Extended to September 15, 2022949202300009
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)

2018

) 990-T 09032020

			▶ Do not enter social s	ecurity numbers o	n this form a	is it may be	e made pur	olic.	Open to Public
Department of the Traceury							Inspection		
			ar year, or tax year beginning	NOV 1, 20	18	and end	ng OC	T 31, 2	2019
3 C a <sub>l</sub>	heck if oplicab	le C	Name of organization					D Employer i	dentification number
	Addre	ess change							
Name change Litchfield Farmers Club									346937
	Initial	I C LOTT	imber and street (or P O box, if mail is no	delivered to street ad	dress)		Room/suite	E Telephone	number
	Final termii		PO Box 248					207-3	353-8105
	Amen	ided return Cit	y or town, state or province, country, and	ZIP or foreign postal o	ode		<b>م</b> د	F Group Exer	nption
	Applica	ation pending I	<u>itchfield, ME 043</u>	50			05	Number 🕨	
G A	ccoun	iting Method		r (specify) ►				H Check	If the organization is
٧	/ebsit	e ► <u>www</u>	.litchfieldfair.com					1	d to attach Schedule B
J T	ax-ex	empt status (	check only one) — 501(c)(3) X	<u>501(c) ( 5 )</u>	sert no ) 🔛	4947(a)(1)	or 527	(Form 990,	990-EZ, or 990-PF)
		f organization	,	Association	Othe				
			7b to line 9 to determine gross receipts		200,000 or mor	e, or if total	assets (Part I	II <b>,</b>	150 005
			0,000 or more, file Form 990 instead of For	m 990-EZ	r Eund Da	lances :		<b>▶</b> \$	150,295.
ır.a	rtil.	2	ie, Expenses, and Changes i			iaiices (	see tne instri	uctions for Par	·
			e organization used Schedule O to respon		is Part I			<del></del>	40,311.
	1		s, gifts, grants, and similar amounts receiv					1	93,050.
	2		vice revenue including government fees an	d contracts				2	93,030.
	3		dues and assessments		900	Schedi	110 0	3	15,715.
	4	Investment in			1	1	TIE O	4	13,713.
	5a		nt from sale of assets other than inventory		5a				
	D		other basis and sales expenses	(Subtract line 5h from		J1		5c	
	2		) from sale of assets other than inventory fundraising events:	Subtract line 30 from	ille Jaj			30	
	6 a	•	e from gaming (attach Schedule G if greati	ar than					
e E	a	\$15,000)	e nom gaming (attach conceded a n great	, man	68	.			
Revenue	h		e from fundraising events (not including \$		· · · · · · · · · · · · · · · · · · ·	contributions	· · · · · · · · ·		
쮼	Ū		sing events reported on line 1) (attach Sch	edule G if the sum of s					
			e and contributions exceeds \$15,000)		61	,			
	С	U	expenses from gaming and fundraising eve	nts	60	;			
	d		or (loss) from gaming and fundraising ever		b and subtract	line 6c)		6d	
	7 a		of inventory, less returns and allowances		7a				
	b	Less. cost of	goods sold		71				
	c	Gross profit	or (loss) from sales of inventory (Subtract	line 7b from line 7a)				7c	
	8		e (describe in Schedule O)		See	Schedu	ıle O	8	1,219.
	9		e Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					▶ 9	150,295.
	10		ımılar amounts paid (list in Schedule O)			<i>~</i> ~	_	10	
	11		to or for members		090	320	$\mathcal{C}$	11	22 226
es	12		er compensation, and employee benefits		010			12	22,226.
sua	13		fees and other payments to independent c	ontractors	Coo	Schedi	10 0	13	21,303.
Expenses	14		ent, utilities, and maintenance		See	Schedi	ire o	14	21,303.
۳.	15		lications, postage, and shipping		500	Schedi	110 0	15	99,674.
	16		es (describe in Schedule 0)		Dee	DCITEGO	116 O	<b>16</b> 17 17	145,578.
	17 18		ses Add lines 10 through 16 eficit) for the year (Subtract line 17 from li					18	4,717.
ts			fund balances at beginning of year (from					10	2,7270
sse	19		with end-of-year figure reported on prior y					19	123,369.
Net Assets	20		with end-or-year rigure reported on prior y es in net assets or fund balances (explain i		See	Schedi	ile O	20	73,654.
ž	21	_	r fund balances at end of year. Combine lin		230			▶ 21	201,740.
LHA			eduction Act Notice, see the separate ins	•	·-·				Form <b>990-EZ</b> (2018)

