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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , and ending												
<u>B</u>	7	ıf applıcable	C Name of organization			_		D Emplo	yer ide	entification number		
	Addres	Address change						•	5 0	1202045		
	Name o	Name change Anne Arundel County Farm Bureau, Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite				52-1282045 E Telephone number						
	Initial re	eturn	Number and street (or P	J box, ii maii is not delive	red to street address	5)	Room/suite	E relept	ione nu	mbei		
\vdash	Terminated 5643 Greenock Road			d			•		(410) 741-9212		
\vdash	Amended return		City or town	<u> </u>	state or country	y ZIP+4		F Grou				
\vdash	ร์		,					•		•		
	Applica	ition pending	Lothian	·	MD	20711		Numb		n/a		
G	Accou	nting Method	X Cash Acc	rual Other (sp	ecify) 🕨		н			f the organization is		
ı	Websi	ite: ▶ <u>www_i</u>	mdfarmburea com						required to attach Schedule B			
J						(Form 99	0, 990	-EZ, or 990-PF)				
n	Check		-							•		
			000 A Form 990-EZ or			n Form 990-N (e-postcard) m	ay be req	luired (see instructions) But		
		-	ooses to file a return, b									
L			7b, to line 9 to determ	-			ore, or if total as	ssets				
			mn (B) below) are \$500						<u> </u>	77,675		
Р	art l		e, Expenses, and						ns for	Part I)		
		Check If	the organization u	sed Schedule O to	respond to a	ny question	in this Part I			📙		
	1	Contributio	ns, gifts, grants, and	sımilar amounts rec	eived				1	1,228		
	2		ervice revenue includ					. Γ	2	2,933		
	3	•	p dues and assessm	• •					3	69,792		
	4	Investment						.	4	1,945		
7.2 ,	5a		unt from sale of asse	ets other than invent	orv	5a						
ZU13	b					5b		*				
o.	ì	b Less: cost or other basis and sales expenses							5c	0		
_		6 Gaming and fundraising events										
		-	me from gaming (atta	ach Schedule Guf an	eater than				**			
₹ 9	-	\$15,000)	mo mom gaming (a	aon concede o n gr	outor trium	6a		ئ _ې ۋ	1			
Revenue Revenue	ь		me from fundraising	events (not including			tributions	¦%,	· "" ′]			
<u>}</u>	~		ising events reporte					١.				
<u> </u>			h gross income and	• •		6b		1,777				
	c		t expenses from gam			6c		1,961				
ξ	ď		or (loss) from gamir	•			nd subtract	1,301 ₁ , 1	.			
Š	١	line 6c) .		ig and fandraioning o	verito (ada ili loc	ou und ob un	ia cabiract		 6d −	-184		
	72	•	s of inventory, less re	eturns and allowance	26	7a	•		-	-104		
	b		of goods sold .	Additional and another local		7b		—— `	,			
	C		t or (loss) from sales	of inventory (Subtra	ct line 7b from				7c	0		
	8	•	nue (describe in Sch						8	<u>_</u>		
	9		nue. Add lines 1, 2, 3	· ·	8 .			ı • -	9	75,714		
_	10		similar amounts pair			RECEI	VED	1	10	23,900		
	11		id to or for members				O	, ,	11			
Ś	I						_	12	15,053			
Expenses	13		al fees and other pay			MAY US	2013	i 🗀	13	575		
e	14		, rent, utilities, and m				<u>_</u>		14			
×	15		blications, postage,		' I''	OGDEN	J IT		15			
	16		nses (describe in Sc			Valle bil		_	16	26,036		
	17		nses (describe in Sc nses. Add lines 10 t						17	65,564		
_	18					<u> </u>	· · · · ·		18	10,150		
ets	19							—	``	10,130		
end-of-year figure reported on prior year's return)							. agree with		19	397,770		
Net Assets	20		ges in net assets or		ain in Schedule	0)	•	_	20	337,770		
Š	21		or fund balances at				•		21	407,920		
Fo			on Act Notice, see the			<u></u>	<u> </u>	- 1		Form 990-EZ (2012)		

