

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: BARNWELL COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address): PO BOX 373

Room/suite

City or town, state or country, and ZIP + 4: BARNWELL SC 29812

D Employer identification number: 57-0422695

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 [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ N/A

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

J Tax-exempt status (check only one) — [X] 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 ▶ $ 91,434

## 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 | 44,009 |
| | 2 | Program service revenue including government fees and contracts | | 2 | 35 |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Investment income | | 4 | 3,593 |
| | 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 | 43,797 |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | | 9 | 91,434 |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) Stmt 2 | | 10 | 19,960 |
| | 11 | Benefits paid to or for members | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | 12 | 61,803 |
| | 13 | Professional fees and other payments to independent contractors | | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | | 14 | 4,877 |
| | 15 | Printing, publications, postage, and shipping | | 15 | |
| | 16 | Other expenses (describe ▶ See Statement 3 ) | | 16 | 10,181 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | 17 | 96,821 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | 18 | -5,387 |
| | 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 | 150,103 |
| | 20 | Other changes in net assets or fund balances (attach explanation) See Statement 4 | | 20 | 6 |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ▶ | | 21 | 144,722 |

SCANNED APR 23 2010

RECEIVED
APR 05 2010
OGDEN, UT
IRS-OSC

## 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 | 49,332 | 22 | 43,951 |
| 23 Land and buildings | 1,000 | 23 | 1,000 |
| 24 Other assets (describe ▶ See Statement 5 ) | 99,771 | 24 | 99,771 |
| 25 **Total assets** | 150,103 | 25 | 144,722 |
| 26 **Total liabilities** (describe ▶ ) | 0 | 26 | 0 |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 150,103 | 27 | 144,722 |

**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 6

(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

| | | | Yes | No |
|---|---|---|---|---|
| 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.? If "Yes," enter the name of the foreign country: ▶ _____ | 42c | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| 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 | Check if self-employed ▶ | Preparer's Identifying Number (See instr ) |
|---|---|---|---|
| | 03/30/10 | ☐ | |

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 | $ 43,797 |
| Total | $ 43,797 |

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

| Name and Address | Purpose | Amount of Payment |
|---|---|---|
| SC FARM BUREAU<br>PO BOX 754<br>COLUMBIA, SC 29202 | STATE DUES | 19,960 |
| Total | | 19,960 |

# Federal Statements

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

| Description | Amount |
|---|---|
| Expenses | $ |
| Office | 5,187 |
| Conferences/Meetings | 4,994 |
| Total | $ 10,181 |

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

| Description | Amount |
|---|---|
| AUDIT ADJUSTMENTS | $ 6 |
| Total | $ 6 |

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

| Description | Beginning of Year | End of Year |
|---|---|---|
| BUILDING/IMPROVEMENTS | $ 73,549 | $ 73,549 |
| FURNITURE/EQUIPMENT | 26,222 | 26,222 |
| | 99,771 | 99,771 |

## Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

| Description |
| --- |
| PROVIDED FUNDS FOR AGRICULTURAL EDUCATION |

## 2009-2010 BARNWELL COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 373 • Barnwell, SC 29812 • 803 259.5008

| Office | Name | Member # | Address, City & Zip | Home Phone # | Office Phone # | Fax # | Mobile Phone # | E-Mail Address |
|---|---|---|---|---|---|---|---|---|
| President | Vernon Cheek | 257467 | 3504 SC Highway 3, Barnwell, 29812 | 803 259 3729 | | | 803 541 1665 | |
| Vice President | Beverly Gerber | 672442 | PO Box 188, Elko, 29826 | 803 266 7307 | 803 266 7307 | | 803 541.4379 | gerber@tds net |
| Secretary-Treasurer | Walker Nix, Jr | 461337 | PO Box 321, Elko, 29826 | 803 266 2470 | | | 803 541 1628 | awnix@tds net |
| State Director | Thomas B Brady | 616157 | 5921 Springfield Road, Williston, 29853 | 803 266 4242 | 843 389 3829 | 843 389 3829 | 843 687 1041 | |
| Alternate State Director | Gene Nix | 264424 | PO Box 125, Elko, 29826 | 803 266.7187 | 803 266 7115 | | 803 541 1700 | |
| Legislative Committee Chair | Thomas B Brady | 616157 | 5921 Springfield Road, Williston, 29853 | 803 266 4242 | 843 389 3829 | 843 389 3829 | 843 687 1041 | |
| Young Farmers & Ranchers Chair | Walker Nix, Jr | 461337 | PO Box 321, Elko, 29826 | 803 266 2470 | | | 803.541 1628 | awnix@tds net |
| Women's Committee Chair | Mindy Sandifer | 802726 | 121 Huckleberry Bay Road, Barnwell, 29812 | 803 259 7242 | | | 803 300 2529 | msandifer@bccc k12 sc us |
| Information/Public Relations Chair | Robert Bates, Jr | 464074 | 478 Dragonfly Road, Williston, 29853 | 803 266 2417 | | | 803 300 1422 | |
| County Director | Talbert T Fickling | 485586 | 1707 Whitetail Drive, Blackville, 29817 | 803 284 2819 | | | 803 300 0335 | |
| County Director | Jeff Sandifer | 802726 | 121 Huckleberry Bay Road, Barnwell, 29812 | 803 259 7242 | | | 803 300 2530 | sandiferfarms@aol com |
| County Director | Stephen C Still | 98445 | 3385 Friendship Road, Olar, 29843 | 803 793 4162 | 803 259 3626 | | 803 793 7677 | |
| County Director | Stephan Wiles | 728239 | 169 Jowers Drive, Blackville, 29817 | 803 284 2886 | | | 803 682 5714 | |
| County Director | Wesley Wiles | 846424 | 4585 Reedy Branch Road, Blackville, 29817 | 803 284 1774 | | | 803 516 2557 | |