



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



Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009**Open to Public
Inspection**

- 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.

Form **990-EZ**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
Instruc-
tions.**C** Name of organization**FAIRFIELD COUNTY FARM BUREAU**

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

PO BOX 537

Room/suite

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

WINNSBORO**SC 29180-0537****D** Employer identification number**57-0538751****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 5h, 6h, and 7h to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 63,349****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

1	Contributions, gifts, grants, and similar amounts received	1	28,463
2	Program service revenue including government fees and contracts	2	20
3	Membership dues and assessments	3	
4	Investment income	4	1,225
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 B. 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	33,641
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	63,349
10	Grants and similar amounts paid (attach schedule Stmt 2)	10	9,786
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	39,046
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	7,569
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe See Statement 3)	16	5,171
17	Total expenses. Add lines 10 through 16	17	61,572
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,777
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	78,761
20	Other changes in net assets or fund balances (attach explanation See Statement 4)	20	58
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	80,596

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	14,694	16,529
23 Land and buildings		
24 Other assets (describe See Statement 5)	64,067	64,067
25 Total assets	78,761	80,596
26 Total liabilities (describe See Statement 5)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	78,761	80,596

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

Form **990-EZ** (2009)

9
NE 15

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)

(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		
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		
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 SC , section 4912 SC FARM BUREAU ; 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: SC		
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 SC		
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		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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

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."

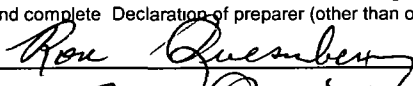

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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> Tax Officer	
Paid Preparer's Use Only	Preparer's signature 		Date <u>03/30/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 SC Farm Bureau Federation 724 Knox Abbott Dr Cayce, SC 29033		Preparer's Identifying Number (See instr.) EIN ▶ Phone no 803-936-4676	
	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	\$ 33,641
Total	\$ 33,641

20 FAIRFIELD COUNTY FARM BUREAU

57-0538751

FYE: 12/31/2009

Federal Statements

3/30/2010 9:28 AM

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	9,786
Total		<u>9,786</u>

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

Description	Amount
Expenses	\$
Office	3,139
Conferences/Meetings	2,032
Total	<u>\$ 5,171</u>

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

Description	Amount
AUDIT ADJUSTMENTS	\$ 58
Total	<u>\$ 58</u>

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

Description	Beginning of Year	End of Year
LAND AND BUILDINGS	\$ 49,262	\$ 49,262
FURNITURE/FIXTURES/EQUIPMENT	14,805	14,805
	<u>64,067</u>	<u>64,067</u>

2009-2010 FAIRFIELD COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 537 • Winnsboro, SC 29180 • 803 635.5569

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Edward Mills	205184	27 Heritage Road, Blackstock, 29014	803 581 2744	803 581 2744			
Vice President	Thomas Mills	100354	218 Heritage Road, Blackstock, 29014	803 581 0178				
Secretary-Treasurer	Sabie Cathcart, Jr	243715	1445 Smallstown Road, Winnsboro, 29180	803 635 2925				
State Director	William Coleman	616825	5648 Ashford Ferry Road, Blair, 29015-9801	803 635 4452			803 622 6200	wicofarm@yahoo.com
Alternate State Director	William Ladd	610923	418 S Winns Drive, Winnsboro, 29180	803.635 6362	803 635 6362		803 718 1048	bladd@truvista.net
Legislative Committee Chair	Pete Gustafson	616792	1325 Hungry Hollow Road, Winnsboro, 29180	803 635 3850				
Young Farmers & Ranchers Chair								
Women's Committee Chair								
Information/Public Relations Chair	Patricia Frick	256519	81 Granny Place Road, Blythwood, 29016	803 786 1357				
County Director	James Brice, III	365231	12034 Highway 321 N, Blackstock, 29014	803 581 6945				
County Director	James Brice, Jr	254411	12646 US Highway 321 N, Blackstock, 29014	803 581 3482	803 581 3482			
County Director	Eric Cathcart	134862	1486 Smallstown Road, Winnsboro, 29180	803 635 1483				
County Director	D C Caughman	205067	477 Caughman Lane, Winnsboro, 29180	803 482 3091		803 482 6604		dsvm@infoave.net
County Director	Amelia Ellison	654547	598 Patrick Road, Winnsboro, 29180	803 635 3768				
County Director	William Frick, Sr	256519	81 Granny Place Road, Blythwood, 29016	803 786 1357			803 315 5750	

Page Two -2009-2010 Fairfield County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Garland L. Painter, Jr	162408	5394 Old Douglass Road, Blackslock, 29014	803 635 4734				
County Director	Robert Patrick	28415	603 Patrick Road, Winnsboro, 29180	803 635 2406				
County Director	Jack Ramsey	484587	498 Ramsey Road, Winnsboro, 29180	803 635 9694				
County Director	Carol C. Turner	724483	633 Caughman Lane, Winnsboro, 29180	803 482 2341			803.209 4356	