	m 990-EZ (2018) Litchileid Farmers Club			<u> </u>	13469	3 / Page 2			
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) E	nd of year			
22	Cash, savings, and investments	<u> </u>	106,449.	22	<u> </u>	110,369.			
			16,935.		-	91,371.			
23	· ·	<del> </del>	10,555	<del></del>		91,3/1.			
24	Other assets (describe in Schedule 0)	_	102 204	24	·	001 540			
25		<u></u>	123,384.			201,740.			
26	Total liabilities (describe in Schedule 0) See Schedule O		15.			<u> </u>			
27			123,369.	27		201,740.			
P	art III Statement of Program Service Accomplishmen	ts (see the instruc	ctions for Part III)		E	xpenses			
<b>.</b>	Check if the organization used Schedule O to resp	ond to any questic	on in this Part III		(Required	for section			
\A/b	at is the organization's primary exempt purpose? See Schedule O	, o				and 501(c)(4)			
					organizati others )	ons, optional for			
	cribe the organization's program service accomplishments for each of its three largest program se ner, describe the services provided, the number of persons benefited, and other relevant informat		es In a clear and concise		otilois j				
_	· · · · · · · · · · · · · · · · · · ·				<del>- 1</del>				
28	PROMOTION OF AGRICULTURE - FAIR ACT			_	İ				
	LIVESTOCK JUDGING, EXHIBITION OF ART	rs and craft	S, HORSE						
	AND STEER PULLING, CANNING AND PRESE	ERVING EXHIB	ITS.						
	(Grants \$ ) If this amount includes foreign g	rants, check here	•		28a				
29	Totallo V / Trillo allicant instages foreign g	ramo, orroommere		<u></u>	-				
25				_					
			<del></del>		- [				
				<u>—</u> ,					
	(Grants \$ ) If this amount includes foreign g	rants, check here		<u> </u>	29a				
30									
	(Grants \$ ) If this amount includes foreign g	rants, check here			30a				
24		ranto, oncok noro			704	<del></del>			
31	Other program services (describe in Schedule O)		_	<u>, ا</u>					
	(Grants \$ ) If this amount includes foreign g	rants, check here		_	31a	<del></del>			
					32				
	Total program service expenses (add lines 28a through 31a)								
	art IV List of Officers, Directors, Trustees, and Key Er								
						or Part IV)			
	art IV List of Officers, Directors, Trustees, and Key Er		on in this Part IV	e the ins	structions fo				
	Check if the organization used Schedule O to resp	ond to any questic	(c) Reportable compensation (Forms	(d) Heal	th benefits,	(e) Estimated amount of other			
	art IV List of Officers, Directors, Trustees, and Key Er	ond to any questic (b) Average hours	(c) Reportable compensation (Forms	(d) Heal contrib employ plans, ar	structions for th benefits, outions to	(e) Estimated			
Pa	Check if the organization used Schedule O to responsible (a) Name and title	oond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heal contrib employ plans, ar	th benefits, butions to ee benefit and deferred	(e) Estimated amount of other			
EV	Check if the organization used Schedule O to respond (a) Name and title  VIE VORPAGEL	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heal contrib employ plans, ar	th benefits, utions to se benefit d deferred ensation	(e) Estimated amount of other compensation			
EV DI	Check if the organization used Schedule O to responsible VORPAGEL  RECTOR	oond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heal contrib employ plans, ar	th benefits, butions to ee benefit and deferred	(e) Estimated amount of other			
EV DI BA	Check if the organization used Schedule O to respond (a) Name and title  VIE VORPAGEL  RECTOR  ARBARA MOODY	(b) Average hours per week devoted to position  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heal contrib employ plans, ar	th benefits, outions to es benefit and deferred ensation	(e) Estimated amount of other compensation			
