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Department of the Treasury

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)

Open to Public

Intern	al Reven	ue Service Ine organization may have to use a co	opy of this return to sa	atisty state	reporting requirements	Inspection
A F	or the	2010 calendar year, or tax year beginning	and	ending		
	heck if oplicable	C Name of organization			D Employer identific	cation number
Г	Addres	S ALBEMARLE COUNTY FARM BURE	AU			
	Name change	Do an Divisiona As			54-0	677451
	Initial	Number and street (or P 0 box if mail is not delivered to s	street address)	Room/suite	· i	
	Termin	· ·	,		•) 293-5 <u>775</u>
F	Amend				G Gross receipts \$	108,605.
	Applica				H(a) Is this a group re	
	pendin				for affiliates?	Yes X No
					H(b) Are all affiliates inc	luded? Yes No
IT	ax exe	empt status 501(c)(3)X 501(c) (5) ◀ (inser	rt no) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)
		e: ► N/A			H(c) Group exemption	n number 🕨
K F	orm of	organization X Corporation Trust Association	Other ►	∟ Year	of formation: 1944 M	State of legal domicile VA
Pa	rt I	Summary				<u>.</u>
ω	1 1	Briefly describe the organization's mission or most significa	int activities AN O	RGANIZ	ZATION OF PE	RSONS
ů		INTERESTED IN AGRICULTURE AND	THE BETTER	MENT (OF AGRICULTU	RAL
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued it	ts operations or dispo	sed of mor	e than 25% of its net as	
ove	3	Number of voting members of the governing body (Part VI, I	line 1a)		3	<u> </u>
8 9	4	Number of independent voting members of the governing b	oody (Part VI, line 1b)		4	0
es	5	Total number of individuals employed in calendar year 2010) (Part V, line 2a)		5	0
viti	6	Total number of volunteers (estimate if necessary)			6	16
Act i	7 a	Total unrelated business revenue from Part VIII, column (C)	, line 12		7a	<6,107.>
	b	Net unrelated business taxable income from Form 990-T, lin	ne 34		7b	<u> </u>
				Prior Year	Current Year	
e		Contributions and grants (Part VIII, line 1h)			0.	0.
ର ଜୁ		Program service revenue (Part VIII, line 2g)			0.	97,557.
JJS Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	_	0.	2,509.
Z	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c			0.	<u><6,107.</u> >
SCANNED		Total revenue - add lines 8 through 11 (must equal Part VIII,			0.	93,959.
Ö	l	Grants and similar amounts paid (Part IX, column (A), lines	1-3)		0.	7,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		-	0.	1,701.
sesuedxa APR 0 1	15	Salaries, other compensation, employee benefits (Part IX, c	column (A), lines 5-10)	<u> </u>		0.
20 20	16a	Professional fundraising fees (Part IX, column (A), line 11e)		უ, ⊢	0.	0.
	b	Total fundraising expenses (Part IX, column (D) line 25D	CEIVED	0.		CO 0C7
2		Other expenses (Part IX, column (A), lines 11a (1d, 111 241)	n (A), line 25)	}	0.	68,067.
01	18	Total expenses Add lines 13-17 (must equal Party), colum Revenue less expenses Subtract line 18 from Inc. 12 MA		5 1 ⊢	0.	77,268. 16,691.
<u></u>	19	Revenue less expenses Subtract line 18 from line 12		2		
Net Assets or Fund Balances		Total access (Bost V. line 10)		÷l ⊦≞	eginning of Current Year 408,662.	End of Year 874,634.
Sse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	DEN, UT	」	76,450.	525,731.
vet/ und	21 22	Net assets or fund balances Subtract line 21 from line 20		_ -	332,212.	348,903.
	rt II	Signature Block	-		332,2124	340,3036
		Ities of perjury, I declare that I have examined this return, including	accompanying schedule	es and stater	nents, and to the best of m	v knowledge and belief, it is
	•	t, and complete. Declaration of preparer (other than officer) is base				,o
11 00,	, 001100	A and somptotes social anon or proper or Control than one of 10 sees		он реора	l l	
Sıgı	n	Signature of officer	1 1		Date	
Her		Joseph H. Jones Tre	sident)		3-16-11	
1101	•	Type or print Name and title				
_		Print/Type preparer's name Preparer	's signature		Date Check	ıf PTIN
Paid	ļ		•		self-emp	loyed
	arer	Firm's name			Firm's EIN	
•	Only	Firm's address	<u> </u>			
					Phone no.	
May	the If	RS discuss this return with the preparer shown above? (see	e instructions)			Yes No

