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

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A **For the 2009 calendar year, or tax year beginning , and ending**

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: **FLORENCE COUNTY FARM BUREAU**

Number and street (or P O box, if mail is not delivered to street address): **PO BOX 12320** Room/suite

City or town, state or country, and ZIP + 4: **FLORENCE SC 29504-2320**

D Employer identification number: **57-0343186**

E Telephone number: **803-796-6700**

F Group Exemption Number ▶ **2393**

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶ **N/A**

J **Tax-exempt status** (check only one) — ☒ 501(c) (**5**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ **243,880**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received			1	100,248
2	Program service revenue including government fees and contracts			2	270
3	Membership dues and assessments			3	
4	Investment income			4	4,942
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	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a			
b	Less direct expenses other than fundraising expenses	6b			
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
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	
8	Other revenue (describe ▶ **See Statement 1**)			8	138,420
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶	9	243,880
10	Grants and similar amounts paid (attach schedule) **Stmt 2**			10	38,981
11	Benefits paid to or for members			11	
12	Salaries, other compensation, and employee benefits			12	136,843
13	Professional fees and other payments to independent contractors			13	
14	Occupancy, rent, utilities, and maintenance			14	32,475
15	Printing, publications, postage, and shipping			15	
16	Other expenses (describe ▶ **See Statement 3**)			16	32,109
17	**Total expenses.** Add lines 10 through 16		▶	17	240,408
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	3,472
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	448,853
20	Other changes in net assets or fund balances (attach explanation) **See Statement 4**			20	-1,730
21	Net assets or fund balances at end of year Combine lines 18 through 20		▶	21	450,595

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	79,084	22	76,094
23 Land and buildings	32,306	23	32,306
24 Other assets (describe ▶ **See Statement 5**)	337,470	24	342,195
25 **Total assets**	448,860	25	450,595
26 **Total liabilities** (describe ▶ **See Statement 6**)	7	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	448,853	27	450,595

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

DAA

P 10

Form 990-EZ (2009) **FLORENCE COUNTY FARM BUREAU** **57-0343186**

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

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

What is the organization's primary exempt purpose?

IMPROVE AGRICULTURE

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 PROVIDED SPACE & SERVICES FOR MEETINGS AND A CENTRAL LOCATION FOR THE DISSEMINATION OF INFORMATION PROMOTING THE IMPROVEMENT OF AGRICULTURE

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 SPONSORED VOLUNTEER AGRICULTURAL LEADERS AT MEETINGS OF INTEREST TO THE AGRICULTURAL COMMUNITY

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 SPONSORED COUNTY OFFICERS' ATTENDANCE TO REPRESENT THEIR COUNTY IN STATE AND NATIONAL EVENTS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule) See Statement 7

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED LIST	PRESIDENT	0	0	0
SEE ATTACHED LIST	OTHER OFFICERS	0	0	0
SEE ATTACHED LIST	DIRECTORS	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ SC			
42a	The organization's books are in care of ▶ SC FARM BUREAU Telephone no. ▶ 803-796-6700			
	Located at ▶ BOX 754 COLUMBIA SC ZIP + 4 ▶ 29202-0754			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country: ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		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 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Signature of officer Ron Quesenberry Date 3/30/10

▶ Type or print name and title RON QUESINBERRY TAX Officer

Paid Preparer's Use Only

Preparer's signature ▶	Date 03/30/10	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instr)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SC Farm Bureau Federation 724 Knox Abbott Dr Cayce, SC 29033			EIN ▶ Phone no ▶ 803-936-4676

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

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
SERVICE FEES FROM AFFILIATE	$ 138,420
Total	$ 138,420

Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount of Payment
SC FARM BUREAU PO BOX 754 COLUMBIA, SC 29202	STATE DUES	38,031
Total		38,031

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Office	20,352
Conferences/Meetings	11,463
Interest	294
Total	$ 32,109

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
AUDIT ADJUSTMENTS	$ -1,730
Total	$ -1,730

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
BUILDINGS	$ 265,009	$ 271,635
FURNITURE/EQUIPMENT	77,546	75,645
Less Accumulated Depreciation	5,085	5,085
	337,470	342,195