EV DI BA	Check if the organization used Schedule O to respond title  (a) Name and title  VIE VORPAGEL  RECTOR  RBARA MOODY  RECTOR	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heal contrib employ plans, ar	th benefits, utions to se benefit d deferred ensation	(e) Estimated amount of other compensation			
EV DI BA DI CH	Check if the organization used Schedule O to responsive VORPAGEL RECTOR	(b) Average hours per week devoted to position  0.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Heal contrib employ plans, ar	th benefits, sutions to ee benefit dideferred ensation	(e) Estimated amount of other compensation  0.			
EV DI BA DI CH	Check if the organization used Schedule O to respond title  (a) Name and title  VIE VORPAGEL  RECTOR  RBARA MOODY  RECTOR	(b) Average hours per week devoted to position  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heal contrib employ plans, ar	th benefits, outions to es benefit and deferred ensation	(e) Estimated amount of other compensation			
EV DI BA DI CH	Check if the organization used Schedule O to responsive VORPAGEL RECTOR	(b) Average hours per week devoted to position  0.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Heal contrib employ plans, ar	th benefits, sutions to ee benefit dideferred ensation	(e) Estimated amount of other compensation  0.			
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EV DI BA DI RE DI BC	Check if the organization used Schedule O to respond title  (a) Name and title  (IE VORPAGEL  RECTOR  RBARA MOODY  RECTOR  IUCK SNYDER  RECTOR	(b) Average hours per week devoted to position  0.00  0.00  0.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heal contrib employ plans, ar	th benefits, surjoins to see benefit dideferred ensation   O .  O .	(e) Estimated amount of other compensation  0.  0.			
EV DI RE DI RE DI BC	Check if the organization used Schedule O to respond title  (a) Name and title  (IE VORPAGEL  RECTOR  RECTOR  IUCK SNYDER  RECTOR	(b) Average hours per week devoted to position  0.00  0.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.	(d) Heal contrib employ plans, ar	th benefits, utions to see benefits, deferred ensation	(e) Estimated amount of other compensation  0.			
EV DI BA DI CH DI RE DI DI	Check if the organization used Schedule O to respond title  (a) Name and title  (IE VORPAGEL  RECTOR  RECTOR  IUCK SNYDER  RECTOR	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.	(d) Heal contrib employ plans, ar	th benefits, butions to see benefit id deferred ensation	(e) Estimated amount of other compensation  0.  0.			
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EV DI BOI DI RA DI PA	Check if the organization used Schedule O to respond title  (a) Name and title  (b) VIE VORPAGEL  (c) RECTOR  (c) RECTOR  (d) RECTOR  (e) RECTOR  (e) RECTOR  (f) RECTOR	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00  0.00  0.00	On in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.	(d) Heal contrib employ plans, ar	th benefits, sutions to see benefit of deferred ensation    0.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.			
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EV DI BADI CHI BAD	Check if the organization used Schedule O to response the control of the control	(b) Average hours per week devoted to position  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00	0. In this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  0.  0.  0.  0.  0.	(d) Heal contrib employ plans, ar	th benefits, unitions to see benefit in dideferred ensation  O.  O.  O.  O.  O.  O.  O.	(e) Estimated amount of other compensation  O.  O.  O.  O.  O.  O.  O.			