						r	1
	990-EZ (2012) Anne Arundel County Farm B			·	52-1282	2045	Page 2
Par	Balance Sheets. (see the instructions for	•	this Dort II				[]
	Check if the organization used Schedule O to re-	espond to any question in	i illis Pait II	/A\ D			(D) Fad africa
22	Cook course and investments		}	(A) Begini	ning of year 398,237	22	(B) End of year
22 23	Cash, savings, and investments Land and buildings		• }		390,237	23	
24	Other assets (describe in Schedule O)	• • • •	· · •			24	
25	Total assets		, <u> </u>		398,237	$\overline{}$	408,403
26	Total liabilities (describe in Schedule O)		. [467	_	483
27			11).		397,770		407,920
Pa	art III Statement of Program Service Accomplis						Expenses
	Check if the organization used Schedule O t	•					uired for section
Wha	at is the organization's primary exempt purpose?	o promote farming intere	st			,	c)(3) and 501(c)(4) nizations and section
	cribe the organization's program service accomplish			services		-	(a)(1) trusts, optional
	neasured by expenses. In a clear and concise manne				, 	for of	thers)
	sons benefited, and other relevant information for each		·				
28	The economic, social, and educational interest of fa	rmers were protected,				_	
	promoted, and/or represented through meetings, co		: 				
	other activities to better the farmer's position, and e						
	(Grants \$) If this amount	includes foreign grants, o	check here	•		28a	
29							
	·		· • - • • • • • • • • • • • • • • •				{
	/A						
	(Grants \$) If this amount	includes foreign grants, o	check here		<u> </u>	29a	<u> </u>
30	••••						
			}				
	(Cronto C						
24		includes foreign grants, o				30a	
J I							
	Other program services (describe in Schedule O). (Grants \$) If this amount					24-	
	(Grants \$) If this amount	includes foreign grants, o	check here .		▶ □	31a	
32	(Grants \$) If this amount Total program service expenses. (add lines 28a t	includes foreign grants, on the hrough 31a)	check here .	·	(see the in	32	0
32	(Grants \$) If this amount Total program service expenses. (add lines 28a t It IV List of Officers, Directors, Trustees, and It	includes foreign grants, on hrough 31a) . (ey Employees List each	check here one even if not co	npensated	(see the in	32	ons for Part IV)
32	(Grants \$) If this amount Total program service expenses. (add lines 28a t	includes foreign grants, on hrough 31a) . (ey Employees List each	one even if not co	npensated		32 structe	0
32	(Grants \$) If this amount Total program service expenses. (add lines 28a t It IV List of Officers, Directors, Trustees, and It	includes foreign grants, of hrough 31a) . Key Employees List each or respond to any question (b) Average	one even if not con in this Part IV . (c) Reportable compensation	mpensated . (d	(see the in:	32 structions	ons for Part IV)
32	(Grants \$) If this amount Total program service expenses. (add lines 28a t It IV List of Officers, Directors, Trustees, and It	includes foreign grants, of hrough 31a) . (ey Employees List each or respond to any question (b) Average hours per week	one even if not con in this Part IV . (c) Reportable compensation (Forms W-2/1099-M	mpensated . (d) Health benefits contributions to loyee benefit pla	32 structions	ons for Part IV)
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Hr/WK

u au	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	his Pa	rt V .	
<u>•</u>			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33_		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	· · · · · · · · · · · · · · · · · · ·			.,
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	250		v
••	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
27 2	- · · · · · · · · · · · · · · · · · · ·	30		_^_
37 a	Did the organization file Form 1120-POL for this year?	37b		Χ
38 a	· · · · · · · · · · · · · · · · · · ·	3.2		
50 a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	-	Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	7 !		
а	20-	<u> </u>		
b	Gross receipts, included on line 9, for public use of club facilities]		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.]		
	section 4911 ▶, section 4912 ▶, section 4955 ▶	ļ		
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		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	ĺ		
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	ľ		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	ĺ		
	reimbursed by the organization .			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed MARYLAND			
42 a	The organization's books are in care of ► Christine M. Griffith Telephone no. ►			2
	Located at ► 5643 Grenock Rd City Lothian ST MD ZIP + 4 ► 207	11-976	5	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
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	<u> </u>	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	X
45 b		1		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	AEL		_ X
	Form 990-EZ (see instructions)	1 45b	90-EZ	
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orm 9	90-EZ (20	Anne Arundel County Fa	rm Bureau, Inc.		· · · · · · · · · · · · · · · · · · ·	52-12820	_	Page 4
1 6		e organization engage, directly or indirec	· ·	ctivities on behalf of o	r in opposition	. 46	Yes	No_X
Part	VI	didates for public office? If "Yes," complete Section 501(c)(3) organizations on All section 501(c)(3) organizations may 50 and 51 Check if the organization used Sche	olly nust answer questions 4		·		s	
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.						Yes	No
48 49 a b 50	Did the	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, truste					ev	
		yees) who each received more than \$10	•	•			,	
	<u>.</u>	(a) Name and title of each employee paid more than \$100,000	(b) 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) Estim other c	ated amo	
Name Title	None		Hr/WK 00					
Name Title		<u></u>	Hr/WK 00			<u> </u>		
Name Title			Hr/WK .00			ļ		
Name Title			Hr/WK 00			-		
Name			Hr/WK 00					
f 51	Comp \$100,0	number of other employees paid over \$10 lete this table for the organization's five had one compensation from the organization and address of each independent contractor pa	inghest compensated inder on If there is none, enter			ore than	ation	
Name	None	Str		(4) //-	,			
City Name City		ST Str ST	ZIP ZIP			· ·		
Name		Str ST	ZIP					
Name City		Str ST	ZIP					
Name City		Str ST	ZIP					
d 52	Did the	number of other independent contractors e organization complete Schedule A? No empt charitable trusts must attach a com	ote: All section 501(c)(3) o		7(a)(1)	▶	es 🗓	No
		of perjury, I declare that I have examined this return, d complete, Declaration of preparer (other than office			ledge		.	
Sign Here		Signature of officer Christine M Griffith, Secretary-Tree Type or print name and title	easurer easurer		Date	?-/3		
Paid Pres	arer	Print/Type preparer's name Robert B Carico, CPA	Preparer's signature	Career, CPA 4/	18/13 Check self-employe	u L	6820	8
Use	Only	Firm's name ► Robert B Caric Firm's address ► 1583 Underwood	Rd., Gambrills, N		Firm's EIN ▶	<u>410-7</u> 21	-291	9
May t	he IRS	discuss this return with the preparer sho	wn above? See instruction	ns		►X Ye	es 🗀	No

