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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)

Open to Public

OMB No 1545-0047

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

Inspection

<u>A I</u>	For the	e 2012 calendar year, or tax year beginning	and	ending					
В	Check if applicable	C Name of organization		<u></u>	D Employer i	dentification	on number		
	Addres	albemarle county farm	BUREAU						
	Name change				1 5	4-067	7451		
	number								
	Termir	890 RIO EAST CT SUITE	A				93-5775		
	Ameno				G Gross receipts		103,873.		
CHARLOTTESVILLE, VA 22901  H(a) Is this a group return									
	pendir	F Name and address of principal officer:			for affiliat	es?	☐ Yes X No		
		SAME AS C ABOVE			H(b) Are all affil	iates include	d? Ves No		
1	Tax-exe	empt status: 501(c)(3) X 501(c) ( 5 )		or 527	If "No," a	ttach a list.	(see instructions)		
		te: ► N/A			H(c) Group ex				
			sociation Other	L Year	of formation: 19	44 M Sta	ite of legal domicile: VA		
P	art I	Summary							
æ		Briefly describe the organization's mission or most							
Activities & Governance	l .	INTERESTED IN AGRICULTURE							
ē		Check this box  f the organization discoi		sed of more	e than 25% of its	1 1			
Ó		Number of voting members of the governing body	•	•		3	12		
95	4	Number of independent voting members of the go				4	0		
ties		Total number of individuals employed in calendar y	•		•	5	0		
ξį		Total number of volunteers (estimate if necessary)				6	15		
Å		Total unrelated business revenue from Part VIII, co				. 7a	<11,887.		
	<u>b</u>	Net unrelated business taxable income from Form	990-1, Ine 34		D-i V	7b	<560.		
	。	Contributions and grants (Part VIII, line 1b)			Prior Year	0.	Current Year 0.		
Ĭ	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	• • • •		96,0		93,847.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4		. –	343,		330.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	•		<13,3		<11,887.		
~~		Total revenue - add lines 8 through 11 (must equal	/ \		426,3		82,290.		
2013		Grants and similar amounts paid (Part IX, column (	7			334.	5,400.		
		Benefits paid to or for members (Part IX, column (	/// <b>V</b> / \ \ \ \ \ \	•		711.	1,680.		
ණ - ග		Salaries, other compensation, employee benefits (				0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A)		<i>`</i> '	0.		Ŏ.		
3	b	Total fundraising expenses (Part IX, column (D), lin		0.			<u> </u>		
Ē	17	Other expenses (Part IX, column (A), lines (1a-11d)			73,9	36.	64,945.		
1		Total expenses. Add lines 13-17 (must equal Rart,			80,4		72,025.		
		Revenue less expenses. Subtract line 18 from line			345,8		10,265.		
50				Be	ginning of Currer		End of Year		
sets	20	Total assets (Part X, line 16)			756,0		764,429.		
Net Assets or.	21	Total liabilities (Part X, line 26)			61,2		59,401.		
<b>E</b>	22	Net assets or fund balances. Subtract line 21 from	ine 20		694,		705,028.		
P	art II	Signature Block							
	-	alties of perjury, I declare that I have examined this return,					owledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparei	r has any knowled	ge.	<del></del>		
		1 6. tx				1 Mps	13		
Sig	gn 💮	Signature of officer	D. 11 7		Date	•			
He	re	Bichard M. Fax	President						
_		Type or print name and title	<u></u>	- 1	Data	A	DTIM		
		Print/Type preparer's name	Preparer's signature			Check	PTIN		
Pai		<u></u>	<u> </u>	<u> </u>		sett-employed			
	parer	Firm's name			Fırm's	LIN 🛌			
Use Only Firm's address									
<u></u>	Phone no.								
	iy the ii 001 12-1	RS discuss this return with the preparer shown about 10-12 LHA For Paperwork Reduction Act Notice		ione		-	Yes No Form <b>990</b> (2012)		
232	UU I 12-1	iv-iz Cira i vi Fabel Wulk Neudeliuli ACL Null	.e. ace uie aevarate iliau utt	VIIO.			1 01111 200 (20 [2]		