a complete applicable parts of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  Did the organization like Form 1120-POL for this year?  38a Did the organization like Form 1120-POL for this year?  38b Did the organization biorrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If Yes," complete Schedule L, Part I and enter the total amount involved  Section 501(c)(7) organizations Enter.  Initiation fees and capital contributions included on line 9  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.  section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.  section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations At any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  Loated at ▶ PO Box 248, Litchfield, ME  Telephone no. ▶ 207-353-8105  Telephone no. ▶ 207-353-8105  Telephone no. ▶ 207-353-8105  Vest in understance of the foreign country ▶  See the instructions for exceptions and filing requirements for FinC	Form	1990-EZ (2018) Litchfield Farmers Club 01-034			Page 3
33 Did the organization engage in any significant activity not previously reported to the IRS? If TYes, provide a distalled description of each activity in Schedule 0  34 Were any significant changes made to the organization or governing documents? If Tyes, attach a conformed copy of the amended occurrents in the uniform organization is a conformed copy of the amended occurrents of the organization have unrelated business gross income of \$1,000 or more during the year from business catchines (such as those reported on linus 2, 6), and 73, among others).  35 If I'ves to line 35, in so the organization line is a form 990. Tild the year? If No, provide an explanation in Schodule 0  36 If I'ves to line 35, in as the organization line is a form 990. Tild the year year in Yes, complete Schedule C, Part III  36 If I'ves to line 35, in as the organization index a form 990. Tild the year? If No, provide an explanation in Schodule 0  37 If I'ves, complete specification, dissolition, transmittor, or significant disposition of net assets during the year? If Yes, complete specification, dissolition, transmittor, or significant disposition of net assets during the year? If Yes, complete specification, dissolition, transmittor, or significant disposition of net assets during the year? If Yes, complete specification, dissolition, transmittor, or significant disposition of net assets during the year? If Yes, complete specification, dissolition, transmittor, or significant disposition of net assets during the year? If Yes, complete specification, dissolition, transmitted to provide a process or significant disposition of net assets during the year? If Yes, complete specification, and the process or significant disposition of net assets during the year? If Yes, complete specification, and the process or significant interest in a significant or key year or year and still disposition or the significant interest in a significant or key year or year and still disposition or line 1 (1) Yes, complete schedule, I.p. at It and entire th	Pa	irt V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in the	•	
33 Out the organization engage in any significant activity not previously reported to the IRSP II "Yes", provide a detailed description of each activity in Schedule 0  34 We're any significant changes made to the organization or governing documents? II "Yes", attachs a conformation op of the animated dod convenients if they inflicit a change to the organization or more of \$1,000 or nor or during the yes in from this lines activities (such as those reported on lines 2, 69, and 79, among others).  35 If "Yes to line 64, has the organization flat of form 990-T for the year? If "Wo", provide an explanation in Schedule D  36 Was the organization ascentin of Schedule 1 and the organization of the organ	_	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	s Part	V	
33 Out the organization engage is any significant activity not previously reported to the IRSP II "Yes", provide a detailed description of each activity in Sciebble 0  34 We're any significant changes made to the organization or governing documents? II "Yes", attach a conformation open of the animal of the organization is man of Dimovises, explain the change on Schedule 0 (see instructions)  35 LM x  36 Dut the organization have trirelate be expenses gross income of 51,000 or more dumming they are from the shiness activities (such as those reported on lines 2, 69, and 79, among others)?  36 If "Yes" to line 64, has the organization filed a form 990-7 for the yeer? If "No", forced an exploration in Schedule 0  38 LM x  39 LM x  39 LM x  30 LM to organization assertion 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(a) notice, opporting, and alroys tax requirements from the organization undergo a laquistation, dissolution, the result of the organization subject to section 6033(a) notice, opporting, and alroys tax requirements from the organization and section 501(c)(4), 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c), or 501(c			*	Yes	No
