|            | <b>16</b> Other expenses (describe in Schedule O) . . . . .   | <b>16</b> | 103,454 |
|            | <b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶   | <b>17</b> | 118,185 |
| Net Assets | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .   | <b>18</b> | -1,418  |
|            | <b>19</b> 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) . . . . .  | <b>19</b> | 319,605 |
|            | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .  | <b>20</b> |         |
|            | <b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .  | <b>21</b> | 318,187 |

**Part II Balance Sheets** (see the instructions for Part II)

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

|  | (A) Beginning of year |           | (B) End of year |
|--|-----------------------|-----------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .   | 222,955               | <b>22</b> | 226,606         |
| <b>23</b> Land and buildings . . . . .   | 84,542                | <b>23</b> | 81,289          |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                                    | 12,108                | <b>24</b> | 10,292          |
| <b>25 Total assets</b> . . . . .   | 319,605               | <b>25</b> | 318,187         |
| <b>26 Total liabilities</b> (describe in Schedule O). . . . .                                |                       | <b>26</b> |                 |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | 319,605               | <b>27</b> | 318,187         |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

What is the organization's primary exempt purpose?  
PRIVATE, NON-PROFIT ORGANIZATION CREATED TO DEVELOP, FOSTER, PROMOTE AND PROTECT PROGRAMS FOR THE WELFARE OF FARM PEOPLE, INCLUDING THEIR ECONOMIC, SOCIAL AND EDUCATIONAL WELL-BEING

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

|  |  |            |  |
|--|--|------------|--|
| <b>28</b><br>See Additional Data Table   |  |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> |  | <b>28a</b> |  |
| <b>29</b>  |  | <b>29a</b> |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> |  |            |  |
| <b>30</b>  |  | <b>30a</b> |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> |  |            |  |
| <b>31</b> Other program services (describe in Schedule O) . . . . .                      |  |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> |  | <b>31a</b> |  |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .           |  | <b>32</b>  |  |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

| (a) Name and title              | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------|--|--|---|--|
| RONNIE MILLS<br>PRESIDENT       | 0 50   | 0  |   |  |
| KEVIN MARTIN<br>V-PRESIDENT     | 0 50   | 0  |   |  |
| LEIGH ANNE LOWDER<br>SECRETARY  | 0 50   | 0  |   |  |
| ROBERT ROSS<br>TREASURER        | 0 50   | 0  |   |  |
| ELOISE HARRINGTON<br>MEMBER-BOD | 0 50   | 0  |   |  |
| WENDALL MARTIN<br>MEMBER-BOD    | 0 50   | 0  |   |  |
| GLENN PHIFER<br>MEMBER-BOD      | 0 50   | 0  |   |  |
| TERESA POPE<br>MEMBER-BOD       | 0 50   | 0  |   |  |
| TIMOTHY BARBEE<br>MEMBER-BOD    | 0 50   | 0  |   |  |
| DALE MCRAE<br>MEMBER-BOD        | 0 50   | 0  |   |  |
|                                 |  |  |   |  |
|                                 |  |  |   |  |

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 . . . . .

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 . . . . .

Table with 2 columns: Yes, No. Row 46: No

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 . . . . .
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
49b If "Yes," was the related organization a section 527 organization? . . . . .

Table with 2 columns: Yes, No. Rows 47, 48, 49a, 49b: All empty

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 "

Table with 5 columns: (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. All rows empty.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows empty.

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 \*\*\*\*\* Signature of officer 2017-06-19 Date
RONNIE MILLS PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name RONALD G PITTMAN Preparer's signature Date 2017-06-16 Check if self-employed PTIN P00961757
Firm's name A T ALLEN & COMPANY LLP CPAS Firm's EIN 56-0119050
Firm's address 2245 GATEWAY ACCESS PT STE 201 RALEIGH, NC 27607 Phone no (919) 781-7550

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-0770538

**Name:** ANSON COUNTY FARM BUREAU INC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  | Expenses<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |  |
|--|--|--|
| <p><b>28</b><br/>POLICY DEVELOPMENT- MEMBERS WORKING IN COMMITTEES INVOLVED AT THE COUNTY, DISTRICT AND STATE LEVELS TO IDENTIFY ISSUES IMPORTANT TO THE WELL BEING OF AGRICULTURE AND DEVELOPING PUBLIC POLICIES ON SUCH ISSUES TO PURSUE THROUGH THE LEGISLATIVE AND REGULATORY PROCESS</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | <b>28a</b>   |  |





**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **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](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

