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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2009

Open to Public Inspection

A **For the 2009 calendar year, or tax year beginning , and ending**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Anne Arundel County Farm Bureau, Inc

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
5643 Greenock Road

City, town, or country | State | ZIP + 4
Lothian | MD | 20711-9765

D Employer identification number
52-1282045

E Telephone number
(410) 741-9212

F Group Exemption Number ▶ n/a

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

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

I **Website:** ▶ www mdfarmburea.com

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 77,601

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,961
	2	Program service revenue including government fees and contracts		2	3,582
	3	Membership dues and assessments		3	62,871
	4	Investment income		4	7,452
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 1,731		
	b	Less: direct expenses other than fundraising expenses	6b 1,276		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	455
	7a	Gross sales of inventory, less returns and allowances	7a 0		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ Miscellaneous Income)		8	4
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	76,325
Expenses	10	Grants and similar amounts paid (attach schedule)		10	5,625
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	10,502
	13	Professional fees and other payments to independent contractors		13	510
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	2,510
	16	Other expenses (describe ▶ See Attached Statement)		16	24,164
	17	**Total expenses.** Add lines 10 through 16 ▶		17	43,311
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	33,014
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	320,506
	20	Other changes in net assets or fund balances (attach explanation)		20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	353,520

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	320,506	22	353,520
23	Land and buildings	0	23	
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	320,506	25	353,520
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	320,506	27	353,520

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

(HTA)

SCANNED MAY 19 2010

16

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

What is the organization's primary exempt purpose? To promote farming interest

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	The economic, social, and educational interest of farmers were protected, promoted, and/or represented tthrough meetings, conventions, and a varity of other activities to better the farmer's position, and educate the general public. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	0
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	0

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	(See Listing	Attached)	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ MARYLAND

42 a The organization's books are in care of ▶ Christine M Griffith Telephone no ▶ (410)741-9212

Located at ▶ 5643 Grenock Rd City Lothian ST MD ZIP + 4 ▶ 20711-9765

			Yes	No
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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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.	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/Wk 00	0	0	0
Name Str City ST ZIP	Title Hr/Wk 00	0	0	0
Name Str City ST ZIP	Title Hr/Wk 00	0	0	0
Name Str City ST ZIP	Title Hr/Wk 00	0	0	0
Name Str City ST ZIP	Title Hr/Wk .00	0	0	0

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Christine M. Griffith — Signature of officer — Date 4-16-2010

▶ Christine M Griffith, Secretary-Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Robert B. Carico, CPA — Date 4/1/2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Robert B. Carico, Inc.
1583 Underwood Rd , Gambrills, MD 21054

EIN ▶ 52-1379982

Phone no ▶ (410) 721-2919

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

Anne Arundel County Farm Bureau, Inc.
Supporting Schedules and Statements
Year Ended December 31, 2009

EIN: 52-1282045

Special Fundraising Events and Activities - Page 1, line 6:

	Special Events		
	Fruit Sale	Misc. Special Projects	Total
Gross Receipts	$1,431	$ 300	$1,731
Less: Direct Expenses	1,276	0	1,276
Net Income (Loss)	$ 155	$ 300	$ 455

Grants and Allocations – Page 1, Line 10

Grantees' Activity	Grantee's Name & Address	Relationship to Grantor	Amount of Grant
Promoting agricultural activities and education	Anne Arundel Economic Development Corp 2660 Riva Road, Suite 200 Annapolis, MD 21401	None	$ 1,000
	Kristi Corey 258 Glen Court. Pasadena, MD 21122	None	200
	Anne Marine Selby 413 Mallard Drive. Greensboro, MD 21639	None	175
	Maryland FFA Foundation P.O. Box 3241 Silver Spring, MD 20918	None	150
	Maryland Ag Education Foundation P.O. Box 536 Havre de Grace, MD 21078	None	1,500
Education Scholarships And Grants	Amy Yeiser 1022 Placid Court Arnold, MD 21012	None	1,000
	Bryce Lunday 621 Irvin Ave. Deale, MD 20751	None	500
	Brittany Tice 227 Polling House Rd. Harwood, MD 20776	None	500
	Maryland 4-H Foundation, Inc. Livestock Judging Team 8020 Greenmead Dr. College Park, MD 20740	None	500

Education Scholarships And Grants (Continued)	University of Maryland Soil Judging Team 1109 H.J. Patterson Hall College Park, MD 20742	None	100
Total Grants & Allocations			$5,625

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

Name and Address	Title and Average Hours per Week Devoted To Position	Compensation	Contributions To Employee Benefit Plans & Deferred Compensation	Expense Account and Other Allowances
Officers:				
Jeffrey W. Griffith 5643 Greenock Road Lothian, MD. 20711	President 8 hours	None	None	$650.00
Ross E. Moreland 818 Holly Landing Road West River, MD 20778	Vice President 6 hours	None	None	None
Christine M. Griffith 5643 Greenock Road Lothian, MD. 20711	Secretary/Treasurer 25 Hours	$720/mo.	None	$850.00
Board of Directors:				
C. Jean Carico 1583 Underwood Road Gambrills, MD. 21054	Membership Comm. 2 hours	None	None	None
Kenneth Carr 3365 Riva Road Davidsonville, MD. 21035	National Affairs Chair 4 hours	None	None	None
Robert H. Chase 2857 Davidsonville Rd. Davidsonville , MD 210.5	Resolutions Chair 4 hours	None	None	$200.00
Max Covington 3169 Davidsonville Road Davidsonville, MD. 21035	Field Crops Chair 2 hours	None	None	None
Earl Griffith 5571 Greenock Road Lothian, MD. 20711	Membership Chair 4 hours	None	None	None
Oscar Grimes 3527 Birdsville Road Davidsonville, MD. 21035	Information Chair 2 hours	None	None	$200.00

Anne Arundel County Farm Bureau, Inc.
Supporting Schedules and Statements
Year Ended December 31, 2009 EIN: 52-1282045

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

Name and Address	Title and Average Hours per Week Devoted To Position	Compensation	Contributions To Employee Benefit Plans & Deferred Compensation	Expense Account and Other Allowances
Board of Directors (Continued):				
Herbert P. Wayson 1555 Governor Bridge Road Davidsonville, MD. 21035	Member Benefits Chair. 2 hours	None	None	None
Milly B. Welsh 3355 Davidsonville Rd. Davidsonville, MD 21035	Discussion Chair. 3 hours	None	None	None
Martin Zehner 3O11 Patuxent River Road Davidsonville, MD. 21O35	Public Relations Chair 3 hours	None	None	None
Directors At Large:				
Lisa Barge 677 Loch Haven Rd. Edgewater, MD. 21037	Education Comm. 5 hours	None	None	None
Florence Carr 3365 Riva Road Davidsonville, MD. 21035	Education Chair. 3 hours	None	None	None
Kayla Griffith 5643 Greenock Road. Lothian, MD. 20711	Young Farmers Chair. 2 hours	None	None	None
Lillian M. Griffith 5571 Greenock Rd. Lothian, MD. 20711	National Affairs Comm. 3 hours	None	None	$200.00

Other Expenses, Page 1, Ln 16:

Conferences, Conventions, and Meetings	$18,534
Insurance	3,445
Misc. Donations	196
Telephone	60
Agi Education	346
Office Supplies and Expense	1,349
State Farm Bureau Dues – Honorary Members	234
Total Other Expenses	$24,164