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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)

OMB No 1545-1150

2009

Open to Public Inspection

▶ 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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KERSHAW COUNTY FARM BUREAU		D Employer identification number 57-0368318
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 542	Room/suite	E Telephone number 803-796-6700
		City or town, state or country, and ZIP + 4 CAMDEN SC 29020-0542		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**

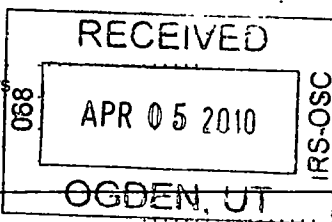
J Tax-exempt status (check only one) — 501(c) (**5**) ◀ (insert no.) 4947(a)(1) or 527

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 ▶ \$ **94,997**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																								35,670		
	2	Program service revenue including government fees and contracts																								200		
	3	Membership dues and assessments																										
	4	Investment income																								4,982		
	5a	Gross amount from sale of assets other than inventory																										
	5b	Less cost or other basis and sales expenses																										
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	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)																										
6b	Less: direct expenses other than fundraising expenses																											
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
7b	Less cost of goods sold																											
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe ▶ See Statement 1)																								54,145			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																								94,997			
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 2																								12,229		
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																								48,470		
	13	Professional fees and other payments to independent contractors																										
	14	Occupancy, rent, utilities, and maintenance																								19,822		
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe ▶ See Statement 3)																								14,549		
17	Total expenses. Add lines 10 through 16																								95,070			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								-73		
	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)																								285,239		
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																								285,166		



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	169,410	169,337
23	Land and buildings	9,001	9,001
24	Other assets (describe ▶ See Statement 4)	106,828	106,828
25	Total assets	285,239	285,166
26	Total liabilities (describe ▶ _____)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	285,239	285,166

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

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 <input type="checkbox"/>			28a
29	SPONSORED VOLUNTEER AGRICULTURAL LEADERS AT MEETINGS OF INTEREST TO THE AGRICULTURAL COMMUNITY			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>			29a
30	SPONSORED COUNTY OFFICERS' ATTENDANCE TO REPRESENT THEIR COUNTY IN STATE AND NATIONAL EVENTS			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>			30a
31	Other program services (attach schedule) See Statement 5			
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>			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		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 ▶ _____, 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		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: ▶ _____		
	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: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> 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		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		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 Quesinberry* 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: 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	\$ 52,856
Minor Misc	1,289
Total	<u>\$ 54,145</u>

28 KERSHAW COUNTY FARM BUREAU
57-0368318
FYE: 12/31/2009

3/30/2010 8:59 AM

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	10,899
Total		<u>10,899</u>

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

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office	10,330
Conferences/Meetings	4,219
Total	\$ <u>14,549</u>

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BUILDINGS	\$ 80,023	\$ 80,023
FURNITURE/EQUIPMENT	30,512	30,512
Less Accumulated Depreciation	3,707	3,707
	<u>106,828</u>	<u>106,828</u>

Federal Statements

**Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments**

Description

PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

2009-2010 KERSHAW COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 542 • Camden, SC 29020 • 803.432.3539

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	William Tolbert, Jr.	622481	578 Big Springs Road, Bethune, 29009	843 335 8419	843 334 8497	843 334 8497	843 307 0966	
Vice President	John Durai	292675	401 Greene Street, Camden, 29020-2703	803 713 8081	803 713 8286	803 713 8286	803 418 9230	
Secretary-Treasurer	Frank McLeod, Jr	696961	1247 Black River Road, Camden, 29020	803 432 2629				
State Director	Baynard Boykin	235605	386 Baynard Boykin Road, Rembert, 29128	803 432 5186				baytill@bellsouth.net
Alternate State Director	William Tolbert, Jr	622481	578 Big Springs Road, Bethune, 29009	843 335 8419	843 334 8497	843 334 8497	843 307 0966	
Legislative Committee Chair	Baynard Boykin	235605	386 Baynard Boykin Road, Rembert, 29128	803.432 5186				baytill@bellsouth.net
Young Farmers & Ranchers Chair	Charles Robinson	460432	2271 Mill Creek Road, Bethune, 29009	843.334 6558	843 334 8425		803 310 2003	
Women's Committee Chair	Doris McGougan	258743	2955 McGougan Mill Pond Road, Bethune, 29009	803 432 2207	843 334 6278			
Information/Public Relations Chair								
County Director	Jack R Corbett, Sr	245746	719 Timber Creek Road, Camden, 29020	803 432 6304			803 427 4055	
County Director	Mike Davis	732992	1583 Brewer Springs, Camden, 29020	803 432 5178				
County Director	Jamie Guy	15788	215 Stockton Road, Rembert, 29128	803 432 5312			803 669 1253	
County Director	Donnie Horton	263237	2651 Mangum Road, Bethune, 29009	843 334.6782	843 334 8425		803 310 2002	
County Director	C Ray Miles, Sr	658299	1505 Porter Cross Road, Lugoff, 29078	803 438 1062	803.439 9207	803 438 4689	803 424 3474	
County Director	Bobby Riley	86140	PO Box 446, Elgin, 29045	803 438 5726	803 799 6001		803 873 0423	briley@fftractor.com

Page Two -2009-2010 Kershaw County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Bobby Stockman	13165	1211 Heins Road, Elgin, 29045	803 438 3039	803 738 9207			