	990 (2010) ALBEMARLE COUNTY FARM BUREAU	<u>54-067</u>	<u>/451</u>	Page 2
ar	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			
	Briefly describe the organization's mission NONE			
	1840		<u> </u>	
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990 EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	enses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported			
4a		venue \$		
	PUBLIC AFFAIRS-WE PROVIDE INFORMATION TO MEMBERS REGARDI	NG COM	MON	
	PROBLEMS AFFECTED BY LOCAL, STATE AND FEDERAL LEGISLATIC	N.		
4b	(Code) (Expenses \$ including grants of \$) (Re	evenue \$		
4b		evenue \$	MPLOY	EES
4b	COMMODITIES-WORKING WITH SPECIALLY TRAINED STATE FARM BU	JREAU E	MPLOY	EES
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	COMMODITIES-WORKING WITH SPECIALLY TRAINED STATE FARM BUTO SOLVE PROBLEMS OF COMMODITY GROUPS WITHIN OUR MEMBERS	JREAU E	MPLOY	EES
	COMMODITIES-WORKING WITH SPECIALLY TRAINED STATE FARM BUTO SOLVE PROBLEMS OF COMMODITY GROUPS WITHIN OUR MEMBERS (Code) (Expenses \$	JREAU E		
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4b 4c	COMMODITIES—WORKING WITH SPECIALLY TRAINED STATE FARM BUTO SOLVE PROBLEMS OF COMMODITY GROUPS WITHIN OUR MEMBERS (Code) (Expenses \$ including grants of \$) (Recommunications—Distribution of information to members of VIA NEWSLETTERS.	JREAU E		
4c	COMMODITIES—WORKING WITH SPECIALLY TRAINED STATE FARM BUTO SOLVE PROBLEMS OF COMMODITY GROUPS WITHIN OUR MEMBERS (Code)(Expenses \$	JREAU E		

			Γ	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1		х
_	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
2	·			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			\ .
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi endowments?			
. 5	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
^	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	110		
d	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
400	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		
ıza		12a		Х
_	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	120	 	-21
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
40	· · · · · · · · · · · · · · · · · · ·			_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a		14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	1/16	-	v
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	 	X
15	-	4.5		v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			77
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l		٦,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	
		Form	990 (2010)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u>.</u>
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			3.7
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		Λ
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		21
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Î	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			•
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2	2010)

Par	Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					
	Greek in deficience of contained a respective to any question in the rate v					L No
	1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1.40	3		Yes	No
	The state of the s	1a 1b	- 0	-		
	c Did the organization comply with backup withholding rules for reportable payments to vendors an		·	1		
С	(gambling) winnings to prize winners?	атороги	able garring	1c	x	
20	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		10	122	
Za	filed for the calendar year ending with or within the year covered by this return	2a				
b				2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruct					
За	7.4.000	 ,		3a	x	
	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
	4a At any time during the calendar year, did the organization have an interest in, or a signature or oth	er autho	ority over, a	-		
	financial account in a foreign country (such as a bank account, securities account, or other financ			4a		Х
b	b If "Yes," enter the name of the foreign country		•			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financi	al Accou	unts			
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	?		5a		Х
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran	saction	?	5b		X
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did	d the org	janization solicit			
	any contributions that were not tax deductible?			6a		X
b	b If "Yes," did the organization include with every solicitation an express statement that such contrib	outions (or gifts			
	were not tax deductible?			6b	ļ	
7	7 Organizations that may receive deductible contributions under section 170(c).					
а		services	provided to the payor?	7a		X
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which if	was red	quired	_		
	to file Form 8282?	١	1	7c	 	X
d	d If "Yes," indicate the number of Forms 8282 filed during the year	7 <u>d</u>		- I		
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef		ict?	7e		\vdash
f			000 as required?	7f		
g				7g 7h	 	-
h o	and the second s			/n		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			8		
9		arany in	ino during the your			
a	a Did the organization make any taxable distributions under section 4966?			9a		
b				9b		
10						
а	a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	1 Section 501(c)(12) organizations. Enter					
а	a Gross income from members or shareholders	11a				
b	b Gross income from other sources (Do not net amounts due or paid to other sources against				-	
	amounts due or received from them)	11b	•	1		
12a	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	1		12a	<u> </u>	<u> </u>
b	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	4		
13				<u> </u>	 	_
а	a Is the organization licensed to issue qualified health plans in more than one state?			13a	 	
	Note. See the instructions for additional information the organization must report on Schedule O				-	
b	b Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b		1		
C		13c	1	44-	-	v
14a	4a Did the organization receive any payments for indoor tanning services during the tax year? It "Ves " has it filed a Form 720 to report these payments? If "No." provide an explanation in School	dula O		14a	-	X

