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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

▶ 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

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 UNION COUNTY FARM BUREAU		D Employer identification number 23-7194027
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 226 HARWOOD HGTS	E Telephone number 803-796-6700	
		City or town, state or country, and ZIP + 4 UNION SC 29379-1514		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** **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

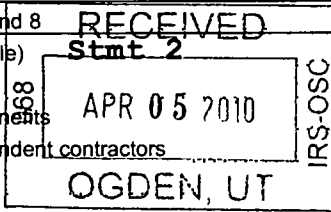
J Tax-exempt status (check only one) — 501(c) (**5**) ◀ (insert no) 4947(a)(1) or 527

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 ▶ \$ **69,927**

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	35,703
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	1,041
	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	33,183	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	69,927	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	14,484
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	34,839
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6,714
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 3)	16	6,839
17	Total expenses. Add lines 10 through 16	17	62,876	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,051
	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	124,047
	20	Other changes in net assets or fund balances (attach explanation) See Statement 4	20	200
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	131,298



SCANNED APR 23 2010

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	34,875	22	41,284	
23 Land and buildings		23		
24 Other assets (describe ▶ See Statement 5)	90,031	24	90,031	
25 Total assets	124,906	25	131,315	
26 Total liabilities (describe ▶ See Statement 6)	859	26	17	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	124,047	27	131,298	

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

Form **990-EZ** (2009)

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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		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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		
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		<input checked="" type="checkbox"/>
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)? 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 ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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.

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	Yes	No
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: *Ron Quesinberry* Date: 3/30/10
 Type or print name and title: RON QUESINBERRY Tax Officer

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

Federal Statements

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

<u>Description</u>	<u>Amount</u>
SERVICE FEES FROM AFFILIATE	\$ 33,183
Total	\$ 33,183

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23-7194027
FYE: 12/31/2009

3/30/2010 8:28 AM

Federal Statements

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

<u>Name and Address</u>	<u>Purpose</u>	<u>Amount of Payment</u>
SC FARM BUREAU PO BOX 754 COLUMBIA, SC 29202	STATE DUES	13,209
Total		<u>13,209</u>

23-7194027

Federal Statements

FYE: 12/31/2009

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

Description	Amount
Expenses	\$
Office	3,809
Conferences/Meetings	3,030
Total	\$ <u>6,839</u>

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

Description	Amount
AUDIT ADJUSTMENTS	\$ 200
Total	\$ <u>200</u>

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

Description	Beginning of Year	End of Year
LAND AND BUILDINGS	\$ 74,955	\$ 74,955
FURNITURE/FIXTURES/EQUIPMENT	15,076	15,076
MISCELLANEOUS	<u>90,031</u>	<u>90,031</u>

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

Description	Beginning of Year	End of Year
PAYROLL TAX LIABILITIES	\$ 859	\$ 17
	<u>859</u>	<u>17</u>

2009-2010 UNION COUNTY FARM BUREAU OFFICERS AND DIRECTORS

226 Harwood Heights • Union, SC 29379 • 864.427.0422

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Marshall O'Shields	495113	444 Puitman Road, Buffalo, 29379	864 427 3889	864 466 1797		864 426 8021	hummingbird@dishmail.net
Vice President	Kent Wells	723548	278 Dupree Farm Road, Buffalo, 29321	864 427 6440			864 426 8005	jswells@joymail.com
Secretary-Treasurer	Dean O'Dell	258832	4357 Lockhart Highway, Union, 29379	864.427.2865				
State Director	Kent Wells	723548	278 Dupree Farm Road, Buffalo, 29321	864 427 6440			864.426 8005	jswells@joymail.com
Alternate State Director	Allen Owens, Sr	19591	212 Glendale Road, Union, 29379	864 429 0263	864 427 7014		864 426.0068	owenslg@bellsouth.net
Legislative Committee Chair								
Young Farmers & Ranchers Chair	Tyler Crocker	836082	773 Tinker Creek Road, Union, 29379	864 427.5653		864 426 1649	864.426 1649	
Women's Committee Chair								
Information/Public Relations Chair	Raymond Sligh	233150	1862 Gingercake Circle, Apt 308, Rock Hill, 29732	864 429 0402	864 427 6259	864 427 6250	864 426 0922	crsligh@clemson.edu
County Director	Ned Farr	443529	100 Churchill Road, Union, 29379	864 427 7031				
County Director	Charlie Kelly	835666	PO Box 85, Carlisle, 29031	864 429 4612	864 427 6468	864 427 6498	864 426 0899	kelly93@webspyder.com
County Director	Robert Sexton	384335	355 Dutchman Creek Road, Buffalo, 29321	864 429 3308				
County Director	Henry Sprouse	393838	342 Sprouse Road, Jonesville, 29353	864 674 6396				
County Director Emeritus	Wilbur Smith	698922	2940 Santuc Carlisle Highway, Union, 29379	864 427 6072				