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Short Form
Return of Organization Exempt From Income TaxUnder 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 04/01, 2011, and ending 03/31, 2012

B Check if applicable	C Name of organization COMMUNITY 2000		D Employer identification number 06-1397791
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) PO BOX 1270		E Telephone number
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 WARWICK NY 10990		F Group Exemption Number ►
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method Cash Accrual Other (specify) ►I Website: ► warwickarts.org H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527K 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 ► \$ 139,704

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

SCANNED 1/18/2013

Expenses

Net Assets

1 Contributions, gifts, grants, and similar amounts received	1	137,678
2 Program service revenue including government fees and contracts	2	2,026
3 Membership dues and assessments	3	
4 Investment income	4	
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	
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
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	139,704
10 Grants and similar amounts paid (list in Schedule O)	10	107,826
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	9,400
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	17,780
17 Total expenses. Add lines 10 through 16	17	135,006
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,698
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	7,167
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	11,865

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

(67)
(11)

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	6,210	21,170
23	Land and buildings	0	0
24	Other assets (describe in Schedule O)	1,757	1,230
25	Total assets	7,967	22,400
26	Total liabilities (describe in Schedule O)	800	10,535
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,167	11,865

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

What is the organization's primary exempt purpose? SUPPORT COMMUNITY INTERACTION

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	SUPPORT OF THE ARTS: OFFERING A SUMMER ARTS FESTIVAL, WITH FREE PERFORMANCES, PARADES, DANCES, ETC; HOLDING OUTDOOR ART SHOWS FOR LOCAL ARTISTS; SUPPORTING A THEATER TROOP (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	13,439
29	SUPPORT OF LOCAL FARMING: ACCEPTING DONATIONS ON BEHALF OF 44 ORANGE COUNTY FARMERS IMPACTED BY STORMS IN SEPT 2011; SUPPORTING OTHER FARM-RELIEF AGENCIES & FOOD PANTRIES (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	117,070
30	SUSTAINABLE WARWICK: INCREASING PUBLIC UNDERSTANDING OF SUSTAINABILITY; ORGANIZING A COMMUNITY GARDEN AND ORCHARD (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	2,645
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	133,154

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
SEE ATTACHED SCHEDULE		0	0	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

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

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

35a 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

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

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 37a

b Did the organization file Form 1120-POL for this year? 37b

38a 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

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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0; section 4912 ► 0, section 4955 ► 0 40a

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 ► 0 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0 40d

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

41 List the states with which a copy of this return is filed ► NEW YORK

42a The organization's books are in care of ► COMMUNITY 2000 Telephone no ►
Located at ► WARWICK NY ZIP + 4 ► 10990

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)?

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.?

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 ► 43
and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b 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

	Yes	No
33	X	
34		X
35a		X
35b		
35c		X
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		X
40c		
40d		
40e		X
42a		
42b		X
42c		X
43		
44a		X
44b		X
44c		X
44d		
45a		X
45b		X

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

	Yes	No
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	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
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
NONE				

f Total number of other employees paid over \$100,000 ► **NONE**

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
NONE		

d Total number of other independent contractors each receiving over \$100,000 ► **NONE**

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	<i>Judie Wilbur</i>	<i>2/12/13</i>
	JUDIE WILBUR, TREASURER	Date

Paid Preparer Use Only	Print/Type preparer's name HARRIET L EARNEST	Preparer's signature <i>Judie L. Ernest</i>	Date 2/12/13	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00643717
	Firm's name ► HARRIET L EARNEST, CPA		Firm's EIN ► 06-1144005		
	Firm's address ► 112 BLOOMS CRNS RD, WARWICK, NY 10990		Phone no 845-986-9082		

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 497(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

COMMUNITY 2000

Employer identification number

06-1397791

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III—Functionally integrated	d <input type="checkbox"/> Type III—Other
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- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	59,802	33,406	31,784	19,962	137,678	282,632
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	59,802	33,406	31,784	19,962	137,678	282,632
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						282,632

