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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**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
Instruc-
tions.**C** Name of organization**YORK COUNTY FARM BUREAU**

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

PO BOX 95

Room/suite

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

YORK**SC 29745-0095****D** Employer identification number**57-0420097****E** Telephone number**803-796-6700****F** Group ExemptionNumber ▶ **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 ▶ \$ **202,349****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	122,219
	2	Program service revenue including government fees and contracts	2	612
	3	Membership dues and assessments	3	
	4	Investment income	4	3,735
	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 ▶ See Statement 1)	8	75,783
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	202,349
	Net Assets	10	Grants and similar amounts paid (attach schedule) Stmt 2 Stmt 3	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	88,307
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	30,473
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ▶ See Statement 4)	16	16,054
17		Total expenses. Add lines 10 through 16	17	173,856
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,493
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	238,550
20		Other changes in net assets or fund balances (attach explanation) See Statement 5	20	12
21		Net assets or fund balances at end of year. Combine lines 18 through 20	21	267,055

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	68,427	84,963
23 Land and buildings	-56,104	-56,104
24 Other assets (describe ▶ See Statement 6)	226,227	238,196
25 Total assets	238,550	267,055
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	238,550	267,055

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

Form **990-EZ** (2009)

NE 19P

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.)

[illegible]

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 37a , section 4912 37a , section 4955 37a		
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)? 42b		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.? 42c		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	
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."

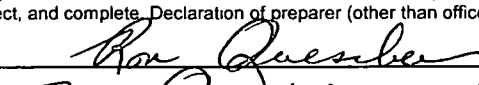
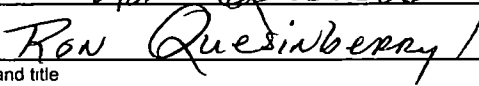
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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		Date <u>3/30/10</u>	
Paid Preparer's Use Only	 Type or print name and title		Date <u>03/30/10</u>	
	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 <u>SC Farm Bureau Federation</u> <u>724 Knox Abbott Dr</u> <u>Cayce, SC 29033</u>		EIN ▶ Phone no <u>803-936-4676</u>	
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

<u>Description</u>	<u>Amount</u>
SERVICE FEES FROM AFFILIATE	\$ 75,783
Total	\$ 75,783

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	31,962
Total		<u>31,962</u>

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Individuals

Relationship to Organization	Date of Gift	Class of Activity	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
		CHARITABLE CONT	7,060				
Total			<u>7,060</u>				

Federal Statements**Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office	10,395
Conferences/Meetings	5,675
Interest	-16
Total	<u>\$ 16,054</u>

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
AUDIT ADJUSTMENTS	\$ 12
Total	<u>\$ 12</u>

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
BUILDINGS	\$ 149,589	\$ 161,558
FURNITURE/EQUIPMENT	87,341	87,341
Less Accumulated Depreciation	10,703	10,703
	<u>226,227</u>	<u>238,196</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 YORK COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 95 • York, SC 29745 • 803.684.4235

Rock Hill Office • PO Box 308 • Rock Hill, SC 29731 • 803 327 1187

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Arthur Black	280607	1800 Black Highway, York, 29745	803 684 2333	803 684 2333	803 684 6754	803 627 0222	
Vice President	Richard Harper, Jr	639150	6370 Old York Road, York, 29745	803 684 7102	803 684 3859		803 984 3014	
Secretary-Treasurer	Kenneth Johnson	250226	155 Walnut Farm Road, York, 29745	803 222 3938				
State Director	Bob Hall	686080	1690 Filbert Highway, York, 29745	803 684 4945	803 684 2732			info@bushvine.com
State Director	Richard Harper, Jr	639150	6370 Old York Road, York, 29745	803 684 7102	803 684 3859		803 984 3014	
Alternate State Director	C. W Senn	161257	520 W Mount Gallant Road, York, 29745	803 684 2732	803 366 3053	803 366 3053		cwsenn@celink.net
Legislative Committee Chair	Lewis Hicks	625331	1555 Filbert Highway, York, 29745	803 222 7852	803 684 9931	803 684 6754		
Young Farmers & Ranchers Chair	Wesley Edmunds	95443	1253 Lawrence Road, Clover, 29710	803 222 1080	803 222 3713			
Women's Committee Chair	Carolyn Boyd	653477	3403 Lincoln Road, York, 29745	803 222 3643	803 222 4591			boydccb3403@msn.com
Information/Public Relations Chair	Richard Harper, Jr	639150	6370 Old York Road, York, 29745	803 684 7102	803 684 3859		803 984 3014	
County Director	Joe Barton	265111	2323 Gordon Road, Rock Hill, 29732	803 328 0377				
County Director	Arthur Black	280607	1800 Black Highway, York, 29745	803 684 2333	803 684 2333	803 684 6754	803 627 0222	
County Director	Clint Boyd	653477	3403 Lincoln Road, York, 29745	803 222 3643	803 222 5909		803 487 4209	boydccb3403@msn.com
County Director	Bill Covington	445200	3955 Chester Highway, McConnells, 29726	843 684 3864				

Page Two -2009-2010 York County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Ragin Craig	100868	1804 Craig Road, Rock Hill, 29730	803 327 2621				
County Director	Evelyn Edmunds	263094	3253 Filbert Highway, Clover, 29710	803 222 3713				
County Director	Wesley Edmunds	95443	1253 Lawrence Road, Clover, 29710	803 222 1080	803 222 3713			
County Director	Bob Hall	686080	1690 Filbert Highway, York, 29745	803 684 4945	803 684 2732			info@bushvine.com
County Director	Richard Harper, Jr	639150	6370 Old York Road, York, 29745	803 684 7102	803 684 3859		803 984 3014	
County Director	John Harshaw, Jr	247440	200 Church Street, McConnells, 29726	803 684 6944	803 684 6378			
County Director	Lewis Hicks	625331	1555 Filbert Highway, York, 29745	803 222 7852	803 684 9931	803 684 6754		
County Director	Kenneth Johnson	250226	155 Walnut Farm Road, York, 29745	803 222 3938				
County Director	Miles Lineberger	219037	5380 Highway 5, Catawba, 29704	803 324 0313				
County Director	Ray Petty	656003	337 Ferguson Ridge Road, Clover, 29710	803 222 2679				
County Director	Jimmie Pridmore	113467	113 Sprindale Drive, York, 29745	803 684 3438				jhpridmore1@compurium.net
County Director	Mary Quarles	853727	3090 Cedar Vale Road, Rock Hill, 29732	803 327 2887				
County Director	C W Senn	161257	520 W Mount Gallant Road, York, 29745	803 684.2732	803 366 3053	803 366 3053		cwsenn@celink.net