

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



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)

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

Open to Public Inspection

OMB No 1545-0047

ΑF	or the	2011 calendar year, or tax year beginning	and	ending		
B c	Check if	C Name of organization			D Employer identific	cation number
X	Addre	ALBEMARLE COUNTY FARM	BUREAU	· ·		
	Name chang				54-0	677451
	Initial return	Number and street (or P 0. box if mail is not del		Room/suite	E Telephone number	
	Termir ated	090 KIO EAST CI BOILE	A		(434) 293-5775
	Ameno return				G Gross receipts \$	670,068.
	Application	CHARDOTTESVIDDE, VA Z	2901		H(a) Is this a group re	
	pendi	F Name and address of principal officer			for affiliates?	Yes X No
					H(b) Are all affiliates inc	
1 7	ax-ex	empt status 501(c)(3) X 501(c) (5)		or 527	1	list (see instructions)
<u>J</u> V	Vebsi	te: ► N/A			H(c) Group exemption	
		organization (22)	sociation Other	L Year	of formation. 1944 N	A State of legal domicile: VA
Pa	art I	Summary				
ģ	1	Briefly describe the organization's mission or most				
Governance		INTERESTED IN AGRICULTURE				
Ē	l .	Check this box 🕨 🔲 if the organization disco		sed of more	1 }	
ŏ		Number of voting members of the governing body			3	14
<u>م</u>	4	Number of independent voting members of the go	verning body (Part VI, line 1b)		4	0
es	5	Total number of individuals employed in calendar y	year 2011 (Part V, line 2a)		5	0
Activities &	_	Total number of volunteers (estimate if necessary)			6	14
Act		Total unrelated business revenue from Part VIII, co			<u>7a</u>	<u><13,391.</u> >
	b	Net unrelated business taxable income from Form	990-T, line 34		7b	<5,111. _{>}
					Prior Year	Current Year
ė,	i	Contributions and grants (Part VIII, line 1h)		_	0.	0.
en	1	Program service revenue (Part VIII, line 2g)	<u> </u>	97,557.	96,027.	
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4			2,509.	343,705.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		-	<6,107.	
		Total revenue - add lines 8 through 11 (must equal			93,959.	426,341.
	13	Grants and simila impunits haid that IX, column (Benefits paid to or for members Part IX, column (A), lines 1-3)	-	7,500.	4,834.
	14	Benefits paid to of for members Part IX column (A	A), line 4)	<u> </u>	1,701.	1,711.
es	15	Salaries, other compensation, employee genefits (Part IX, column (A), lines 5-10)	ļ <u>.</u>	0.	0.
Expenses	16a	Professional fundatising less (Rabilis, column (A),		<u> </u>	0.	0.
쫎	b	Total fundraising expenses (Part IX, column (D), lin		0.	60 067	72 026
	17	Other expenses (Part IX Column A) Thes 1 a 11d Total expenses Add lines 13.17 (must equal Part i	l, 11f 24e)	-	68,067.	73,936.
				-	77,268.	80,481.
_ 0	19	Revenue less expenses Subtract line 18 from line	12	-	16,691.	345,860.
Assets or Balances				Ве	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		-	874,634.	756,014.
et A		Total liabilities (Part X, line 26)			525,731.	61,251. 694,763.
		Net assets or fund balances Subtract line 21 from Signature Block	line 20		348,903.	094,/03.
	art II	alties of perjury, I declare that I have examined this return	unalluduna aasampaayuna aabadull	a and atatam	posts, and to the heat of m	u knowledge and belief it is
		alties of perjury, i declare that I have examined this return ct, and complete Declar <u>at</u> ion of preparer (other than offic				y knowledge and belief, it is
true	, corre	at, and complete Declaration of preparer (other than office	er) is based on all information of w	ilicii preparei	lias ally knowledge	
_		Signature of efficer	- FIX		Date Date	
Sıg		P. / / A F	x Pasid	1 1	10	0-13
Her	e	Type or print name and title	X //85/U	en_I		17p1 / (
		· · · · · · · · · · · · · · · · · · ·	Dranges's granture		Date Check C	PTIN
		Print/Type preparer's name	Preparer's signature		lif L	
Paid		Firm's name			self-employe	•
~ -	parer	Firm's name			Firm's EIN	
y use	Only	Firm's address			Dhono no	
		DO die and the set of	avo? (and instructions)		Phone no.	Van Na
		RS discuss this return with the preparer shown about				Yes No Form 990 (2011)
1320	01 01-	23-12 LHA For Paperwork Reduction Act Notice	ce, see the separate instructi	เบทธ.		FOILL 990 (2011)

