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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public

For the 2010 calendar year, or tax year beginning , and ending D Employer identification number C Name of organization Check if applicable Address change 57-0631185 OCONEE COUNTY FARM BUREAU Name change E Telephone number Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite 803-796-6700 PO BOX 40 Terminated F Group Exemption Amended return City or town, state or country, and ZIP + 4 RICHLAND SC 29675 2393 Number Application pending If the organization is not Cash Accrual Other (specify) Accounting Method required to attach Schedule B Website: N 501(c)(3) X 501(c) (**5**) **4** (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 115,945 line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I X Check if the organization used Schedule O to respond to any question in this Part I 507 1 1 Contributions, gifts, grants, and similar amounts received 420 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 374 4 Investment income 4 5a Gross amount from sale of assets other than inventory þ Less, cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events SCANNED MAKevenue Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events Net income or (loss) from garning and fundraising events (add lines 6a and 6b and subtract 6d line 6c) 7a Gross sales of inventory, less returns and allowances 7b b Less: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 55,644 8 8 Other revenue (describe in Schedule O) 115,945 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 E1-106 17,809 10 Grants and similar amounts paid (list in Schedule O) 10 APR 2 5 2011 11 11 Benefits paid to or for members 61,605 12 12 Salaries, other compensation, and employee benefits Expenses 13 13 Professional fees and other payments to independent contractors 20,534 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 20,978 16 Other expenses (describe in Schedule O) 16 120,926 17 17 Total expenses. Add lines 10 through 16 -4,981 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 193,654 19 end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 20 188,673 Net assets or fund balances at end of year. Combine lines 18 through 20 21

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Form 990-EZ (2010) OCONEE	COUNTY FARM BUREAU	57	<u>7-0631185</u>			Page 2
•	. (see the instructions for Part II.)					
Check if the organi	zation used Schedule O to respond to any	question in this f				
		<u> </u>	(A) Beginning of year			End of year
22 Cash, savings, and investments		<u> </u>		<u> </u>	22	
23 Land and buildings	L- 0)	<u> </u>		0	23	
24 Other assets (describe in Schedu25 Total assets	ile O)			0	24 25	
26 Total liabilities (describe in Sche	adula O)	<u> </u>	·	0	26	0
· ·	ne 27 of column (B) must agree with line 21)			ō	27	0
	ogram Service Accomplishments (s	see the instruction	ns for Part III)			penses
Check if the organi	ization used Schedule O to respond to any	question in this I	Part III		(Required t	for section
What is the organization's primary ex	empt purpose?					ind 501(c)(4)
					_	ns and section
	ing out the organization's exempt purposes. In			ı		trusts, optional
28	persons benefited, or other relevant information	il lor each program	i ude	-+	for others)	!
		•				
•						
(Grants \$) If this amount includes foreign grants, ch	neck here	> [28a	
29						
				.		
				_,	-	
(Grants \$) If this amount includes foreign grants, ch	neck here	>		29a	
30 .						
(Grants \$) If this amount includes foreign grants, ch	neck here	▶ i	\Box	30a	
31 Other program services (describe						
(Grants \$) If this amount includes foreign grants, ch	neck here	>		31a	
32 Total program service expense				>	32	
	ectors, Trustees, and Key Employees. List ea			(see	the instruction	ons for Part IV)
Check if the organ	zation used Schedule O to respond to any	question in this (a) Title and average	Part IV (c) Compensation	(d) (Contributions to	(e) Expense
(a) N	ame and address	hours per week devoted to position	(If not paid, enter -0)	employe	ee benefit plans & ed compensation	account and other allowances
James Smith	Richland	County Direc	1	dolone	od dompenedacii	Odior dilowaniscs
PO Box 40	sc 29675	0.30	0		О	_0
James Stone II	Richland	County Direc	tor			
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Form	990-EZ (2010) OCONEE COUNTY FARM BUREAU 57-0631185		F	age 3
	rt.V Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			Ì
	description of each activity in Schedule O	33		X_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		1	i
	change on Schedule O (see instructions)	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, explain in Schedule O why the organization did not report the income on Form 990-T		_	1
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),			
	501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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 instructions			
þ	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 tax year covered by this return?	38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		
39	Section 501(c)(7) organizations Enter.		ļ	
а	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 ▶			
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 did it engage in an excess benefit transaction in a prior year, that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	₩
С	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		1	
	reimbursed by the organization	-		
е	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	l	X
41	List the states with which a copy of this return is filed SC	2 70		700
42a	The organization's books are in care of ▶ SC FARM BUREAU Telephone no. ▶ 80	3-79	0-6	,,,,,
		202-	075	: 1
		202-	075	,4
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	401	Yes	No X
	account)?	42b	<u> </u>	 ^
	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	- 1		
	and Financial Accounts.	1	-	
С	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country	-		
43	Section 4947(a)(1) nonexempt chantable 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			
			<u></u>	T
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		ł	
	completed instead of Form 990-EZ	44a	├	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		-	- T
	completed instead of Form 990-EZ	44b	+	X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	├	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	- :	.	1
	explanation in Schedule O	44d	-	
		Form 99	JU-E	८ (2010