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	990 (2010) ALBEMARLE COUNTY FARM BUREAU 54-067			age 6
Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	≀ "No" i	respor	is e
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		•••	144.
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	5	1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b (วี		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		,
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	Ĺ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	ļ		
	governing body?	7a	X	L
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		'	
	by the following	·		
, а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u></u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	ſ		1
	and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11a	_X_	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	14.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			7.7
	to conflicts?	12b	_	_X_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
10	In Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	_
14	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	<u> </u>	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a. 1	,	~.
_	The organization's CEO, Executive Director, or top management official	150	, ;·	_ X
	Other officers or key employees of the organization	15a 15b		X
Б	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	ISU	7.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	3 1		- ' <u>.</u> /
	taxable entity during the year?	16a	` *	x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	22	ų,	<u> </u>
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	١.	,	į
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨		
	THE ORGANIZATION - 434-293-5775			
	913 E MARKET STREET, CHARLOTTESVILE, VA 22902			
Usance		Form	990 (2010)
032006 12-21-	10			
	6			

54-0677451

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization,
- more than \$10,000 of reportable compensation from the organization and any related organizations
 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees,

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(c	heck	k all	that	apr	ly)	compensation	compensation	amount of
	week	횽						from	from related	other
	(describe	or director				eg G		the	organizations	compensation from the
	hours for related	tee o	ustee			ensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	E	nal tr		loyee	dwo:		(**-271099-141100)		and related
	ın Schedule	ndividual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	Ē] E	튱	, Š	돌	휸			3
JOSEPH JONES					T					
PRESIDENT	2.50	X		X			<u> </u>	0.	0.	0.
E N GARNETT										
VICE PRESIDENT	0.70	Х		X				0.	0.	0.
JAMES POWELL										
SECRETARY/TREASURER	1.20	X		X		<u> </u>	_	0.	0.	0.
RONNIE MORRIS										
DIRECTOR	1.10	X		<u> </u>	ļ	<u> </u>	_	0.	0.	0.
JAMES ABELL										
DIRECTOR	0.90	X			<u> </u>		1	0.	0.	0.
BARBARA LUNDGREN								_	_	_
DIRECTOR	0.30	X	ļ		<u> </u>	_	ـ	0.	0.	0.
IRVIN WHITE					İ				_	_
DIRECTOR	0.50	X	-	-	<u> </u>	_		0.	0.	0.
ROB HARRISON										
DIRECTOR	0.60	X	-	_	┝-	-	1	0.	0.	0.
DAVID WYANT	0.10									
DIRECTOR	0.10	X	-		-		├	0.	0.	0.
PAUL COLEMAN									•	
DIRECTOR	0.80	X	+	١.			-	0.	0.	0.
CYNTHIA CHILES									_	
DIRECTOR	0.40	X	-		ļ		-	0.	0.	0.
RICHARD FOX	2 50									_
DIRECTOR	0.50	X	-	-	-		1	0.	0.	0.
MICHAEL HUDSON										
DIRECTOR	0.30	X	ļ	-		\vdash	╁	0.	0.	0.
ROGER RAY		l								
DIRECTOR	0.20	X	\vdash		-	-	-	0.	0.	0.
SARAH HENLEY		l								
DIRECTOR	0.10	<u>X</u>	\vdash	\vdash	1	+	 	0.	0.	0.
CARL TINDER										_
DIRECTOR/PAST PRESIDENT	0.40	X	 	\vdash	-	┼	<u> </u>	0.	0.	0.
			<u> </u>	<u> </u>	1		<u> </u>			Form 990 (2010)