	990 (2011) ALBEMARLE COUNTY FARM BUREAU	54-0677451	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		🔲
1	Briefly describe the organization's mission NONE		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Von	X No
	If "Yes." describe these new services on Schedule O	162	וועם ואט
_		г,	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LAL No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations t	:0
	others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$) (Revenue)
	PUBLIC AFFAIRS-WE PROVIDE INFORMATION TO MEMBERS REGARD	ING COMMON	
	PROBLEMS AFFECTED BY LOCAL, STATE AND FEDERAL LEGISLATIC	ON	
			-
4b	(Code) (Expenses \$) (Revenue)
	COMMODITIES-WORKING WITH SPECIALLY TRAINED STATE FARM BU		EES
	TO SOLVE PROBLEMS OF COMMODITY GROUPS WITHIN OUR MEMBERS	SHIP.	
		· -	
			
4c	(Code) (Expenses \$)
	COMMUNICATIONS-DISTRIBUTION OF INFORMATION TO MEMBERS OF	· ORGANIZATI	<u>ON</u>
	VIA NEWSLETTERS.		
		 	
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶		
		Form 90	90 (2011)

Part IV	Checklist of Required Schedules
---------	---------------------------------

	•		Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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_		X
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	ا ہا	v	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5	<u>X</u>	-
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ 6		Λ
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		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			22
8	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			
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
_	Schedule D, Parts XI, XII, and XIII	12a		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	_	X
	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 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	,40		- 41_
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		_	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		Х
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	9 90 (2011)

	•	i .	res	INO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		
С	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		
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		Ì	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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)		}	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		į	7,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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	00		3,5
	contributions? If "Yes," complete Schedule M	30_		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24	1	v
00	If "Yes," complete Schedule N, Part I	31		X
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	į	х
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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?	33		
5 -7	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	oou		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	}	Х
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non charitable related organization?	335		<u> </u>
55	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	$_{\rm X}$	
			990 (2	2011)

	990 (2011) ALBEMARLE COUNTY FARM BUREAU 54-0677	<u>451</u>	P	age 5
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			 -
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ł
	(gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	ļ
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 other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Financial Accounts	.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?	5c		
6a	The state of the s			
	any contributions that were not tax deductible?	6a _		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	ı		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	i		1
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	ļ		-
~	amounts due or received from them)	ļ		
102	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

13b

13a

14a

12b

13c

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form **990** (2011)