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	59,802	33,406	31,784	19,962	137,678	282,632
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9	300	1	0	0	310
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						282,942
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.89 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.83 %
16a 33 $\frac{1}{3}$ % support test—2011. If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 $\frac{1}{3}$ % support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

COMMUNITY 2000

Employer identification number

06-1397791

PART I LINE 10 GRANTS PAID:

DIRECT AID TO FARMERS	\$100,000
AID TO FARM-RELATED CHARITIES AND FOOD PANTRIES	7,726
SCHOLARSHIP AID TO ARTS STUDENT	100

PART I LINE 16 OTHER EXPENSES

DIRECT EXPENSES - SUPPORT OF THE ARTS	\$5,493
DIRECT EXPENSES - FARMING SUPPORT	7,644
DIRECT EXPENSES - SUSTAINABLE WARWICK	2,295
DUES AND FEES	35
OFFICE EXPENSES	304
INSURANCE	2,009

PART II LINE 24 OTHER ASSETS:

BOOK INVENTORY	3/11	\$1,757	3/12	\$1,230
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PART III LINE 26 TOTAL LIABILITIES:

ACCRUED ACCOUNTING FEE	\$3,100
ACCRUED NYS FILING FEE	35
REFUNDABLE ADVANCES	7,400

PART IV LIST OF DIRECTORS

SEE ATTACHED PAGES 1 AND 2

Community 2000

P.O. Box 1270
Warwick, NY 10990

List of Directors

Inez Freund	Director	3 Mari Road Chester, NY 10918 845 469-3133 inezfreund@yahoo.com
Jane Hamburger	Director	P.O. Box 130 Bellvale, NY 10912 845 987-8289 mjbhamburger@gmail.com
Geoff Howard	Director	65 Colonial Avenue Warwick, NY 10990 845 986-1710 howards@warwick.net
Barbara Lanza	Director	P.O. Box 118 Pine Island, NY 10969 845 258-4601 blanza@optonline.net
Daniel Mack	Director	14 Welling Avenue Warwick, NY 10990 845 986-7293 rustic@warwick.net
Lou Marquet	Director	16 Welling Avenue Warwick, NY 10990 845 986-7696 lmarquet@LeylandAlliance.com

Community 2000
P.O. Box 1270
Warwick, NY 10990

List of Directors

Colin McLaughlin	Director	92 Bittersweet Way Warwick, NY 10990 845 986-7312 cmclaughlin@wvcsd.org
George Nitti	Director	8 Evangeline Drive Greenwood Lake, NY 10925 845 595-1066 glnitti@optonline.net
Ken Stewart	Director	34 Points of View Warwick, NY 10990 845 986-2955 cclvi@yahoo.com
Judi Wilbur	Director	24 Bradner Drive Warwick, NY 10990 845 986-8623 zoltanzeldazoe@hotmail.com

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.

Name of the organization

COMMUNITY 2000

Employer identification number

06-1397791

PART V QUESTION 33 SIGNIFICANT ACTIVITY NOT PREVIOUSLY REPORTED:

DURING THE YEAR ENDED 3/31/12, COMMUNITY 2000 ACCEPTED DONATIONS FROM THE ENTIRE COMMUNITY FOR THE BENEFIT OF LOCAL FARMERS IMPACTED BY THE STORMS IN SEPTEMBER 2011. PROCEEDS WERE PAID OUT TO ORANGE COUNTY FARMERS FARMING 1 ACRE OR MORE WHO SUSTAINED DAMAGE AND APPLIED FOR AID AND TO FARM-RELATED CHARITIES AND FOOD PANTRIES. COMMUNITY 2000 WILL CONTINUE TO ACCEPT DONATIONS AIMED AT HELPING THE LOCAL FARMING COMMUNITY IN GENERAL.