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 **Employer identification number** Anne Arundel County Farm Bureau, Inc. 52-1282045

rants and Allocations – Page		Relationship	Amount of
Grantees' Activity Promoting agricultural activities and education	Grantee's Name & Address Anne Arundel Economic Development Corp 2660 Riva Road, Suite 200 Annapolis, MD 21401	to Grantor None	<u>Grant</u> \$ 1,000
	AA county 4-H Foundation, Inc. 7320 Ritchie Highway, Suite 210 Glen Burnie, MD 21061	None	150
	Maryland FFA Foundation P.O. Box 3241 Silver Spring, MD 20918	None	150
	Maryland Ag Education Foundation P.O. Box 536 Havre de Grace, MD 21078	None	7,200
	MD 4-H Foundation, Inc. 8020 Greenmead Dr. College Park, MD 20740	None	200
Education Scholarships And Grants	Shelby Lawson 112 Beverley Ave Edgewater, MD 21037	None	500
	Jessica Hardy 19 Hardwood Drive Hardwood, MD 20776	None	500
	Joseph Degreenia 317 Pertch Rd. Severna Park, MD 21146	None	1,000
	Victoria Willis 1727 Grandview Rd. Pasadena, MD 21122	None	1,000
	Heather Jarvis 620 Valley View Farm Lane Tracy's Landing, MD 20779	None	1,000
	Alyssa Degreenia 317 Pertch Rd. Severna Park, MD 21146	None	500
	Courtney Metcalf 6009 Shady Side Rd. Shady Side, MD 20764	None	500

\$1,000/mo.(Jan-Oct)

\$1,200/mo. (Nov-Dec)

5643 Greenock Road

Lothian, MD, 20711

25 Hours

\$1,400.00

None

Name of the organization

Anne Arundel County Farm Bureau, Inc.

Employer identification number

52-1282045

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

List of Current Officers, Dire		ey Employees -	Tart IV, Tage 2 (Continued).	
Name and Address	Title and Average Hours per Week Devoted To Position	Compensation	Contributions To Employee Benefit Plans & Deferred Compensation	Expense Account and Other Allowances
Board of Directors: C. Jean Carico 1583 Underwood Road Gambrills, MD. 21054	Membership Comm. 2 hours	None	None	None
Robert H. Chase 2857 Davidsonville Rd. Davidsonville, MD 210.5	Resolutions Chair 4 hours	None	None	\$200.00
John Faber 1197 Gwynne Ave. Churchton, MD. 20733	Livestock/Poultry Cha 2 hours	air None	None	\$200.00
Earl Griffith 5571 Greenock Road Lothian, MD. 20711	Membership Chair 4 hours	None	None	None
Ross E Moreland 818 Holly Landing Rd. West River, MD 20778	Scholarship Comm. 6 hours	Nonę	None	None
Steuart Pittman, Jr. 440 Dodon Road Davidsonville, MD 21035	Equine Chair 3 hours	None	None	• None 。
Frank Tremel 4735 Sudley Road West River, MD 20778	Livestock/Poultry 3 hours	None	None	\$200.00
Herbert P. Wayson 1555 Governor Bridge Road Davidsonville, MD. 21035	Member Benefits Cha 2 hours	nir. None	None	None
Martin Zehner 3011 Patuxent River Road Davidsonville, MD. 21035	Farmers Market Chair 3 hours	r None	None	None
Directors At Large: Lisa Barge 677 Loch Haven Rd. Edgewater, MD. 21037	Education Comm. 5 hours	None	None	None

Name of the organization

Anne Arundel County Farm Bureau, Inc.

Employer identification number

52-1282045

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

	Title and Average Hours per Week Devoted		Contributions To Employee Benefit Plans	Account and Other
Name and Address	To Position	Compensation	& Deferred Compensation	Allowances
Directors At Large (Continue	<u>ed):</u>			
Florence Carr 3365 Riva Road Davidsonville, MD. 21035	Education Chair. 3 hours	None	None	None
Brittany Faber 1197 Gwynne Ave. Churchton, MD. 20733	Young Farmers Cha 2 hours .	air. None	None	None
Lillian M. Griffith 5571 Greenock Rd. Lothian, MD. 20711	Scholarship Chair. 3 hours	None	None	\$200.00
Oscar grimes 3527 Birdsville Road Davidsonville, MD 21035	Information Chair 2 hours	None	None	\$200.00