X

Form 990 (2011) ALBEMARLE COUNTY FARM BUREAU 54-0677451 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI	-				بما			
Sec:	tion A. Governing Body and Management								
		1	1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1.	<u>₹</u>					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	(<u>)</u>					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?								
3	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?								
4	5 Ltd.								
5	Did the organization become aware during the year of a significant diversion of the organization's a			5_		X			
6	Did the organization have members or stockholders?			6	Х				
	Did the organization have members, stockholders, or other persons who had the power to elect or	appoin	t one or						
	more members of the governing body?			7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	, stockl	nolders, or						
	persons other than the governing body?			7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by f	he following:						
	The governing body?	-	•	8a_	X				
	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	eached	at the						
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Reveni	ue Code)						
		·			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	rs, affiliates,		. ;				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody bef	ore filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	nflicts?	12b		Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, " (describe						
	ın Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14	X_				
15	Did the process for determining compensation of the following persons include a review and appro-		ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	۱,							
а	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b	ļ	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janizati	on's		[
	exempt status with respect to such arrangements?			16b	L				
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed VA	T (Ca)	F01/a)/2)a aali/	المارمين					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-i (260	aion ou i(c)(3)s only)	avallat	ле				
	for public inspection. Indicate how you made these available. Check all that apply Own website								
40		conflic	of interest nation =	nd fine:	acial				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	COLLING	or interest policy, a	iu iinal	icial				
00	statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books	and ro	cords of the organiz	ation 🏲					
20	THE ORGANIZATION - 434-293-5775	and le	cords of the Organiz	20011					
	890 RIO EAST CT SUITE A, CHARLOTTESVILE, VA 2290	1			- <u>-</u>				
13200	3			Form	990	(2011)			
ロコーンス・	16								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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
- 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. and former such persons

X Check this box if neither the organ (A)	(B)	Ĭ.g.	41 1120		C)		iout	(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
Name and Title	hours per		not c , unle					compensation	compensation	amount of
	week	offi	cer an					from	from related	other
	(describe	director						the	organizations	compensation
	hours for	ā	۰.					organization	(W-2/1099-MISC)	from the
	related	stee	ruste		ىە	pens		(W-2/1099-MISC)		organization
	organizations	lal fr	onal		ploye	E e				and related
	ın Schedule O)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOSEPH JONES		 = -	┢═		×	1 8	-			
PRESIDENT	3.30	X		Х				0.	0.	0.
(2) CARL TINDER										
VICE PRESIDENT	0.30	X	L_	X				0.	0.	0.
(3) SARAH HENLEY										_
SECRETARY/TREASURER	0.40	X		X		<u> </u>	ļ	0.	0.	0.
(4) RONNIE MORRIS						İ	ŀ			_
DIRECTOR	1.30	X			-	-	-	0.	0.	0.
(5) JAMES ABELL	0.70								_	_
DIRECTOR	0.70	X	-		├-		-	_0.	0.	0.
(6) JAMES POWELL	0.20								0	_
DIRECTOR	0.30	X	<u> </u>		<u> </u>	-	-	0.	0.	0.
(7) IRVIN WHITE	0.40	1							_	0
DIRECTOR	0.40	X	-			-		0.	0.	0.
(8) ROB HARRISON	0.70	77						0.	0.	_
DIRECTOR	0.70	X	\vdash				├		<u> </u>	0.
(9) DAVID WYANT	0 20	,,							_	_
DIRECTOR	0.30	X	├			₩	-	0.	0.	0.
(10) PAUL COLEMAN	0.00	,,							0	_
DIRECTOR	0.80	X	-	-	├ ─	-		0.	0.	0.
(11) CYNTHIA CHILES	0.20	,,				İ	1	0.		
DIRECTOR	0.30	A		-	-	-		U .	0.	0.
(12) RICHARD FOX	0.80	x						0.	0.	0.
DIRECTOR	0.00	^	-	-		+-	<u> </u>		<u></u>	<u></u>
(13) MICHAEL HUDSON	0.60	x			Ì			0.	0.	0.
DIRECTOR	0.00	╬	-			 	-	0.		
(14) ROGER RAY	_0.80	x					1	0.	0.	0.
DIRECTOR		1	1	-			 		<u>.</u>	·
		_	-		-	-	_			<u> </u>
										Form 990 (2011)

Form 990 (2011)