Par			TY FARM BUI	REAU	<u>54-</u>	0677451	Page 2
			•				
•	Check if Schedule O contains			<u> </u>	<u> </u>	<u>-</u>	<u> </u>
1	Briefly describe the organization's r	nission: NON	E				
		<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	
	<del></del>					<del></del>	
	Did the organization undertake any	significant progran	n services during the	vear which were not lis	ted on		
	the prior Form 990 or 990-EZ?	orgoz. n. program		your winer word not no		Yes	X No
	If "Yes," describe these new service	es on Schedule O.	•• •• ••				
	Did the organization cease conduc		cant changes in how	it conducts, any progr	am services?	. CYes	X No
	If "Yes," describe these changes of	n Schedule O.					
4	Describe the organization's program	n service accompli:	shments for each of it	s three largest prograr	n services, as measu	red by expense:	S.
	Section 501(c)(3) and 501(c)(4) orga	anızatıons are requi	red to report the amo	unt of grants and alloc	ations to others, the	total expenses,	and
	revenue, if any, for each program s	ervice reported.					
4a	(Code ) (Expenses \$		including grants of \$ _		) (Revenue \$		)
	PUBLIC AFFAIRS-WE					COMMON	
	PROBLEMS AFFECTED	BY LOCAL,	STATE AND	FEDERAL LEG	ISLATION.		
					<del></del>		
				<del></del>	<del></del>	<del></del>	
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			<del></del>		<del></del>	<del></del>	
		<del></del>			<del></del>	<del></del>	
4b	(Code) (Expenses \$		including grants of \$	<del></del>	) (Revenue \$		
7.0	COMMODITIES-WORKI	NG WITH SP		ATNED STATE		II EMPLOY	EES '
	TO SOLVE PROBLEMS	OF COMMOD	ITTY GROUPS	WITHIN OUR	MEMBERSHIF	•	
	TO SOLVE PROBLEMS	OF COMMOD	OTTY GROUPS	WITHIN OUR	MEMBERSHIE	·	
	TO SOLVE PROBLEMS	OF COMMOD	SITY GROUPS	WITHIN OUR	MEMBERSHIE	) <u>.</u>	
	TO SOLVE PROBLEMS	OF COMMOD	OTTY GROUPS	WITHIN OUR	MEMBERSHIF	) •	
	TO SOLVE PROBLEMS	OF COMMOD	OTTY GROUPS	WITHIN OUR	MEMBERSHIF	2	
	TO SOLVE PROBLEMS	OF COMMOD	OTTY GROUPS	WITHIN OUR	MEMBERSHIF	2•	
	TO SOLVE PROBLEMS	OF COMMOD	OTTY GROUPS	WITHIN OUR	MEMBERSHIF	2	
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	Code) (Expenses \$	OF COMMOD	ITY GROUPS		MEMBERSHIF		
4c			including grants of \$		) (Revenue \$		ON
4c	(Code) (Expenses \$		including grants of \$		) (Revenue \$		ON
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	(Code) (Expenses \$		including grants of \$		) (Revenue \$		ON
4c	(Code) (Expenses \$		including grants of \$		) (Revenue \$		ON
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	(Code) (Expenses \$		including grants of \$		) (Revenue \$		ON
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4c	(Code) (Expenses \$		including grants of \$		) (Revenue \$		ON
	(Code ) (Expenses \$ COMMUNICATIONS - DIS VIA NEWSLETTERS.	STRIBUTION	including grants of \$		) (Revenue \$		ON
4c	(Code) (Expenses \$	STRIBUTION	including grants of \$	ATION TO MEN	) (Revenue \$		ON
	(Code ) (Expenses \$ COMMUNICATIONS - DIS VIA NEWSLETTERS.	STRIBUTION  In Schedule O.)  Including grants	including grants of \$IOF_INFORMA		) (Revenue \$		ON

Form 990 (2012)

