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Form **990-EZ****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**Department of the Treasury  
Internal Revenue Service**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****MARION COUNTY FARM BUREAU**

Number and street (or P O box, if mail is not delivered to street address)

**PO BOX 754**

Room/suite

City or town, state or country, and ZIP + 4

**MARION****SC 29571-0754****D Employer identification number****57-0353433****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) ▶

**H Check** ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ▶ **N/A****J Tax-exempt status** (check only one) — ☒ 501(c) ( **5** ) (insert no ) ☐ 4947(a)(1) or ☐ 527**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** ▶ \$ **96,029****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	<b>39,465</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	<b>10,395</b>
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	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		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ <b>See Statement 1</b> )	8	<b>46,169</b>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>96,029</b>	
<b>Expenses</b>	10	Grants and similar amounts paid (attach schedule) <b>Stmt 2</b>	10	<b>15,174</b>
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	<b>31,965</b>
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	<b>15,176</b>
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <b>See Statement 3</b> )	16	<b>14,125</b>
	17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>76,440</b>
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>19,589</b>
	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	<b>118,433</b>
	20	Other changes in net assets or fund balances (attach explanation) <b>See Statement 4</b>	20	<b>87</b>
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>138,109</b>

**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	<b>9,801</b>	<b>19,503</b>
23 Land and buildings	<b>55,260</b>	<b>55,260</b>
24 Other assets (describe ▶ <b>See Statement 5</b> )	<b>149,213</b>	<b>149,213</b>
25 <b>Total assets</b>	<b>214,274</b>	<b>223,976</b>
26 <b>Total liabilities</b> (describe ▶ <b>See Statement 6</b> )	<b>95,841</b>	<b>85,867</b>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>118,433</b>	<b>138,109</b>

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

Form **990-EZ** (2009)

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SCANNED APR 23 2010

Form 990-EZ (2009)

**MARION COUNTY FARM BUREAU****57-0353433**Page **2****Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

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.)**

(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 &amp; 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		<b>X</b>
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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?	<b>X</b>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	<b>X</b>	
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		<b>X</b>
37a Enter amount of political expenditures, direct or indirect, as described in the instr.		
b Did the organization file Form 1120-POL for this year?		<b>X</b>
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?		<b>X</b>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		
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		<b>X</b>
41 List the states with which a copy of this return is filed. <b>SC</b>		
42a The organization's books are in care of <b>SC FARM BUREAU</b> Telephone no <b>803-796-6700</b>		
Located at <b>BOX 754 COLUMBIA SC</b> ZIP + 4 <b>29202-0754</b>		
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)?		<b>X</b>
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.?		<b>X</b>
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
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		<b>X</b>

**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
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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 ▶

<b>Sign Here</b>	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 <i>Ron Quesinberry</i>		Date <i>3/30/10</i>	
<b>Paid Preparer's Use Only</b>	Type or print name and title <i>Ron Quesinberry</i>		Date <i>TAX OFFICER</i>	
	Preparer's signature <i>[Signature]</i>	Date <i>03/30/10</i>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>SC Farm Bureau Federation 724 Knox Abbott Dr Cayce, SC 29033</i>	EIN <i>[Blank]</i>	Phone no <i>803-936-4676</i>	

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	\$ 41,369
MINOR MISCELLANEOUS	4,800
Total	<u>\$ 46,169</u>

## Federal Statements

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	14,574
Total		<u>14,574</u>

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

Description	Amount
Expenses	\$
Office	4,965
Conferences/Meetings	1,416
Interest	7,744
Total	<u>\$ 14,125</u>

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

Description	Amount
AUDIT ADJUSTMENTS	\$ 87
Total	<u>\$ 87</u>

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

Description	Beginning of Year	End of Year
BUILDINGS	\$ 141,300	\$ 141,300
FURN/EQUIP	7,913	7,913
	<u>149,213</u>	<u>149,213</u>

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

Description	Beginning of Year	End of Year
MORTGAGE	\$ 95,841	\$ 85,123
PAYROLL TAX LIABILITIES		744
	<u>95,841</u>	<u>85,867</u>



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

Description

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PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

# 2009-2010 MARION COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 754 • Marion, SC 29571 • 843 423.3061

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Jule Conner	389659	2848 N Highway 41A, Marion, 29571	843 423 6420	843 423 3061	843 423 9600	843 431 7024	julconn@aol.com
Vice President	David B Owens	452746	6966 Front Street, Mullins, SC, 29574	843 464 4660	843 464 7249		843 615 6210	
Secretary-Treasurer	William Harrelson, Jr	177598	PO Box 370, Mullins, 29574	843 464 8333	843 464 9563	843 464 9564		whlccc@bellsouth.net
State Director	David B Owens	452746	6966 Front Street, Mullins, 29574	843 464 4660	843 464 7249		843 615 6210	
Alternate State Director	Robert Drew	122691	4408 Bluff Road, Mullins, 29574	843 423 9277				
Legislative Committee Chair	Dupree Atkinson	618888	1118 Willow Brook Place, Mullins, 29574	843 464 8637	843 464 8320		843 430.1677	atkins9@aol.com
Young Farmers & Ranchers Chair	David B Owens	452746	6966 Front Street, Mullins, 29574	843 464.4660	843 464 7249		843 615 6210	
Women's Committee Chair								
Information/Public Relations Chair								
County Director	William D Atkinson	213153	13 Willow Brook Lane, Mullins, 29574	843 464 8320				
County Director	Jerry Campbell	213213	1747 Dew Road, Marion, 29571	843 423 0920				jermarcampbell@aol.com
County Director	Jule Conner	389659	2848 N Highway 41A, Marion, 29571	843.423 6420	843 423 3061	843 423 9600	843 431 7024	julconn@aol.com
County Director	Robert Drew	122691	4408 Bluff Road, Mullins, 29574	843 423 9277				
County Director	William Harrelson, Jr	177598	PO Box 370, Mullins, 29574	843 464 8333	843 464 9563	843 464 9564		whlccc@bellsouth.net
County Director	James Huggins, Jr	701829	5424 Bluff Road, Mullins, 29574	843 464 9002	843 464 9002			

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Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Jim Huggins	243938	2440 S Highway 41, Mullins, 29574	843 464 7249			843 430 0471	
County Director	C P Mincey	618679	424 Gilchrist Road, Mullins, 29574	843 464 9530				
County Director	Neal Moore	196518	530 Bill Henry Road, Mullins, 29574	843 464 6848				
County Director	Boyd Owens	273670	2370 S Highway 41, Mullins, 29574	843 464 9685				
County Director	Mike Poston	171796	RR 4, Box 498, Mullins, 29574	843 464 7899				
County Director	Aubrey White	528712	2796 S Highway 501, Marion, 29571	843 423 6337				
County Director	Johnny Wiggins	618854	2662 W Highway 76, Marion, 29571	843 423 1297	843 621 4216		843 621 4216	jawmm@aol.com