	990 (2010) ALBEMARLE	COUNTY	<u> </u>	AI	RM	В	JRI	JAE	J	54-067	745	1	Page 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, a	nd ŀ	lıgh	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average hours per	(cł		Pos all t	ition	app	ly)	(D) Reportable compensation	(E) Reportable compensation	- 1	(F) Estima amoun	ted
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or a	othe mpens from t rganiza nd rela ganiza	sation he ation ated
											-		
				-									
												-	
			-										
	Sub-total Total from continuation sheets to Part VI	I, Section A					>		0.	0			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization		ose	liste	ed al	OOV	e) wł	no re	0. eceived more than \$100	0,000 in reportable			0 .
	compensation the organization											Yes	No
3	Did the organization list any former officer,		stee	, ke	y em	plo	yee,	or h	ighest compensated er	nployee on			
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su		le co	mn	ensa	ation	n and	d oth	ner compensation from	the organization	3	+	X
•	and related organizations greater than \$150									ino organization	4		x
5	Did any person listed on line 1a receive or a	-				-		elate	ed organization or indiv	dual for services			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	on				5	Щ	<u> </u>
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	acto	ors th	hat received more than	\$100,000 of compe	nsation	from	
	(A) Name and business	address			_		•		(B) Description of s	ervices	Comp	(C) ensati	on
								-					
					•		-	-					
2	Total number of independent contractors (i	 ncluding but n	ot lii		d to	tho	se lis	sted	above) who received n	nore than			

Par	t VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
g,	c	Fundraising events	1c					
ar a	d	B. I. I	1d					
IS, C	е	Government grants (contribut	ions) 1e					
T S	f	All other contributions, gifts, gran	its, and					
the se		similar amounts not included abo	ve 1f					
da	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> 0	<u>h</u>	Total. Add lines 1a-1f		•				
				Business Code				
8	2 a	MEMBERSHIP DUES	5	110000	<u>97,557.</u>	97,557.		
e ≧	b							
S all	С							
e g	d							
Program Service Revenue	е							
۵	-	All other program service reve	enue		0.5.5.5.5			
\rightarrow	g	Total. Add lines 2a-2f		. •	<u>97,557.</u>			
	3	Investment income (including	dividends, intei	. 1	2 500	2 500		
		other similar amounts)			2,509.	2,509.		
	4	Income from investment of ta	x-exempt bona	proceeas P				
	5	Royalties	() Deal	(v) Paragral				
	_	Out to Breats	(i) Real 8,539	(II) Personal				
	6 a		14,646					
	b	•	<6,107					
]	C	Rental income or (loss) Net rental income or (loss)	(0,107	• ·	<6,107.		<6,107.	
	_	Gross amount from sales of	(i) Securities	(II) Other	(0,107.		10/2070	
	ı a	assets other than inventory	(I) Occumics	(ii) Othici				
I	h	Less cost or other basis						
	Ь	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		•				
		Gross income from fundraisir	ng events (not					
ığ	-	including \$						
e e e		contributions reported on line						
E.		Part IV, line 18		a				
Other Revenue	b	Less direct expenses	ı					
٥	С	Net income or (loss) from fun	draising events					
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	i	a				
	b	Less direct expenses	ı	o				
		: Net income or (loss) from gar		<u> </u>				
	10 a	Gross sales of inventory, less	s returns					
		and allowances	;	a				
		Less cost of goods sold		ol				
		Net income or (loss) from sale		>				
		Miscellaneous Reven	ue	Business Code				
	11 a			-		-		
	b					 		
	c				· · · · · · · · · · · · · · · · · · ·	-		
	С						-	
		Total Add lines 11a-11d			93,959.	100,066.	<6,107.	·> 0.
0320	12 9	Total revenue. See instructions.	<u>'</u>		93,333.	1 100,000.	\U, 1U/.	Form 990 (2010)
12-21	l-10							. 01.11 - 0 - (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns tions must complete column (A) but are not required to complete column.