ALBEMARLE COUNTY FARM BUREAU

Part IV Checklist of Required Schedules

•			Yes	No
1	Is 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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		_X
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		<u> </u>
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	_	X
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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	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			
L	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
42	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
O	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		v
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		_X_
10	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> X</u>
.0	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,	16		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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 "Ves " complete Schedule G. Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-,0		
. •	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
			990	2012)

Form 990 (2012)

ALBEMARLE COUNTY FARM BUREAU

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			İ
	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 27 If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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		Х
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	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		
ь	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	Ì	]	
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	]	X
35a		35a		Х
b				
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	332		
	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 11b and 19?	_ <u></u>		_ <del></del>
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
	<del></del>			2012

Form **990** 2012)

Yes   No.   Programment   Pr	rai	Check if Schedule O contains a response to any question in this Part V			
1a Enter the number reported in Box 3 of Form 1086. Erfer O-F in not applicable 1b 0 0 0 0 10 10 the organization compty with backup withholding rules for reportable payments to vanidors and reportable garning (gambling) with movements? 1c 1	,		一	Vac	No
b. Enter the number of Forms W26 included in line 1a. Enter 0-8 not applicable	10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) without synthesis of the calendar year ending with or within the year covered by this return.  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.  3 In the calendar year ending with or within the year covered by this return.  4 Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-fiel (see instructions).  5 In the state of the sum of lines 1a and 2a is greater than 250, you may be required to e-fiel (see instructions).  5 In the state of the st					
gambing) winnings to prize winners?  2	_				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleef of the calendary year anding with or within the year covered by this return  1 fall least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 bit if V*es, * insert filed a Form 990-T for the year? If Y-No. * provide an explanation in Schedule O  3 bit Yes, * insert the name of the foreign country (such as a bank account, so-count in a foreign country (such as a bank account, so-count, or other financial account in a foreign country (such as a bank account, so-counts)  5 bit Y*es, * insert the name of the foreign country.  5 bit Y-es, * insert the name of the foreign country (such as a bank account, so-counts, so-count, so-country)  5 bit Y-es, * insert the name of the foreign country.  6 bit any taxable party notify the organization that a was or a party to a prohibited tax shelter transaction?  6 cit Yes, * to line 5a or 5b, did the organization file Form 8886-T?  6 cit Yes, * to line 5a or 5b, did the organization file Form 8886-T?  7 bit Yes, * to line 5a or 5b, did the organization file Form 8886-T?  8 bit Yes, * did the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit and sit your orithoutions that were not tax deductable as charitable contributions and party for goods and services provided to the payor?  9 bit Yes, * did the organization include with every solicitation an explose statement that such contributions or grifts were not tax deductable?  10 bit the organization received a contribution of qualified intellectual property for which it was required to the file Form 8889 are required to the Form 8882 cit of the organization or file Form 6882 cit of the value of the goods or services provided?  10 bit the organization received a contribution of qualified intellectual property, did the organi	·		10	X	Ì
the for the calendar year ending with or within the year covered by this return  bit all least ones reported on line 2a, dit the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dot the organization have unrelated business gross norm of \$1,1000 more during the year?  3b If Yes, his at filed a Form 990-1 for this year? If Yes, "provide an explanation in Schedule O.  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. ►  5ce 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?  5b If Yes, "to the 5a or 5b, did the organization file Form 88861?  6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If Yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8c Did the organization receive a payment in excess 5 f5/5 made party as a contribution and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8c Did the organization receive a payment in excess 5 f5/5 made party as a contribution of the organization free form 8682?  8c Did the organization received a contribution of cars, boats, arplaines, or other vehicles, did the organization for Form 86867 and party for great payment in excess 1 form 4 form 85867 and 1 f	2a				1
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, lift the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a I/Y they, has if filed a Form 990-1 for the year? // "If "No," provide an explanation in Schedule O.  3a   X   3a   X   3b   V*es, has if filed a Form 990-1 for the year?   "If "No," provide an explanation in Schedule O.  4a At any time during the calendary year, did the organization have an inferest 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 accountry."   4a   X   X   V*es, have the organization than the refinancial accountry.   **Es emistructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.   **S   V*es, but any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   **S   X   X   U*d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   **S   X   X   X   X   X   X   X   X   X					1
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Dut the organization have unrelated buseness gross income of \$3,000 or more during the year?  b If "Yes," has in filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0  4a All any time during the calendar year, did this organization have an interest in, or a signature or other authority over, a financial accountly of the provision ocurity (such as a bank account, securities account, or other financial accountly.  b If "Yes," refer 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?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Vise," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6a X  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6c If Yes, "I did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6c If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," did the organization receive apariment in excess of \$7 made party as a contribution of care solicity and party for goods and services provided to the payor?  7d If "Yes," include the number of Forms 8282 filed during the year  9d Did the organization received a party mine,	ь		2ь		
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Note organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Inflation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization incensed to issue qualified health plans in more than one state?  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 organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must r			1		X
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Form 990 (2012)