above with Schedule 0  4 Were any significant changes masts to the organization of course of the second of the amended documents if they reflect a brainge for the organization's name (Therwise, explain the change on Schedule 0 (see instructions)  34	22	Did the organization engage in any significant activity not previously reported to the IRS2 If "Ves." provide a detailed description of each			
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documents if they reflect a change to the organization's name Offinerwise, explain the change on Schedule D (see instructions) 34	24	·	- 00		<del></del>
35.0 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)?  55.1 If Yes's time 35s, has the organization did a Form 990-1 for the year? If Yes, provide an explanation in Schedule 0  6 Was the organization such group of the year of the year? If Yes, organization such group of the year of the organization undergo a liquid storing, displaying organization such group of the organization undergo a liquid storing, displaying organization such group of the organization in the form 112-PD. For this year?  5 Did the organization in seferal relative is No. 1 and in the property of the organization of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization in seferal relative is No. 1 and in the property of the organization of political expenditures, direct or indirect, as described in the instructions.  5 Did the organization in seferal relative is 1 and enter the text and around involved.  5 Did the organization of the St. 1 and enter the text and around involved.  5 Section 501(c)(7) organizations Enter.  5 Did the organizations is 1 and enter the text and around involved.  5 Section 501(c)(3) organizations Enter.  5 Did to the organizations is 1 and 1 and enter the text and around involved.  5 Section 501(c)(3) organizations Enter.  6 Gross receipts, included on line 9, 60 public used of lib Boillies.  7 Section 501(c)(3) organizations Enter amound 1 to xwantown organization during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the organization manager or disqualitied persons during the year under sections. Public School to School (3) (2) (3) (3) (2) (4) and 501(2) (2) organizations. Enter amount of tax mit or a significant organization that the sum organization during the year in the complete School	34		24		v
or lines 2, 6a, and 7a, among others??  If Y'es' is lone 5ab, ase the organization if set of Form 990-T for the year? If 'Ms', provide an explanation in Schedule 0  Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes', complete Schedule C, Part III  B Old the organization undergo a lequidation, dissolution, if with ministro, or significant disposition of net assets during the year? If 'Yes, and the organization of Schedule N  350  X  350  X  350  X  360  X  370  371  381  X  382  X  383  X  X  383  X  X  384  X  X  385  X  386  X  387  387  387  388  X  X  389  380  X  X  X  380  X  X  380  X  X  X  380  X  X  X  X  X  X  X  X  X  X  X  X  X			34_		
b If Yes' to line 35s, has the organization filed a Form 900-7 for the year? If 'No, provide an explication in Schedule D  Vas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes, complete special between 40 publication (assolution, termination, or significant disposition of net assets during the year? If 'Yes, complete special expand (shredule) If I was a secretary of the organization fee form 110-Pol. for this year?  38. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year?  39. Did the organization fee form 110-Pol. for this year organization feet and year of this year organization feet and year of this year under.  39. Section 501(c)(7) organizations Enter.  39. Did the organization feet and year, or did it engages in an excess benefit transaction in a prior year that has not been reported on any of it is prior Forms 90 or 990-E72 If Yes, organization Enter amount of tax imposed on organization manages or disqualitied persons during the year under sections 4912, 4955, and 4958  30. Did year organization feet and year, did the organization have an interest in or a signature or other national accounts in a foreign country because the year organiza	35 a		05.	v	
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requirements during the year? If "Yes," complete Schedule C, Part III  366			350	^	
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N  73. Enter amount of pointed expenditures, direct or indirect, as described in the instructions  ▶ 37. ■ 0. ■  73. ■ 0. ■ 38. ■ X  ■ 39. ■ X/A  ■ 39. ■ 39. ■ X/A  ■ 39. ■ 39. ■ X/A  ■ 39. ■ 39. ■ X  ■ 39.	C				<b></b>
age in a reasonable political expenditures, direct or indirect, as described in the instructions    37a			35c_		<u>X</u>