Part VII Sect	on A. Officers, Directors, Tru		mple	oyee	s, a	nd i	ligh	est	Compensated Employ	ees (continued)		I		
	(A)	(B)			(C) (D) (E)						(F)			
	Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	i		tımatı	
•		hours per week	box	c, unte	ss pe	rson	ıs bot	h an	compensation	compensation		othe		
		(describe		1	<u> </u>			<u> </u>	from the	from related organization				
		hours for	trustee or director				9		organization	(W-2/1099-MIS		l	om th	
		related	10 991	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 1111	,	organiza		
		organizations	1 trust	Institutional trustee		oyee	Highest compensated employee					-	d relat	
		in Schedule	Individual	otnto	, E	Key employee	hest c	ä				orga	ınızatı	ons
		O)	르	E	Officer	Key	운동	호						
			├	₩		ļ	_	_				_		
]					
		 	├	-		<u> </u>	-							
		-	-	├-	-	_	-	-						
			┢╌	-	-	-								
									ļ					
			 	+-	-		 -							
											j			
			\vdash					-						
			1								İ			
					_					-				
							'							
					-									
			İ		1	Ì								
1b Sub-total					1				0.		0.			0.
c Total from	continuation sheets to Part V	II, Section A					\blacktriangleright		0.		0.			0.
d_Total (add	lines 1b and 1c)						▶		0.		0.			0.
2 Total numb	er of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100	,000 of reportab	le			
compensat	ion from the organization									··-				0
											,		Yes	No
3 Did the org	anızatıon list any former officer	, director, or tri	uste	e, ke	y er	nplo	yee.	or l	highest compensated e	mployee on				1
line 1a? If '	'Yes," complete Schedule J for s	such individual	,									3		X
-	ividual listed on line 1a, is the s									the organization		. [ĺ
	l organizations greater than \$15											4		X
	rson listed on line 1a receive or							elat	ed organization or indivi	dual for services				ł
	the organization? If "Yes," con	npl <u>ete Schedui</u>	le J i	for si	uch .	pers	son					5		X
	pendent Contractors								<u> </u>	0400000				
•	his table for your five highest co	-									pens	ation f	rom	
tne organiz	ation Report compensation for	trie calendar y	ear	endi	ng v	vith	or w	ımır		/ear	-			
	(A) Name and business	address	NT/	INC	7				(B) Description of s	ervices	С	(C omper		'n
			TAL	OMI				\dashv						
								$\neg \uparrow$						
										1				
						-		\neg		-				
										}				
						_		\dashv			·			-
										Ţ				
2 Total numb	per of independent contractors (including but r	not li	mıte	d to	tho	se lis	sted	l above) who received m	ore than				
	of compensation from the organ	-	_		_		0	_						
												Form 9	990 (2011)

Statement of Revenue (**D)** Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1d d Related organizations e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f **Business Code** 96,027. 110000 96,027. 2 a MEMBERSHIP DUES Program Service Revenue f All other program service revenue 96,027. g Total. Add lines 2a 2f Investment income (including dividends, interest, and 3 446. 446. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 23,595. 6 a Gross rents 36,986. **b** Less rental expenses <13,39^{1.}> c Rental income or (loss) <13,391.> <13,391. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 550,000. assets other than inventory b Less cost or other basis 206,741 and sales expenses 343,259. c Gain or (loss) 343,259. 343,259. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total. Add lines 11a 11d 439.732. 426.341. <13,391. Total revenue See instructions