ALBEMARLE COUNTY FARM BUREAU

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below 7b below 7b below 7b below 7b below 7b below

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200	Check if Schedule O contains a response to any question in this Part VI	<u>.                                    </u>	· .	X
<u> </u>	tion A. Governing Body and Management		,,	
4	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
14				
	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				
2	Enter the number of voting members included in line 1a, above, who are independent 1b   U  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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			^
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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 appoint one or		- 41	
-	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	X	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 body before filing the form?	11a	X	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	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	Х	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_X
b	Other officers or key employees of the organization	15b		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 arrangement with a			
	taxable entity during the year?	16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ĺ	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i finan	cial	
~~	statements available to the public during the tax year.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion. 🕨	· —	
	THE ORGANIZATION - 434-293-5775			
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# 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

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

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

Check this box if neither the organization n	or any related	orga	ınıza	ation	oo r	nper	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			_ (4	C)			(D)	(E)	(F)
Name and Title	Average	///	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week				from	from related	other			
	(list any	Ecto						the	organizations	compensation
	hours for related	5	, a			E E		organization	(W-2/1099-MISC)	from the
	organizations	i se	Į Į		g	퉏		(W-2/1099-MISC)		organization and related
	below	를	tona		튙	ž st	_			organizations
	line)	Individual trustee or director	Institutional trustee	J J	Key employee	Highest compensated employee	Ē			organizationio
(1) RICHARD FOX	1.30	=-	<u> </u>	Ť	-		_			<del>_</del>
PRESIDENT		x		x		ĺ		0.	0.	0.
(2) RONNIE MORRIS	0.80					<u> </u>				
VICE PRESIDENT		x		x				0.	0.	0.
(3) ROGER RAY	0.10									
SECRETARY		х	l	x				0.	0.	0.
(4) JIMMY POWELL	1.00									
TREASURER		X		X				0.	0.	0.
(5) PAUL COLEMAN	0.50									
DIRECTOR		X			L			0.	0.	0.
(6) ROB HARRISON	0.30									
DIRECTOR		X						0.	0.	0.
(7) SARAH HENLEY	0.20									
DIRECTOR		X		<u>L</u> _				0.	0.	0.
(8) IRVINE WHITE	0.50	]								
DIRECTOR		X			<u> </u>			0.	0.	0.
(9) CYNTHIA CHILES	0.30					ĺ				
DIRECTOR		X				<u> </u>		0.	0.	0.
(10) MICHAEL HUDSON	0.50			Ì						
DIRECTOR		X	ļ	_		<u> </u>		0.	0.	0.
(11) RUSSELL MILLER	0.30	ļ								
DIRECTOR	<del> </del>	X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(12) JOE JONES	0.70			i					_	_
DIRECTOR	<u> </u>	X	_		_	_		0.	0.	0.
		<u> </u>	<b> </b>	<u> </u>	1	<u> </u>	_			
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Form 990 (2012)

ALBEMARLE COUNTY FARM BUREAU 54-0677451 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h\_Total. Add lines 1a-1f **Business Code** 110000 93,847. 93,847. 2 a MEMBERSHIP DUES Program Service Revenue f All other program service revenue 93,847. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 330. 330 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents <u>9,696</u>, 21,583 b Less: rental expenses 11,887. c Rental income or (loss) <11,887. <11,887. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 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 Miscellaneous Revenue **Business Code** 11 a d All other revenue

82,290

e Total. Add lines 11a-11d

Total revenue. See instructions.

