Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	**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): 5643 Greenock Road — Room/suite: City or town: Lothian — state or country: MD — ZIP + 4: 20711-9765	**D** Employer identification number: 52-1282045 **E** Telephone number: (410) 741-9212 **F** Group Exemption Number ▶ n/a

G Accounting Method [X] Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www mdfarmburea com

J Tax-exempt status (check only one) — ☐ 501(c)(3) [X] 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 82,642

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Section	No.	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	1,233
	2	Program service revenue including government fees and contracts			2	3,009
	3	Membership dues and assessments			3	70,880
	4	Investment income			4	5,510
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	0
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	2,010		
	c	Less direct expenses from gaming and fundraising events	6c	1,457		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	553
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	0
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	81,185
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	11,570
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	11,945
	13	Professional fees and other payments to independent contractors			13	552
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	29,691
	17	**Total expenses.** Add lines 10 through 16 ▶			17	53,758
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	27,427
	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	370,343
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	397,770

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

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	370,671	22	398,237
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	370,671	25	398,237
26	**Total liabilities** (describe in Schedule O)	328	26	467
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	370,343	27	397,770

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

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

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

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

28	The economic, social, and educational interest of farmers were protected, promoted, and/or represented through meetings, conventions, and a varity of other activities to better the farmer's position, and educate the public (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
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)

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

(a) Name and address	(b) Title and 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
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	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, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	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	35c		X
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 tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
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 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-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 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

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		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 47–49b and 52, and complete the tables for lines 50 and 51

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

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			

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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Christine M. Griffith — Signature of officer — 4-27-12 Date

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

Paid Preparer Use Only	Print/Type preparer's name: Robert B Carico	Preparer's signature: Robert B. Carico	Date: 4/17/12	Check ☐ if self-employed	PTIN: P01068208
	Firm's name ▶ Robert B Carico			Firm's EIN ▶52-1379982	
	Firm's address ▶ 1583 Underwood Rd , Gambrills, MD 21054			Phone no (410) 721-2919	

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

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.	OMB No 1545-0047 2011 Open to Public Inspection

Name of the organization	Employer identification number
Anne Arundel County Farm Bureau, Inc	52-1282045

Grants and Allocations – Part I, 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
	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	4,300
	MD 4-H AGsploration C/O UME Extension Cecil County 200 Chesapeake Rd., Suite 1500 Elkton, MD 21921	None	120
Education Scholarships And Grants	Amy Yeiser 1022 Placid Court Arnold, MD 21012	None	3,000
	Shelby Lawson 112 Beverley Ave. Edgewater, MD 21037	None	1,500
	Joseph Degreenia 317 Pertch Rd. Severna Park, MD 21146	None	500
	Victoria Willis 1727 Grandview Rd. Pasadena, MD 21122	None	1,000
	Total Grants & Allocations		$11,570

Other Expenses, Part I, Page 1, Ln 16:

Conferences, Conventions, and Meetings	$17,745
Insurance	3,524
Misc. Donations	4,500
Telephone	59
Agi. Education	154
Office Supplies and Expense	3,553
State Farm Bureau Dues – Honorary Members	156
Total Other Expenses	$29,691

Name of the organization	Employer identification number
Anne Arundel County Farm Bureau, Inc.	52-1282045

Total Liabilities, Part II, Page 2, Line 26:

	Beg. of Year	End of Year
Payroll Taxes held in Reserve for Payment of Quarterly Taxes	$329	$467

Listing of Officers, Directors, Trustee, 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
Milly B. Welsh 3355 Davidsonville Rd. Davidsonville, MD 21035	Vice President 3 hours	None	None	$200.00
Christine M. Griffith 5643 Greenock Road Lothian, MD. 20711	Secretary/Treasurer 25 Hours	$1,000/mo.	None	$1,000.00
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 21035	Resolutions Chair 4 hours	None	None	$200.00
John Faber 1197 Gwynne Ave. Churchton, MD. 20733	Livestock/Poultry Chair 2 hours	None	None	$200.00
Earl Griffith 5571 Greenock Road Lothian, MD. 20711	Membership Chair 4 hours	None	None	$200.00
Oscar Grimes 3527 Birdsville Road Davidsonville, MD. 21035	Information Chair 2 hours	None	None	$200.00
Ross E Moreland 818 Holly Landing Rd. West River, MD 20778	Scholarship Comm. 6 hours	None	None	None
Herbert P. Wayson 1555 Governor Bridge Road Davidsonville, MD. 21035	Member Benefits Chair. 2 hours	None	None	None

Name of the organization: Anne Arundel County Farm Bureau , Inc.

Employer identification number: 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):				
Martin Zehner 3011 Patuxent River Road Davidsonville, MD. 21035	Farmers Market 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
Brittany Faber 1197 Gwynne Ave. Churchton, MD. 20733	Young Farmers Chair. 2 hours	None	None	None
Lillian M. Griffith 5571 Greenock Rd. Lothian, MD. 20711	Scholarship Chair. 3 hours	None	None	$200.00