**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

**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-A

**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**

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

|  |  |
|--|--|
| Name of the organization<br>ANSON COUNTY FARM BUREAU INC | Employer identification number<br>56-0770538 |
|--|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> 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 |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities?  |     |    |        |
| <b>j</b> Total Add lines 1c through 1i  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes          | No |
|--|--------------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> Yes |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> Yes |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b>     | No |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |
|---|-----------|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |
| <b>a</b> Current year   | <b>2a</b> |
| <b>b</b> Carryover from last year   | <b>2b</b> |
| <b>c</b> Total  | <b>2c</b> |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |
| <b>4</b> 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 lobbying and political expenditure next year? | <b>4</b>  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

ANSON COUNTY FARM BUREAU INC

Employer identification number

56-0770538

**990 Schedule O, Supplemental Information**

| Return Reference             | Explanation  |
|------------------------------|--|
| FORM 990-EZ, PART I, LINE 16 | OFFICE SPACE RENTAL INSURANCE 937 CLEANING/MAINTENANCE 4,304 REPAIRS 7,214 TAXES AND LICENSSES 2,536 UTILITIES 5,041 DEPRECIATION 4,384 TELEPHONE 4,455 EXPENSES ADVERTISING AND PROMOTION 181 OFFICE 2,568 CONFERENCES/MEETINGS 12,478 INSURANCE 2,098 DUES & PUBLICATIONS 1,301 EDUCATION 2,496 PAYMENTS TO AFFILIATES 46,980 OFFICE SUPPORT SERVICES 5,796 DEPRECIATION 685 TOTAL 103,454 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>       | <b>Explanation</b>  |
|-------------------------------|---|
| FORM 990-EZ, PART II, LINE 24 | EQUIPMENT 9,263 9,263 LESS ACCUMULATED DEPRECIATION 9,033 9,149 FURNITURE 26,852 26,852 LESS ACCUMULATED DEPRECIATION 21,081 22,007 LAND IMPROVEMENTS 29,956 29,956 LESS ACCUMULATED DEPRECIATION 23,849 24,623 TOTAL 12,108 10,292 |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>       | <b>Explanation</b>    |
|-------------------------------|-----------------------|
| FORM 990-EZ, PART II, LINE 26 | OTHER LIABILITIES 0 0 |

## 990 Schedule O, Supplemental Information

| Return Reference      | Explanation   |
|-----------------------|---|
| FORM 990-EZ, PART III | PRIVATE, NON-PROFIT ORGANIZATION CREATED TO DEVELOP, FOSTER, PROMOTE AND PROTECT PROGRAMS FOR THE WELFARE OF FARM PEOPLE, INCLUDING THEIR ECONOMIC, SOCIAL AND EDUCATIONAL WELL-BEING |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>        | <b>Explanation</b>   |
|--------------------------------|--|
| FORM 990-EZ, PART III, LINE 28 | POLICY DEVELOPMENT- MEMBERS WORKING IN COMMITTEES INVOLVED AT THE COUNTY, DISTRICT AND STATE LEVELS TO IDENTIFY ISSUES IMPORTANT TO THE WELL BEING OF AGRICULTURE AND DEVELOPING PUBLIC POLICIES ON SUCH ISSUES TO PURSUE THROUGH THE LEGISLATIVE AND REGULATORY PROCESS |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>        | <b>Explanation</b>  |
|--------------------------------|---|
| FORM 990-EZ, PART III, LINE 29 | PUBLIC AWARENESS ACTIVITIES - TO INFORM THE PUBLIC OF THE IMPORTANCE OF AGRICULTURE TO THE ECONOMY OF THE COUNTY COORDINATED AND HELPED TO SPONSER EVENTS WITH OTHER AGRICULTURE AND COMMUNITY GROUPS TO RAISE THE PUBLIC AWARENESS OF AGRICULTURAL ENTERPRISES WITHIN THE COUNTY AND TO INCREASE FARMER'S PRODUCTION KNOWLEDGE |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>        | <b>Explanation</b>   |
|--------------------------------|--|
| FORM 990-EZ, PART III, LINE 30 | AGRICULTURAL LEADERSHIP DEVELOPMENT -PLANNED, CONDUCTED AND SUPPORTED ACTIVITIES FOR YOUTH AND ADULTS INVOLVED IN AGRICULTURE THAT PROVIDED OPPORTUNITIES TO EXPLORE THE AGRICULTURAL INDUSTRY AND DEVELOP LEADERSHIP SKILLS THESE ACTIVITIES INCLUDED COLLEGE SCHOLARSHIPS FOR STUDENTS MAJORING IN AN AGRICULTURAL FIELD OF STUDY, INSTITUTE FOR FUTURE AGRICULTURAL LEADERSHIP AND VARIOUS LEADERSHIP CONFERENCES |