887

Form 990 (2012)	ALBEMARLE COUNTY FARM BUREAU	54-0677451	Page 10
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).											
	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and										
	organizations in the United States. See Part IV, line 21	5,400.									
2	Grants and other assistance to individuals in	İ									
	the United States. See Part IV, line 22										
3	Grants and other assistance to governments,										
	organizations, and individuals outside the	i i									
	United States See Part IV, lines 15 and 16										
4	Benefits paid to or for members	1,680.		ļ							
5	Compensation of current officers, directors,										
	trustees, and key employees			ļ	<del></del>						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and	Ì									
	persons described in section 4958(c)(3)(B)		<del></del>		<del></del>						
7	Other salaries and wages			<u></u>							
8	Pension plan accruals and contributions (include	ľ									
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits		<u>.</u>	-							
10	Payroll taxes										
11	Fees for services (non-employees)										
а	Management		-··		<u></u>						
b	Legal			<del> </del>							
C	Accounting	<del></del>		<del> </del>	<del></del>						
d	Lobbying				<del></del>						
e	Professional fundraising services. See Part IV, line 17		<u> </u>		<del></del>						
f	Investment management fees										
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)										
40		2,001.		<del></del>							
12	Advertising and promotion	6,030.									
13 14	Office expenses Information technology	0,030.	<del></del>	<del> </del> -							
15	Davidka a			<del> </del>	<del>                                     </del>						
16	Occupancy	394.									
17	Travel	374.		<del></del>							
18	Payments of travel or entertainment expenses		<del></del>								
10	for any federal, state, or local public officials	,									
19	Conferences, conventions, and meetings	7,246.									
20	Interest	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	651.	<del></del>								
23	Insurance	469.	<del></del>	<del></del>							
24	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.)			1							
а	STATE DUES PAID	46,923.									
b	MISC EXP	859.									
c	SPECIAL PROJECTS	347.	· · · · · · · · · · · · · · · · · · ·								
d	LICENSE AND FEES	25.									
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	72,025.									
26	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)										
					- 000						

Form 990 (2012)
Part X | Balance Sheet

•	Check if Schedule O contains a response to any	question	intilistate	·	<del></del>	<u> </u>
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			83,103.	1	57,709.
2	Savings and temporary cash investments			45,128.	2	95,437.
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net			730.	4	930.
5	Loans and other receivables from current and for	ormer office	ers, directors,			
	trustees, key employees, and highest compensation					
	Part II of Schedule L				5	<del></del>
6	Loans and other receivables from other disquali	fied persor	ns (as defined under			
	section 4958(f)(1)), persons described in section	1 4958(c)(3	)(B), and contributing			
	employers and sponsoring organizations of sec	tion 501(c)	(9) voluntary			
	employees' beneficiary organizations (see instr).	. Complete	Part II of Sch L.		_6	
7	Notes and loans receivable, net				7	
8	Inventones for sale or use		L		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	35,810.	627,053.	10c	610,353.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	11			12	
13	Investments - program-related See Part IV, line	11 .	[		13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ	al line 34)		756,014.	16	764,429
17	Accounts payable and accrued expenses			62.	17	5,576.
18	Grants payable				18	
19	Deferred revenue .			31,189.	19	27,925.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
22	Loans and other payables to current and former	r officers, c	lirectors, trustees,			
	key employees, highest compensated employee	es, and disc	qualified persons.			
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela	ated third p	parties	30,000.	23	25,900.
24	Unsecured notes and loans payable to unrelate	d third part	ties		24	
25	Other liabilities (including federal income tax, pa	yables to r	elated third			
	parties, and other liabilities not included on lines	s 17-24) Co	omplete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			61,251.	26	59,401.
	Organizations that follow SFAS 117 (ASC 958	3), check h	ere  and			
	complete lines 27 through 29, and lines 33 ar	nd 34.				
27	Unrestricted net assets	_			27	
28	Temporanly restricted net assets		[		28	
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (A	SC 958), c	heck here		į.	
	and complete lines 30 through 34.	., -	. —			
30	Capital stock or trust principal, or current funds		_	0.	30	0.
31	Paid-in or capital surplus, or land, building, or ec	••	ind	0.	31	0.
32	Retained earnings, endowment, accumulated in			694,763.	32	705,028
33	Total net assets or fund balances		•	694,763.	33	705,028
1			· · ·  -	756,014.		