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Payroll Liabilities	$ 7	$
	7	

Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description
PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

2009-2010 FLORENCE COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 12320 • Florence, SC 29504 • 843 669.3173

Lake City Office • Box 40 • Lake City, SC 29560 • 843.394 2113

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Terry Vause	58739	2509 Parkland Drive, Florence, 29501		843 409 0194		843 409 0194	jba1127@aol com
Vice President	Jimmy Bacot	29622	6512 Stagecoach Road, Effingham, 29541	843 669 8640				bacotj@bellsouth net
Secretary-Treasurer	Charles Brigman	294065	534 Hickory Grove Circle, Florence, 29501	843 669 4052	843 393 3041		843 621 3139	brigman2@bellsouth net
State Director	Charles Brigman	294065	534 Hickory Grove Circle, Florence, 29501	843 669 4052	843 393 3041		843 621 3139	brigman2@bellsouth net
State Director	Andy Rodgers	369253	208 N Friendfield Road, Scranton, 29591	843 389 2831			843 319 0138	susanrodgers3@yahoo com
Alternate State Director	Sterling Sadler	621808	5948 Clearbrook Road, Effingham, 29541	843 665 7480			843.621 6914	s sadler@satis net
Legislative Committee Chair	Sterling Sadler	621808	5948 Clearbrook Road, Effingham, 29541	843 665 7480			843 621 6914	s sadler@satis net
Young Farmers & Ranchers Chair	Andy Rodgers	369253	208 N Friendfield Road, Scranton, 29591	843 389 2831			843 319 0138	susanrodgers3@yahoo com
Women's Committee Chair	Rhett Bacot	269622	6512 Stagecoach Road, Effingham, 29541	843 669 8640	843 669 3173	843 669 3366		bacotj@bellsouth net
Information/Public Relations Chair	Phil Britton	298133	1221 Saxony Way, Florence, 29506	843 662 1828		843.662.1828	843 319 0762	
County Director	Jimmy H Bacot	269622	6512 Stagecoach Road, Effingham, 29541	843 669 8640				bacotj@bellsouth net
County Director	Laverne Bazen	96539	467 E Bazen Road, Pamplico, 29583	843.493 5374				retta97@aol com
County Director	Charles Brigman	294065	534 Hickory Grove Circle, Florence, 29501	843 669 4052	843 393 3041		843.621.3139	brigman2@bellsouth net
County Director	Phil Britton	298133	1221 Saxony Way, Florence, 29506	843 662 1828		843 662 1828	843 319 0762	

Page Two –2009-2010 Florence County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Johnny Cox	237611	242 Neeley Matthews Road, Coward, 29530	843 389 4758	843 687 2404		843.687 2404	jdcox@ftc-i net
County Director	M D Floyd	151434	233 N Floyd Road, Scranton, 29591	843 659.4350	843 687 2483	843 659 4308	843 687 2483	dfloyd1@ftc-i net
County Director	Dickie Kirby	704548	3362 S Hill Road, Timmonsville, 29161	843 346 3931	843 250 1112	843 346 0904	843 250 1112	butterbeandak@aol com
County Director	Bussy Poston	239290	2092 W Highway 378, Pamplico, 29583	843 493 2394			843 319.1736	
County Director	Andy Rodgers	369253	208 N Friendfield Road, Scranton, 29591	843 389 2831			843 319 0138	susanrodgers3@yahoo com
County Director	Sterling Sadler	621808	5948 Clearbrook Road, Effingham, 29541	843 665.7480			843 621 6914	s sadler@satis net
County Director	Terry Vause	58739	2509 Parkland Drive, Florence, 29501		843 409 0194		843 409 0194	jba1127@aol com
County Director	Raleigh Ward	420204	3762 Ward Road, Effingham, 29541	843 493 2352	843.669 9686		843.621 6996	rowardfarm@aol com
County Director	Howard Weaver	220394	1727 W Myrtle Beach Highway, Pamplico, 29583	843 493 5293			843 319 5293	
County Director	Weston Weldon	208825	2610 E Spring Street, Florence, 29505	843 662 0207				