132009 01-23-12 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response no not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
b, 8b, 9b, and 10b of Part VIII.	- Otal Oxpelioco	expenses	general expenses	expenses
Grants and other assistance to governments and			[
organizations in the United States See Part IV, line 21	4,834.			
Grants and other assistance to individuals in				
the United States See Part IV, line 22				
Grants and other assistance to governments,				
organizations, and individuals outside the				
United States See Part IV, lines 15 and 16	1,711.			
Benefits paid to or for members	1,/110			
Compensation of current officers, directors,				
trustees, and key employees Compensation not included above, to disqualified				
•				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
Other salaries and wages				
Pension plan accruals and contributions (include				
'	1			
section 401(k) and section 403(b) employer contributions) Other employee benefits				
Payroll taxes				
Fees for services (non-employees)				·
a Management				
b Legal				
Accounting	-			
d Lobbying				
Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
Advertising and promotion	750.			
Office expenses	6,951.			
Information technology				
Royalties				
Occupancy				
Travel		<u> </u>		
Payments of travel or entertainment expenses]			
for any federal, state, or local public officials				
Conferences, conventions, and meetings	6,954.			
Interest				
Payments to affiliates				
Depreciation, depletion, and amortization	7,184.			- -
Insurance	949.			
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line				
24e amount exceeds 10% of line 25, column (A)				
amount, list line 24e expenses on Schedule 0.)	40.010			
a STATE DUES PAID	48,013.			
MISC EXP	2,128.			
BANK CHARGES	547.			
d DUES & SUBSCRIPTIONS	460.			
e All other expenses	00 101			
Total functional expenses Add lines 1 through 24e	80,481.			
Joint costs Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation				
Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (2

	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	Ч	Cash · non-interest-bearing		33,774.	1	83,103.
	2	Savings and temporary cash investments		50,293.	2	45,128.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		193.	4	<u>730.</u>
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee				
		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 sect	ion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru			6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
•	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 646,163.			
	b	Less accumulated depreciation	10b 19,110.	790,374.	10c	627,053.
	11	Investments publicly traded securities			11	
	12	Investments other securities See Part IV, line	l1 [12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets	ŀ		14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	874,634.	16	756,014.
	17	Accounts payable and accrued expenses	<u> </u>		17	62.
	18	Grants payable		18		
	19	Deferred revenue		32,302.	19	31,189.
	20	Tax exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key employees,			
iab	į	highest compensated employees, and disqualifi	ed persons Complete Part II			
		of Schedule L	_		22	
	23	Secured mortgages and notes payable to unrela	ated third parties	491,563.	23	30,000.
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of		,	
		Schedule D		1,866.	25	0.
	26	Total liabilities. Add lines 17 through 25		525,731.	26	61,251.
		Organizations that follow SFAS 117, check he	ere 🕨 🔛 and complete			
es		lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets	-		27	 ·
Bal	28	Temporarily restricted net assets	-		28	
Б	29	Permanently restricted net assets			29	
Ŀ		Organizations that do not follow SFAS 117, c	heck here ▶ X and			
õ		complete lines 30 through 34.		0		0
sets	30	Capital stock or trust principal, or current funds		0.		0.
Ass	31	Paid in or capital surplus, or land, building, or ed	The state of the s	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	348,903.	32	694,763.
~	33	Total net assets or fund balances		348,903.	33	694,763.
	34	Total liabilities and net assets/fund balances		<u>874,634.</u>	34	756,014.

Form **990** (2011)

Form	990 (2011) ALBEMARLE COUNTY FARM BUREAU	<u>54-06</u>	77451	Pag	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	426	5,3	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2			81.
3	Revenue less expenses Subtract line 2 from line 1	3	345	<u>5,8</u>	<u>60.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	348	3,9	03.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	694	<u>1,7</u>	<u>63.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				للا
			,	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	i i		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both			ĺ	
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A 133?		3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	i	

Form **990** (2011)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

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

➤ See separate instructions.

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 35c (Proxy Tax), then

Sec	ction 501(c)(4), (5), or (6) organiza	tions Complete Part III						
Name of	of organization			Empl	oyer identification number			
	<u>ALBEMAR</u>	LE COUNTY FARM I	BUREAU		<u>54-0677451</u>			
Part	I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.			
2 Po	rovide a description of the organized in	zation's direct and indirect politi	cal campaign activities					
Part	I-B Complete if the ord	ganization is exempt un	der section 501(c)	(3).				
	nter the amount of any excise tax							
	nter the amount of any excise tax							
	the organization incurred a section				Yes No			
	Vas a correction made?		•		Yes No			
	"Yes," describe in Part IV							
Part	I-C Complete if the org	ganization is exempt un	der section 501(c)	, except section 501	c)(3).			
1 Er	nter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities				
	nter the amount of the filing organ							
ex	xempt function activities			▶ \$				
3 To	otal exempt function expenditures	s Add lines 1 and 2 Enter here	and on Form 1120-POL	-1				
lır	ne 17b			▶ \$	Yes No			
4 D	old the filing organization file Form	1120-POL for this year?			Yes No			
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV								
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-			