Form 990 (2012)

		4-067745	1_	Page <b>12</b>
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>		<u> </u>
	1			
1	Total revenue (must equal Part VIII, column (A), line 12)	<u> </u>		290.
2	Total expenses (must equal Part IX, column (A), line 25)	<u> </u>		025.
3	Revenue less expenses. Subtract line 2 from line 1			265.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	,   6	94	<u>.763.</u>
5	Net unrealized gains (losses) on investments	·		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	1		
9	Other changes in net assets or fund balances (explain in Schedule O)	)		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
		<u> o  7</u>	05	<u>,028.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>	<del></del>	
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 O.  Were the organization's financial extensions compiled as reviewed by an independent accounting?	F		es No
28	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed or	2	a	<del></del>
	separate basis Consolidated basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis Deparate basis	ıa		
þ	Were the organization's financial statements audited by an independent accountant?	<u>2</u> 1	b L	X
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the air			
	review, or compilation of its financial statements and selection of an independent accountant?	2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ıle O.	T	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit	ĺ	
	Act and OMB Circular A-133?	3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		T
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. 3	b	
		Fo	m <b>9</b> 9	<b>90</b> (2012)

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 • Section 501(c)(4), (5), or (6) organizat		Tax), or Form 990-l	EZ, Part V, line 35c (P	roxy Tax), then
Name of organization	ions. Complete Fait III.	<del></del>		Employer identification number
<u> </u>	LE_COUNTY FARM BU	זוגים סו		54-0677451
Part I-A   Complete if the org	panization is exempt unde	er section 501(c	or is a section 5	27 organization
	, <u></u>		,	
4. Decide a description of the evange	ation!a direct and indirect political	d aanaaaaa aatu ittaa	in Dort IV	
Provide a description of the organiz     Political expenditures	ation's direct and indirect politica	n campaign activities	s III Part IV	<b>&gt;</b> \$
2 Political expenditures			• • • • • • • • • • • • • • • • • • • •	<b>5</b>
3 Volunteer hours			• • • • • • • • • • • • • • • • • • • •	••
Part I-B Complete if the org	anization is exempt unde	er section 501(c	)(3).	<del></del>
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955		<b>&gt;</b> \$
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 495	55	<b>▶</b> \$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 t	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	anization is exempt unde	er section 501(c	), except section	501(c)(3).
1 Enter the amount directly expended	by the filing organization for sec	tion 527 exempt fun	ction activities	<b>&gt;</b> \$
2 Enter the amount of the filing organ	ization's funds contributed to oth	ner organizations for	section 527	
exempt function activities		•		<b>&gt;</b> \$
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-PO	L,	
line 17b				<b>&gt;</b> \$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en				
made payments. For each organizate	tion listed, enter the amount paid	from the filing organ	iization's funds. Also er	nter the amount of political
contributions received that were pro			₹	eparate segregated fund or a
political action committee (PAC). If	additional space is needed, provi	de information in Par	t IV.	<del></del>
(a) Name	(b) Address	(c) EIN	(d) Amount paid f	
			filing organization	
			funds. If none, ente	delivered to a separate
				political organization.
				If none, enter -0
		1		
For Paperwork Reduction Act Notice,	see the Instructions for Form 9	90 or 990-EZ.	Sched	ule C (Form 990 or 990-EZ) 2012

