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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)

OMB No 1545-1150

2009**Open to Public
Inspection**Form **990-EZ**Department of the Treasury
Internal Revenue Service

- ▶ 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.

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 SPARTANBURG COUNTY FARM BUREAU		D Employer identification number 57-0345437
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 299		E Telephone number 803-796-6700
		City or town, state or country, and ZIP + 4 INMAN SC 29349		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.

L 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 ▶ **\$ 207,745**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	91,396
	2 Program service revenue including government fees and contracts	2	327
	3 Membership dues and assessments	3	
	4 Investment income	4	2,142
	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	113,880	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	207,745	
Expenses	10 Grants and similar amounts paid (attach schedule) Stmt 2	10	22,288
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	102,776
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	43,212
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ See Statement 3)	16	36,418
17 Total expenses. Add lines 10 through 16	17	204,694	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,051
	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	400,735
	20 Other changes in net assets or fund balances (attach explanation) See Statement 4	20	-44
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	403,742

Part II Balance Sheets. If Total Assets on line 21, 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	46,577	47,466
23 Land and buildings	6,500	6,500
24 Other assets (describe ▶ See Statement 5)	350,491	350,491
25 Total assets	403,568	404,457
26 Total liabilities (describe ▶ See Statement 6)	2,833	715
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	400,735	403,742

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

25 re

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

Expenses

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

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.)

DAA

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		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?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	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		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?		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?		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 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		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)?		X
If "Yes," enter the name of the foreign country 42b		
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. ?		X
If "Yes," enter the name of the foreign country: 42c		
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	
49b 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."

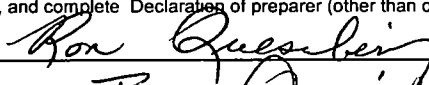
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		Date <u>3/30/10</u> TAX officer	
Paid Preparer's Use Only	Preparer's signature  Type or print name and title		Date	Check if self-employed ☐
	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**

<u>Description</u>	<u>Amount</u>
SERVICE FEES FROM AFFILIATE	\$ 113,880
Total	\$ 113,880

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57-0345437

FYE: 12/31/2009

Federal Statements

3/30/2010 8:34 AM

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	22,218
Total		<u>22,218</u>

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

Description	Amount
Expenses	\$
Office	21,611
Conferences/Meetings	14,022
Interest	785
Total	<u>\$ 36,418</u>

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

Description	Amount
AUDIT ADJUSTMENTS	\$ -44
Total	<u>\$ -44</u>

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

Description	Beginning of Year	End of Year
BUILDINGS	\$ 295,571	\$ 295,571
FURNITURE	54,920	54,920
	<u>350,491</u>	<u>350,491</u>

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

Description	Beginning of Year	End of Year
PAYROLL TAX LIABILITIES	\$ 2,833	\$ 715
	<u>2,833</u>	<u>715</u>

Federal Statements

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

Description

PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

2009-2010 SPARTANBURG COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 299 • Inman, SC 29349 • 864.472 2014

Spartanburg Office • PO Box 170638 • Spartanburg, SC 29301 • 864.587.1717

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Paul Dean Abbott, Jr	526947	PO Box 1379, Cowpens, 29330	864 463 4348	864 542 6335	864 463 9915	864 542 6335	pabbott629@aol.com
Vice President	Robert Sellars	95912	PO Box 132, Pauline, 29374	864 573 5099	864 542 5817		864 542 2027	
Secretary-Treasurer	Myles Wilson	483921	PO Box 231, Pauline, 29374	864.583 6118	864 580.3376		864 205 2027	
State Director	Kent Brockman	253172	301 Brockman Road, Greer, 29651	864 877 8994			864 978 8124	
State Director	Ben Gramling, II	263028	PO Box 45, Gramling, 29348	864 472 2157	864 472 2157	364 472 5937	864 542 5063	gbi-acct@charter.net
Alternate State Director	Paul Dean Abbott, Jr	526947	PO Box 1379, Cowpens, 29330	864 463 4348	864 542 6335	964 463 9915	864 542 6335	pabbott629@aol.com
Legislative Committee Chair	Ben Gramling, II	263028	PO Box 45, Gramling, 29348	864 472 2157	864 472 2157	864 472 5937	864.542 5063	gbi-acct@charter.net
Young Farmers & Ranchers Chair	Gordon Lee	382984	250 Fairview Farms Drive, Landrum, 29356	864.457 3768	864 457.3964		864 216 2251	iluvmlk@alltel.net
Women's Committee Chair	Karen Thomas	172126	200 School Street, Greer, 29651	864 968 0467	864 877 5795		864 230 8424	drthomasqc@aol.com
Information/Public Relations Chair								
County Director	Darwin DeYoung	281367	701 Brockman Road, Greer, 29651	864 877 6932			864 616 6932	
County Director	Ben Edwards	477978	2250 Holly Springs Road, Inman, 29349	864 473 0170	864 473 1648		864 580 1570	
County Director	Baron Johnson	484072	PO Box 734, Inman, 29349	864.472 9112			864 680 2697	baronj@juno.com
County Director	Anthony Owens	699967	140 Hatchett Road, Roebuck, 29376	864 574 2963	864 577 7707		864.804 7810	

Page Two -2009-2010 Spartanburg County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Tim Seay	716215	230 N Lake Emory Drive, Inman, 29349-7256	864 472 4318	864 574 4614		864 580 9075	
County Director	Hugh Waldrop	254931	5057 Highway 11, Inman, 29349	864 592 9825			864 621.0457	
County Director	Sammy Woodruff	490716	14200 Highway 221, Enoree, 29335	864 969 9971	864 969 6623		864 978 9214	jdtractorjd@yahoo.com