Form 99	<u>90-EZ (2010</u>) OCONEE	COUNTY	FARM I	BUREAU		<u> </u>	<u>-0631185</u>			F	age 4
	•										Yes	No
					zation within the m					45_	ļ	X
	-			• •	n any transaction			•				
	•			990 and Sc	hedule R may nee	d to be	completed in	stead of				
		(see instructions)								45a		X
	=		-		al campaign activi	ties on	behalf of or i	n opposition				
		for public office?				-\/4\ -		4 abaritable tr	uoto only All a	46	L	X
Part			. –		(1) nonexempt (usts only. All se	ection		
		d 52, and compl			• •	manita	ole trusts mi	ust ariswer ques	10115 47-490			
		•			to respond to an	v anas	tion in this [Part \/I				
		eck ii tile olgani	Zation used S	criedule O	to respond to an	y ques	10011 111 11115 1	ait vi			Yes	No
47 D	id the organ	nization engage in	lobbying activit	ies? If "Yes	" complete Sched	ule C. F	Part II			47	100	110
	_				(1)(A)(II)? If "Yes,			F		48		
	_				-chantable related			-		49a	T	
	_	the related organi		-		o. ga				49b		
		=		-	pensated employe	es (oth	er than office	rs. directors. trust	ees and kev		1	
		-		-	npensation from t				-			
		(a) Name and addre			•	(b)	Title and average	(c) Compensation	(d) Contributions to) Expen	
			an \$100,000				ours per week voted to position		employee benefit plans & deferred compensation		count a	
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		r of other employe	•	•			▶ _		_			
		-		_	pensated indepen		intractors who	each received m	ore than			
\$					s none, enter "No	ne "	41.	T (
	(a) Name	and address of each	independent con	tractor paid mi	ore than \$100,000		(0)	Type of service	(6) (Comper	isauon	
												
						•						
•	•											
						-						
	•	•		•					Ì			
<u>d</u> T	otal number	r of other independ	dent contractors	s each recei	ving over \$100,000	0	•					
		•			on 501(c)(3) orgai		s and 4947(a)(1)				
	•	haritable trusts m		_					▶ [Yes	s 🗆	No
				•		chedules	s and statemen	ts, and to the best of	my knowledge and be	lief, it is	 3	
					ased on all information							
			No	n (Luesle	Lu		1	4/14/11			
Sign		Signature of officer			7 ',			Date				
Here	-		Ko	NE	xuesinb	<u>erk</u>	'y_	TAX C	HICER			
		ype or print name ar	nd title		,		<u>/</u>					
	Pnnt/T	ype preparer's name			Preparer's signature			Date	Check	ıf PTII	N	
Paid	L							04/	14/11 self-employe	∌ 0		
Prepar	rer Firm's	name ▶ SC	Farm B	ureau	Federatio	n			Firm's EIN			
Use O	nly Firm's	address ▶ 72	4 Knox 2	Abbott	Dr							
		Ca	yce, SC	2903	3				Phone no 803-	·936	<u>5-4</u> 6	576
May th	e IRS discu	ss this return with	the preparer sh	nown above?	See instructions				<u> </u>	Y	es	No
DAA					· · · · · · · · · · · · · · · · · · ·				F	orm 9 !	90-EZ	Z (2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

OMB No 1545-0047

Name of the organization

OCONEE COUNTY FARM BUREAU

Employer identification number

57-0631185

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

Description Amount

SERVICE FEE FROM AFFILIATE \$ 55,644

Total \$ 55,644

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

Name and Address

Purpose

Amount

SC FARM BUREAU

STATE DUES

\$ 15,309

PO BOX 754

COLUMBIA SC 29202

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

Description

Amount

Expenses

Office	Ş	8,100
Conferences/Meetings	\$	11,942
Interest	\$	936
	Total \$	20.978

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

Description	Beg.	of Year	End of Year	
BUILDINGS	\$	119,135	\$ 123,134	
FURNITURE/EQUIPMENT	\$	24,988	\$ 25,039	
Less Accumulated Depreciation	.\$	5,205	\$ 5,205	
	Total \$	138,918	\$ 142,968	

Page 2

Name of the organization

OCONEE COUNTY FARM BUREAU

Employer identification number 57-0631185

Form 990-EZ, Part III, Line 31 - All Other Achievements PROVIDED FUNDS FOR AGRICULTURAL EDUCATION