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Schedule C (Form 990 or 990 EZ) 2012 AL	BEMARLE (	OUNTY FARM	BUREAU	54-	0677451 Page 2	
Part II-A Complete if the organic (election under section		mpt under secut	on soricits) and the	ea Form 5/68		
	belongs to an aff excess lobbying	expenditures).	n Part IV each affiliated	group member's nai	me, address, EIN,	
	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influence	e public opinion	grass roots lobbying)		-		
<b>b</b> Total lobbying expenditures to influence				· · · · · · · · · · · · · · · · · · ·		
c Total lobbying expenditures (add lines	-	-, ( + + + + + ,g,	}	· · · · · ·		
d Other exempt purpose expenditures	,	•	·		<del> </del>	
e Total exempt purpose expenditures (a	dd lines 1c and 1d	J	· · ·			
f Lobbying nontaxable amount. Enter th		•	th columns			
If the amount on line 1e, column (a) or (b)		bying nontaxable an				
Not over \$500,000		the amount on line 1				
Over \$500,000 but not over \$1,000,00				*=		
Over \$1,000,000 but not over \$1,500,0						
Over \$1,500,000 but not over \$17,000		ess over \$1,500,000.				
Over \$17,000,000						
(		000.				
g Grassroots nontaxable amount (enter	25% of line 1f)					
•	h Subtract line 1g from line 1a. If zero or less, enter -0-					
_	i Subtract line 1f from line 1c. If zero or less, enter 0					
j If there is an amount other than zero o	•	line 1i, did the organi	zation file Form 4720		<del></del>	
reporting section 4911 tax for this year		into in, ara tino organi.	24.1011 1110 1 01111 47 20		Yes No	
(Some organizatio	4-Year Av		r Section 501(h) on do not have to comp es 2a through 2f on pag			
	Lobbying Expe	nditures During 4-Ye	ear Averaging Period	<u></u> .		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))	-					
c Total lobbying expenditures						
d Grassroots nontaxable amount				<u> </u>		
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990 EZ) 2012 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)).

of the lobbying activity.	(a)		(b)	
	Yes	No	Amo	ount
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: a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?				
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				·
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)	(5), or se	ction	
333(4)(4)			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?		. 2		X
Part III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or se	ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ie 3, is
Dues, assessments and similar amounts from members		1	_	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	·al	<u>                                   </u>		
expenses for which the section 527(f) tax was paid).	·aı			
a Current year		2a		
b Carryover from last year		2b		
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 exc	<b>-</b> 99			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?	Oiiticai	4		
5 Taxable amount of lobbying and political expenditures (see instructions)	• •	5		
Part IV Supplemental Information	•			