	All other organizations must com				
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	5,500.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	2,000.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1,701.			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits		· · · · · · · · · · · · · · · · · · ·		
10	Payroll taxes		<u> </u>		
11	Fees for services (non employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4 000			
13	Office expenses	4,080.			
14	Information technology				
15	Royalties				
16	Occupancy				<u></u> .
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,779.			
20	Interest	0,,,,	***		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,654.			
23	Insurance	940.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0)				
а	STATE DUES PAID	48,778.			
b	SPECIAL PROJECTS	2,159.		_	
С	BANK CHARGES	1,191.		_	
d	DUES & SUBSCRIPTIONS	455.			
е	LICENSES & FEES	25.			
f	All other expenses	6.			
25	Total functional expenses Add lines 1 through 24f	77,268.			
26	Joint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising	;			
	solicitation				1

Par	τX	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	45,130.	1	33,774.
	2	Savings and temporary cash investments	175,565.	2	50,293.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	396.	4	193.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 933,078.			
	b	Less accumulated depreciation 10b 142,704.	187,571.	10c	790,374.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	100 660	15	074 604
	16	Total assets. Add lines 1 through 15 (must equal line 34)	408,662.	16	874,634.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	22 140	18	22 202
	19	Deferred revenue	33,140.	19	32,302.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D	 	21	
P I	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
La		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	43,310.	23	491,563.
	24	Unsecured notes and loans payable to unrelated third parties	43,310.	24	401,000.
	25	Other liabilities Complete Part X of Schedule D	0.	25	1,866.
	26	Total liabilities. Add lines 17 through 25	76,450.		525,731.
		Organizations that follow SFAS 117, check here and complete	,		
Ś		lines 27 through 29, and lines 33 and 34.			
ng L	27	Unrestricted net assets		27	
ala	28	Temporarily restricted net assets		28	
g B	29	Permanently restricted net assets		29	
ä		Organizations that do not follow SFAS 117, check here X and			
ا ا		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	332,212.	32	348,903.
Ż	33	Total net assets or fund balances	332,212.	33	348,903.
	34_	Total liabilities and net assets/fund balances	408,662.	34	<u>874,634.</u>
					Form 990 (2010)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

➤ See separate instructions.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions Complete Part III			_
Name of organization			Emp	oloyer identification number
ALBEMAR	LE COUNTY FARM E	BUREAU		54-0677451
Part I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 of	organization.
 Provide a description of the organiz Political expenditures Volunteer hours 	zation's direct and indirect politi	cal campaign activities		\$
Part I-B Complete if the org	ganization is exempt und	der section 501(c)	(3).	
1 Enter the amount of any excise tax	incurred by the organization un	der section 4955	> :	\$
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	5	\$
3 If the organization incurred a section	on 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	ganization is exempt und	tor section 501/c)	except section 501	(0)(3)
L				\$
 Enter the amount directly expende Enter the amount of the filing organ 	, ,	-		Φ
exempt function activities	iization's idinas contributed to o	ther organizations for s	● CHOH 327	\$
3 Total exempt function expenditure	s Add lines 1 and 2 Enter here	and on Form 1120-POL		* _
line 17b	o / tad ii/loo / a/lo 2 2/loi //loro			\$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and e made payments For each organiza contributions received that were po- political action committee (PAC) If	ation listed, enter the amount pa romptly and directly delivered to	id from the filing organi a separate political org	zation's funds Also enter t janization, such as a separ	the amount of political
(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-
For Paperwork Reduction Act Notice	see the Instructions for Form	990 or 990-EZ.	Schedule (C (Form 990 or 990-EZ) 2010