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

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

LHA

13

11340405 781292 001

2011,03040 ALBEMARLE COUNTY FARM BUREA 001

	dule C (Form 990 or 990 EZ) 2011 AL	BEMARLE C	COUNTY FARM	BUREAU	54-	0677451 Page 2
Par	t II-A Complete if the organi		mpt under section	on 501(c)(3) and file	ea Form 5/68	
	(election under section	1 501(h)).				
A Ch	neck 🕨 🔛 if the filing organization	belongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's na	me, address, EIN,
	expenses, and share of	excess lobbying	expenditures)			
B C	neck 🕨 🔛 if the filing organization	checked box A a	nd "limited control" pr	ovisions apply		
	Limits or (The term "expenditur	n Lobbying Expe es" means amo		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion i	(grass roots lobbying)			
	Total lobbying expenditures to influence	•		ľ		
	~	ŭ	, (, - , - , - , - , - , - ,	Ī		
	Other exempt purpose expenditures	· · · · · · · · · · · · · · · · · · ·		ľ		
	Total exempt purpose expenditures (ac	dd lines 1c and 1	d)	Ţ		
	Lobbying nontaxable amount Enter th		-	th columns		
	If the amount on line 1e, column (a) or (b)		bying nontaxable am			
Ì	Not over \$500,000		the amount on line 1e	- 11		
	Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
	Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce			
ĺ	Over \$17,000,000	\$1,000,		1		
ı		Ψ1,000	-			
	Grassroots nontaxable amount (enter 2	25% of line 1f)				
	Subtract line 1g from line 1a If zero or					
	Subtract line 1f from line 1c If zero or I	Ţ	·			
÷	If there is an amount other than zero or	•	line 1i, did the organiz	ation file Form 4720	· · ·	
,	reporting section 4911 tax for this year		, ב ב. קבויים			Yes No
	<u> </u>	4-Year Av	eraging Period Under			
	` •			n do not have to comp es 2a through 2f on pa		
			nditures During 4-Ye			
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
	Lobbying ceiling amount	<u> </u>				
	(150% of line 2a, column(e))					
<u> </u>	Total lobbying expenditures					
d	Grassroots nontaxable amount	<u> </u>				
е _	Grassroots ceiling amount (150% of line 2d, column (e))					
	Graseroots Johnwing expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description				(b)	
of th	ne lobbying activity	Yes	No	Amo	ount
1 a	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 Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?		· · · -		
٠	Mailings to members, legislators, or the public?			-	
	Publications, or published or broadcast statements?				
•	Grants to other organizations for lobbying purposes?		- " -		
,	Don't an about the language was the management officials on a logislative body?				
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
':	Total Add lines 1c through 1i				
J	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
					
-	of "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	· · · ·			
	I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? rt III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5) or se	ction	
P a	rt III-A Complete if the organization is exempt under section 501(c)(4), sect 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		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
1	answered "Yes." Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a_		
b	b Carryover from last year				
c	: 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				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
	expenditure next year?		7.		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	·				
Pa	Taxable amount of lobbying and political expenditures (see instructions)	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Con	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	complete
Pa Com	Taxable amount of lobbying and political expenditures (see instructions) rt IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, F	Part II A, and I	5	ne 1 Also, o	comple

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV. line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Employer identification number

