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Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

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: CHARLESTON COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address): 60 MARKFIELD DR

Room/suite: STE 6A

City or town, state or country, and ZIP + 4: CHARLESTON SC 29407-7907

D Employer identification number: 57-0468640

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) ▶

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 ▶ $ 190,814

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	61,709
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	4,019
	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	125,086
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	190,814
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 2		10	10,401
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	77,807
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	17,251
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Statement 3)		16	30,025
	17	**Total expenses.** Add lines 10 through 16 ▶		17	135,484
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	55,330
	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	589,202
	20	Other changes in net assets or fund balances (attach explanation) See Statement 4		20	-5,814
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	638,718

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	324,003	22	380,919
23	Land and buildings		23	
24	Other assets (describe ▶ See Statement 5)	265,199	24	259,385
25	**Total assets**	589,202	25	640,304
26	**Total liabilities** (describe ▶ See Statement 6)	0	26	1,586
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	589,202	27	638,718

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

Form **990-EZ** (2009)

DAA

NE 25 P

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 & 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)? 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.**	42b		X
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

▶ Ron Quesenberry 3/30/10
Signature of officer Date

▶ Ron Quesinberry Tax Officer
Type or print name and title

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 no ▶ 803-936-4676

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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

Description	Amount
SERVICE FEES FROM AFFILIATE	$ 125,086
Total	$ 125,086

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	9,996
Total		9,996

Federal Statements

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

Description	Amount
Expenses	$
Office	25,569
Conferences/Meetings	4,456
Total	$ 30,025

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

Description	Amount
AUDIT ADJUSTMENTS	$ -5,814
Total	$ -5,814

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

Description	Beginning of Year	End of Year
BUILDINGS/IMPROVEMENTS	$ 253,740	$ 253,740
Less Accumulated Depreciation	12,042	17,856
FURNITURE/EQUIPMENT	26,264	26,264
Less Accumulated Depreciation	2,763	2,763
	265,199	259,385

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

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$	$ 1,586
		1,586

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

Description
PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

2009-2010 CHARLESTON COUNTY FARM BUREAU OFFICERS AND DIRECTORS

60 Markfield Drive, Suite 6A • Charleston, SC 29407 • 843.766.3794

Mt. Pleasant Office • PO Box 338 • Mt. Pleasant, SC 29465 • 843.884.0953

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Joshua L Garvin, III	846039	4576 Highway 174, Hollywood, 29449	843 889 6695			843 729 5992	josh3@greenmeadownursery org
Vice President	Harry V Herrington, III	169969	PO Box 1060, Hollywood, 29449	843 889 3745	843 889 2248		803 209 2288	busterherrington@comcast net
Secretary-Treasurer	Frederick Schaffer	833317	1997 Rackity Hall Road, Wadmalaw Island, 29487	843 696 0196				frederick01196@aol com
State Director	Dannie Barteet	711385	4664 Chisolm Road, Johns Island, 29455	843 559 1108	843 559.9335	843 559 2747	843 514 2266	dannieb@ravenswoodsod com
Alternate State Director	Joshua L Garvin, III	846039	4576 Highway 174, Hollywood, 29449	843 889 6695			843 729 5992	josh3@greenmeadownursery org
Legislative Committee Chair	Adair McCoy, IV	73991	2474 Brigger Hill Road, Wadmalaw Island, 29487	843 559 4105			843 209 3246	missymccoy@bellsouth net
Young Farmers & Ranchers Chair								
Women's Committee Chair								
Information/Public Relations Chair								
County Director	Harry V Herrington, III	169969	PO Box 1060, Hollywood, 29449	843 889 3745	843 889 2248		843 209 2288	busterherrington@comcast net
County Director	Joshua L Garvin, III	846039	4576 Highway 174, Hollywood, 29449	843 889 6695			843 729 5992	josh3@greenmeadownursery org
County Director	Billy Gearty	738772	2403 Pristine View Road, Hollywood, 29449	843 571 6611			843 509 5740	
County Director	Adair McCoy, IV	73991	2474 Brigger Hill Road, Wadmalaw Island, 29487	843 559 4105			843 209 3246	
County Director	Frederick Schaffer	833317	1997 Rackity Hall Road, Wadmalaw Island, 29487	843 696 0196				frederick0196@aol com

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
County Director	Jerry Smoak	269487	264 Hobcaw Drive, Mt Pleasant, 29464	843 889 2316	843 889.6468		843 442 1173	
County Director	Raymond Tumbleston, Sr	249161	4540 N Oyster Bill Road, Meggett, 29449	843 889.9094	843 869 2555			geechieboyrlt@aol com