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 Part II-A Complete if the organic	anization is exe	COUNTY FARM	BUREAU n 501(c)(3) and file	54-ed Form 5768	0677451 Page 2
(election under sect					
. —	ion belongs to an affi	- ·	avicione apply		
B Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to influ b Total lobbying expenditures to influ c Total lobbying expenditures (add lir d Other exempt purpose expenditure 	ence a legislative boones 1a and 1b)				
e Total exempt purpose expenditures	(add lines 1c and 1c	d)	<u>.</u>		
f Lobbying nontaxable amount Ente	r the amount from the	e following table in bot	h columns		.
If the amount on line 1e, column (a) or	(b) is The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to comp				lete all of the five	Yes No
, ,		, ,	es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots celling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 ALBEMARLE COUNTY FARM BUREAU 54-0677451 Page 3

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	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?		·		
a	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities? If "Yes," describe in Part IV				
	Total Add lines 1c through 1i				
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912			-	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		Х
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), sect				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	art III-A, li	ne 3 is a	nswered	
	"Yes."				
1	Dues, assessments and similar amounts from members		1		_
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		_
b	Carryover from last year		2b		
С	Total		2c		_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5_	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a	and Part II B,	line 1: Also	o, complete	this part
for a	ny additional information				
				•	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ALBEMARLE COUNTY FARM BUREAU

Employer identification number

Par	t Organizations Maintaining Donor Advise		s or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line		and the second s			
	organization and root to roin odd, ratery, into	(a) Donor advised funds	(b) Funds and other accounts			
	Total number at end of year		(2)			
1	-	· · · · · · · · · · · · · · · · · · ·				
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v					
	are the organization's property, subject to the organization's		└── Yes └── No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose				
	impermissible private benefit?		Yes No			
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)				
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an h	storically important land area			
	Protection of natural habitat	Preservation of a cel	rtified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year					
	•		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic stru	2c				
d	Number of conservation easements included in (c) acquired a					
u	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by th				
3	year >	odood, oximgaloriod, or torrimated by tr	o organization daring the tax			
4	Number of states where property subject to conservation eas	sement is located				
5						
3	violations, and enforcement of the conservation easements if		Yes No			
c						
6						
	 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$					
8	•	e satisfy the requirements of section 17	((1)(4)(B)(I)			
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIV, describe how the organization reports conservati	·				
	include, if applicable, the text of the footnote to the organization.	non's financial statements that describes	s the organization's accounting for			
Day	conservation easements III Organizations Maintaining Collections or	f Art Historical Treasures or (Other Similar Assets			
Pai			Julei Sililiai Assets.			
	Complete if the organization answered "Yes" to Form					
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIV,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts			
	relating to these items					
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$			
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financi	al gaın, provide			
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items				
а	Revenues included in Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X		► \$ ► \$			

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Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the or 2. FIN 48 (ASC 740) anization's liability for uncertain tax positions under 032053 12-20-10

866.

	dule D (Form 990) 2010 ALBEMARLE COUNTY FARM BURE			54-06/74	451 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financ	ial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<u> </u>
4	Net unrealized gains (losses) on investments	-	4		
5	Donated services and use of facilities	_	5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an		10		
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a		1 1	
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]]	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exper	ises per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a		1	
b	Prior year adjustments	2b]	
С	Other losses	2c]	
ď	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a]	
b	Other (Describe in Part XIV)	4b]	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	-
Pa	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp				
					
					
					
		···	<u> </u>	 _	
				Schedule D (F	orm 990) 2010

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.

2010
Open to Public Inspection

Employer identification number Name of the organization ALBEMARLE COUNTY FARM BUREAU 54-0677451 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION, ECONOMIC OPPORTUNITY AND SOCIAL ADVANCEMENT. FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP ORGANIZATION OF PERSONS INTERESTED IN AGRICULTURE. FORM 990, PART VI, SECTION A, LINE 7A: PRODUCER MEMBERS VOTE ON PERSONS APPOINTED TO THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: CHANGES TO THE BY-LAWS AND ARTICLES OF INCORPORATION ARE SUBJECT TO APPROVAL BY THE PRODUCER MEMBERS. FORM 990, PART VI, SECTION B, LINE 11: CORPORATE OFFICERS ARE NOTIFIED OF THE COMPLETION OF FORM 990 AND GIVEN AN OPPORTUNITY TO REVIEW THE COMPLETED FORM BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: POLICY IS ENFORCED WHEN A TRANSACTION THAT MIGHT INVOLVE A CONFLICT IS CONTEMPLATED. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)