Name of the organization ALBEMARLE COUNTY FARM BUREAU 54-0677451 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 ALBEMAR	LE COUNTY	FARM	BUREA	<u>.U</u>		54-	067745	1 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or	Other 9	Similar A	ssets (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that a	re a signi	ficant use o	of its collection	n items
	(check all that apply)								
а	Public exhibition	C			hange program				
b	Scholarly research	е		Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organization	's exemp	t purpose ir	n Part XIV	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or other	sımılar as	sets		
	to be sold to raise funds rather than to be ma					_		Yes	No_
Par	t IV Escrow and Custodial Arran	-	ete ıf the	organizatio	on answered "Ye	es" to For	m 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other asse	ts not inc	luded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able					
								Amount	<u> </u>
С	Beginning balance						1c		
	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance	000 D-ut V 1	010				1f		
	Did the organization include an amount on Fo	orm 990, Part X, line	217					└── Yes	L No
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete if	f the erganization or		"Voc" to Fo	rm 000 Part IV	lino 10			
T di	Endowment rands. Complete		I		(c) Two years b		Three years	hack (a) Four	years back
4-	Decumping of year halance	(a) Current year	(6) -	rior year	(C) Two years to	ack (u)	Tillee years	Dack (e) Four	years vack
la L	Beginning of year balance								
G a	Contributions	 							
C A	Net investment earnings, gains, and losses	<u> </u>			 	_		<u> </u>	
a	Grants or scholarships								
е	Other expenditures for facilities		ļ						
	and programs Administrative expenses								
	End of year balance					- 			
g 2	Provide the estimated percentage of the curi	ent year end haland	e (line 1	a column (a)) held as				
a	Board designated or quasi endowment	ent year end balanc	% %	g, column (a	ajj neid as				
	Permanent endowment	%							
	Temporarily restricted endowment	^ %							
·	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse		ation tha	it are held a	ınd admınıstered	d for the o	organization	1	
Ju	by	oolon or into organiz				- 101 1110	g	Г	Yes No
	(i) unrelated organizations							3a(i)	100 110
	(ii) related organizations							3a(iı)	
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	on Sched	dule R?				3b	
4									
Par	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accu	mulated	(d) Bool	k value
		basis (investr	ment)	basis	(other)	depred	ciation		
1a	Land								
b	Buildings	641,	960.			1	8,028.	62	3,932.
С	Leasehold improvements								
d	Equipment	4,	203.				1,082.	ļ	3,121.
<u> </u>	Other					_			
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line i	10(c))	_		62	<u>7,053.</u>

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 ALBEMARLE COUNTY FARM BURE	EAU	1 04-4-	54-06	77451 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Financia	ii State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	<u> </u>	<u> </u>		
2	Total expenses (Form 990, Part IX, column (A), line 25)				
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			
4	Net unrealized gains (losses) on investments	4			
5	Donated services and use of facilities	_ 5	$\neg \neg \neg$		
6	Investment expenses	<u> </u>		. 	
7	Prior period adjustments	<u> </u>	_		
8	Other (Describe in Part XIV)	<u> </u>			·. ·
9	Total adjustments (net) Add lines 4 through 8	9			
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 a t XII Reconciliation of Revenue per Audited Financial Statem			oturn	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	ents with nevenue	per n		
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				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c 2d			
d	Other (Describe in Part XIV) Add lines 2a through 2d	_ Łu		2e	
e	Subtract line 2e from line 1			3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b	<u> </u>		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	t XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expens	es 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				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	_		
С	Other losses	2c			
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 IX, line 25, 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 expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Com	t XIV Supplemental Information blete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part				
X, lin	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	nplete this part to provide	e any ado	ditional info	ormation
		- · · · · · · · · · · · · · · · · · · ·		-	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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

OMB No 1545-0047 Open to Public

➤ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Employer identification number Name of the organization 54-0677451 ALBEMARLE COUNTY FARM BUREAU 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.

1