Teles amount of political expenditures, direct or indirect, as described in the instructions  ■ 37a □ 0 · 37b □ X  37b □ 0 · 37b □ X  37c □ 0 · 37b □ X  37d □ 0 · 37b □ X  38d □ X  37d □ 0 · 37b □ X  38d □ X	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization file Form 1126-POL for this year?  38 a Did the organization before from 1,000, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a grow year and still outstanding at the end of the tax year covered by this return?  38 b If "Kes," complete Schedule I, Part I and enter the total amount involved  38 b IN/A  39 b IN/A  30 Section 501((3)) organizations Enter, and the tax imposed on the organization engage in any section 4955 b IN/A  39 b IN/A  39 b IN/A  39 b IN/A  30 b IN/					X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
m a prior year and still outstanding at the end of the tax year covered by this return?  If Yes, "complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations Enter,  Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9  B Gross receipts on 4911 M A Gross receipts on 495 M A Gros	b	Did the organization file Form 1120-POL for this year?	37b		X
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b If Yes,* complete Schedule I, Part II and enter the total amount involved  3 Section 501(c/7) organizations. Enter.  a initiation less and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39a N/A  39b N/A  39a N/A  39b N/A  39a N/A  39b N/A  39a N/A  39b N/A  39c N/A		in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
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a Intelation fees and capital contributions included on line 9 or Gross receipts, included on line 9, for public use of club facilities  39 N/A  39 N/A  39 N/A  39 N/A  39 N/A  39 Section 4911 ► N/A section 4912 ► N/A section 4915 ► N/A  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction of the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule L, Part I  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on kine 40c reimbursed by the organization and six with which a coop of this return is filed the organization in party to a prohibited tax shelter transaction? If Yes; complete form 8886-T  40e X  41 List the states with which a coop of this return is filed None  41 Telephone no. 207-353-8105-  10 Located at PPO Box 248, Litchfield, ME  42b At any time during the calendar year, did the organization has a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  42c X  42c X  42c X  44c X  44d X  45 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  5 Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  6 Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  6 Did the organization operate one or more hospital facilities					
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b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-£27 If Yes,* complete Schedule I. Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  N/A  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization of party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-T  11. List the states with which a copy of this return is filed ▶ NODE  12. The organization's books are in care of ▶ Bugene C. Smith Telephone no. ▶ 20.7 -35.3 -8.10.5    12. The organization's books are in care of ▶ Sugene C. Smith Telephone no. ▶ 20.7 -35.3 -8.10.5    12. The organization's books are in care of ▶ Sugene C. Smith Telephone no. ▶ 20.7 -35.3 -8.10.5    12. The organization's books are in care of ▶ Sugene C. Smith Telephone no. ▶ 20.7 -35.3 -8.10.5    12. The organization of the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  12. Yes, enter the name of the foreign country ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If Yes,* Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the	70 u				
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I is Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	h		1		
of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  M/A  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filled  NONE  11 List the states with which a copy of this return is filled  NONE  12 Noreal  None  13 PO BOX 248, Litchfield, ME  14 No organization's books are in care of  Eugene C. Smith  15 Located at  PO BOX 248, Litchfield, ME  16 Noreal  Noreal  None  17 Noreal  Nore	U				<b></b>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4959   d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If *Yes,** complete form 8886-1*  List the states with which a copy of this return is filed ▶ None  12 The organization's books are in care of ▶ Eugene C. Smith Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶ PO Box 248, Litchfield, ME Telephone no. ▶ 207-353-8105  Located at ▶			406	N/	<b>L</b>
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			700		m
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed  None  11 List the states with which a copy of this return is filed  None  12 The organization's books are in care of  Eugene  C . Smith  Telephone no. 207-353-8105  Located at PO Box 248, Litchfield, ME  ZIP+4  04350  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 view over a financial account in a foreign country see the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  and the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization receive any payments for indoor tanning services during the year?  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14db	C	== 16			