#### 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.

2012
Open to Public Inspection

Name of the organization

ALBEMARLE COUNTY FARM BUREAU

Employer identification number 54-0677451

Par	t I Organizations Maintaining Donor Advised	d 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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	virting that the assets held in donor advise	ed funds
-	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor ad	•	used only
•	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last
_	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	,,,,	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	•
_	year▶	,g,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	inng the year
7	Amount of expenses incurred in monitoring, inspecting, and e	_	- <u> </u>
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes ti	he organization's accounting for
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtheran	ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical trea		gain, provide
-	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	. ▶ \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		LE COUNTY						<u>0677451</u>	
Par	t III` Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	r Oth	er Similar A	ssets(continue	∍d)
3.	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following that	are a s	ignificant use o	f its collection it	ems
	(check all that apply):								
а	Public exhibition	C	, 🗀 L	oan or excl	hange progra	ms			
ь	Scholarly research	6	, 🖂	Other					
c	Preservation for future generations						_		
4	Provide a description of the organization's co	llections and explain	in how th	ey further ti	he organizatio	on's exe	empt purpose in	Part XIII.	
5	During the year, did the organization solicit or				_				
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arrang					Yes* to	Form 990, Part	IV, tine 9, or	
	reported an amount on Form 990, Part			_					
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for d	contribution	s or other as	sets not	ncluded		
								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII a					•• ••••	• •		
-								Amount	
c	Beginning balance						1c	7 4.104116	
4	Additions during the year		•••	• •		••••	1d		
٠	Distributions during the year			• • • •			1e		
	Ending balance		•	• •		• ••	1f		
2a	Did the organization include an amount on Fo		212	• •			- !!	Yes	No
	If "Yes," explain the arrangement in Part XIII.			In has been	provided in F	Part YIII		165	<b>=</b> ''
Par							10		<u> </u>
<u> </u>	T T T T T T T T T T T T T T T T T T T	(a) Current year		nor year				ack (e) Four ye	are back
4	Beginning of year balance	(a) Current year	(6)	iloi yeai	(C) I WO year	S Dack	(a) Three years t	ack (e) rour ye	al S Dack
1a	Contributions		1				<del></del>		
b	• • • • • • • • • • • •			·					
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities					ľ			
	and programs		<del> </del> -					<del></del>	
f	Administrative expenses								
g	End of year balance		L		<u> </u>				
2	Provide the estimated percentage of the curre	ent year end baland		g, column (a	a)) held as <sup>.</sup>				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	nd administe	red for t	the organization		
	by							<b>Y</b> (	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sched	lule R?				3b	
4_	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X,	line 10.					
	Description of property	(a) Cost or o			or other	(c) A	ccumulated	(d) Book v	alue
		basis (invest	ment)	basis	(other)	de	preciation		
1a	Land								
b	Buildings	641,	960.				34,077.	607	,883.
С	Leasehold improvements								
d	Equipment	4,	203.				1,733.	2	,470.
e_	Other								
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Pan	X. colum	nn (B), line 1	10(c).)		<b>—</b>	610	.353.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X, line	12.		-06//451 Page
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
Financial derivatives				
2) Closely-held equity interests .				
3) Other				
(A)				
(B)			·	
(C)				<del>-</del>
(D)				···
(E)				
(F)				
(G)				
(H)				
()				
otal, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Ser				
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				_
(2)				
(3)				
(4)			<del></del>	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			<del></del>
	Description		<del></del>	(b) Book value
(1)	<del> </del>			
(2)				
(3)				
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
			<del></del>	
(8)	<del></del>		<del></del>	
(9) (10)		<del></del>	<del></del>	
	15 \			
rotal. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities. See Form 990, Part X, fil	10.) . no 25	<del></del>	_ <u>.</u>	
(a) Description of liability	11e 25	(b) Book value	· · · · · · · · · · · · · · · · · · ·	
<u> </u>		(b) Book value	<b>!</b>	
(1) Federal income taxes				
(2)	<del></del>	<del></del>		
(3)				
(4)			ļ	
(5)				
(6)				
(7)			Į	
(8)				
(9)			]	
(10)				
(11)		<del>-</del> <del>-</del>		
otal. (Column (b) must equal Form 990, Part X, col. (B) line	25)			
		e organization's financia	I statements that re	ports the organization's
otal. (Column (b) must equal Form 990, Part X, col. (B) line	t of the footnote to the	-		_

	dule D (Form 990) 2012 ALBEMARLE COUNTY FARM BURE! t XI`   Reconciliation of Revenue per Audited Financial Stateme		54-06774	51 Page 4
		ilis Willi Nevellue per	netuiii	
	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a			-	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		☐ 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	er 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	-	
C	Other losses	2c	7	
d	Other (Describe in Part XIII.)	2d	-	
e	Add lines 2a through 2d	zu	ا 🚙 ا	
3	Subtract line 2e from line 1	• • • •	2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	• •	·	
a	Investment expenses not included on Form 990, Part VIII, line 7b	45		
_	Other (Describe in Part XIII.)	4a	-	
		4b	$\dashv$ . $\mid$	
_	Add lines 4a and 4b		4c	
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIII Supplemental Information	······································	5	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			, line 4; Part
	······································			
			Schedule D (Fo	orm 990) 2012

#### SCHEDULE O (Form 990 or 990-EZ)

### 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

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