by the organization  e All organizations All organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed Mone  1 The organization's books are in care of Litchfield, ME VO4350  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a linancial account in a foreign country (such as a bank account, securities account, or other financial accounts in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country Maintenance of the foreign country Money and the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country Maintenance of the foreign country Maintenan					
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transaction? If "Yes," complete Form 8886-T  11 List the states with which a copy of this return is filled  NOne    Variable   None   N					
List the states with which a copy of this return is filed  None  Telephone no. 207-353-8105  Located at PO Box 248, Litchfield, ME	е		100		V
the organization's books are in care of Located at ▶ PO Box 248, Litchfield, ME ZiP+4 ▶ 04350  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  If "Yes," enter the name of the foreign country ▶  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  If "Yes," enter the name of the foreign country ▶  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of lax-exempt interest received or accrued during the tax year  If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?  If "No," provide an explanation in Schedule 0  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b) did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b			408	L	
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country  As Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1		·	425		
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Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  1	C		42c	L	L <u>x</u>
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Yes No  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions  45b	43		37 / -		
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512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions					
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Form 990-EZ	(2018) Litchfield Farmers	Club				01-0346	937		Page 4
			_					Yes	No
	organization engage, directly or indirectly, in political o	campaign activities on be	ehalf of or in	opposition to can	didates for pu	blic office?	-	ļ	
If "Yes," Part VI	complete Schedule C, Part I Section 501(c)(3) Organizations Onl					<del> </del>	46	<u> </u>	X
Part VI		-	ad E0 aad	aamalata tha tal	alaa far linaan	E0 and E1			
	All section 501(c)(3) organizations must answe Check if the organization used Schedule O to a	•			oles for lines	30 and 31			
	Officer in the organization used ochequie O to	espond to any quest	1011111111131	art vi				Yes	No
47 Did the	organization engage in lobbying activities or have a se	ction 501(h) election in	effect during	the tax vear? If "Y	es." complete	Sch C. Part II	47	1	110
	ganization a school as described in section 170(b)(1)						48		
	organization make any transfers to an exempt non-cha						49a		
	was the related organization a section 527 organizatio						49b		
50 Complet	e this table for the organization's five highest compen	sated employees (other	than officers	s, directors, trustei	es, and key en	nployees) who	each re	ceived i	nore
than \$10	00,000 of compensation from the organization. If there	e is none, enter "None."		T					
	(a) Name and title of each employee	1 ,	b) Average I	1	Reportable	(d) Health benef	)   ,,,	e) Estin	
	27 / 2	pi	er week devo position	W-2	1099-MISC)	employee bene plans, and deferr	ed co	ount of impens	
	N/A		Podition			compensation	——"		
				<del></del>					
				ļ <u>-</u> -			+		
organiza	this table for the organization's five highest compension. If there is none, enter "None" $N/A$ Name and business address of each independent confidence.			(b) Type o			) Comp	-	
-									
	1 1 2 2 2								
									—
d Total nu	mber of other independent contractors each receiving	over \$100 000	l						
	organization complete Schedule A? Note: All section 5		must attach	_					
	ed Schedule A	, o . ( o ) ( o ) o . g		_		<b>&gt;</b>	Y	es 🗌	☐ No
	es of perjury, I declare that I have examined this return	, including accompanyi	ng schedules	s and statements,	and to the bes	t of my knowle	dge and	belief,	ıt ıs
true, correct, a	and complete Declaration of preparer (other than office	er) is based on all infor	mation of wh	nich preparer has a	ny knowledge	}			
	Europe C- Sport					Sont	<u>3, 2</u>	202	<u>D</u>
Sign / Here	. 3	a .				Daile V			
nere	Eugene C. Smith, Presi	<u>aent</u>	•						<del></del>
	7	earer's signature	. 1	Date	Check	] if PTIN	·		
	Print/Type preparer's name Prep	raici o olyllatuic		Date	self- emplo	_			
Paid	Jonathan A. Hussey Jor	nathan A. H	uggev	08/12/20	SS. Simple	1	221	689	
Preparer	Firm's name DUELLETTE & ASS		.A.	00/12/20	Firm's FIM	▶ 01-04			
Use Only	Firm's address ▶ 1111 LISBON ST				Phone no	(207)7			8
	LEWISTON, ME 0								
May the IRS o	liscuss this return with the preparer shown above? Se					<b>&gt;</b>	ΧΙγ	es	No
							Form 9	990-EZ	(2018)

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Litchfield Farmers Club

Employer identification number 01-0346937

Litchfield Farmers Club	01-0346937
Form 990-EZ, Part I, Line 4, Rental Income:	
Kind and Location of Property:	Amount:
rounds rentals	15,543.
orm 990-EZ, Part I, Line 4, Other Investment Income:	
escription of Property:	Amount:
Interest	172.
	*, <u>**</u>
orm 990-EZ, Part I, Line 8, Other Revenue:	
Description of Other Revenue:	Amount:
Other Income	1,219.
orm 990-EZ, Part I, Line 14, Occupancy, Rent, Utilit	ies, and Maintenance:
escription of Expenses: epreciation ther Expenses	Amount: 8,569. 12,734.
escription of Expenses: epreciation ther Expenses otal to Form 990-EZ, line 14	Amount: 8,569. 12,734.
escription of Expenses: epreciation ther Expenses otal to Form 990-EZ, line 14 form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Expenses: Depreciation Other Expenses Dotal to Form 990-EZ, line 14 Dorm 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses:	Amount:  8,569.  12,734.  21,303.  Amount:
Description of Expenses: Depreciation Other Expenses Dotal to Form 990-EZ, line 14 Dorm 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses:	Amount:  8,569.  12,734.  21,303.  Amount:  663.
Corm 990-EZ, Part I, Line 14, Occupancy, Rent, Utilit Description of Expenses: Depreciation Other Expenses Cotal to Form 990-EZ, line 14 Corm 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Description of Other Expenses: Description of Other Expenses:	Amount:  8,569.  12,734.  21,303.  Amount:  663.  186.
Description of Expenses: Depreciation Other Expenses Dotal to Form 990-EZ, line 14 Dorm 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Description of Other Expenses: Description of Other Expenses:	Amount:  8,569.  12,734.  21,303.  Amount:  663.  186.  2,067.
Description of Expenses:  Depreciation  Other Expenses  Cotal to Form 990-EZ, line 14  Corm 990-EZ, Part I, Line 16, Other Expenses:  Description of Other Expenses:  Advertising  Costage	Amount:  8,569.  12,734.  21,303.

11

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Emple	Page 2 oyer identification number
Litchfield Farmers Club		-0346937
Office Supplies and expense		4,107.
Premiums and awards		47,329.
Supplies		9,573.
Travel expense		584.
Pumpkin Contest		300.
Sun Flower Contest		155.
Woodmen's Day		1,920.
Equipment Rental		11,258.
Miscellaneous		492.
Scholarships		500.
Interest		24.
Taxes		538.
Total to Form 990-EZ, line 16		99,674.
Form 990-EZ, Part I, Line 20, Changes in Net Assets	:	
Changes in Net Assets or Fund Balances:		Amount:
Prior Period Adjustment		73,654.
Form 990-EZ, Part II, Line 26, Other Liabilities:		
	g. of Year	End of Year
Credit Card	15.	0.
010410 0414		
Form 990-EZ, Part III, Primary Exempt Purpose - PRO	MOTION OF A	GRICULTURE
THROUGH CONDUCT OF THE LITCHFIELD FAIR FOR THREE DA		
THROUGH CONDUCT OF THE DITCHTIBLE THE TON THREE SH	<u> </u>	

14120812 792600 39120

Name of the organization

Litchfield Farmers Club

Employer identification number 01-0346937

Litchfield Farmers Clu	1D		01-0346937			
Part IV   List of Officers, Directors, Trustees, and Key Er	nployees. List each one ev	ven if not compensated (	ited (see the instructions for 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		
LYNN CAMERON						
DIRECTOR	0.00	0.	0.	<u> </u>		
TIM TRACY				-		
DIRECTOR	0.00	0.	0.	0.		
MELANIE PAGE						
DIRECTOR	0.00	0.	0.	0.		
CAL PAQUET						
DIRECTOR	0.00	0.	0.	0.		
LISA RIDLEY						
DIRECTOR	0.00	0.	0.	0.		
DONALD RIDLEY						
DIRECTOR	0.00	0.	0.	0.		
THEODORE SMITH						
DIRECTOR	0.00	0.	0.	0.		
RAYNA LEIBOWITZ						
DIRECTOR	0.00	0.	0.	0.		
ALTON MERRILL						
DIRECTOR	0.00	0.	0.	0.		
SARA LACHARITE						
DIRECTOR	0.00	0.	0.	0.		
RICHARD BROWN		1				
FIRST VICE PRESIDENT	0.00	0.	0.	0.		
EUGENE C. SMITH						
PRESIDENT	0.00	0.	0.	0.		
JIM CAMPBELL		_	_	_		
SECOND VICE PRESIDENT	0.00	0.	0.	0.		
CAROL SMITH						
SECRETARY	0.00	0.	0.	0.		
			<u>"</u>			
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