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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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**NEWBERRY COUNTY FARM BUREAU**

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

PO BOX 491

Room/suite

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

NEWBERRY**SC 29108-0491****D** Employer identification number**57-0342376****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 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **118,241****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	43,979
2	Program service revenue including government fees and contracts	2	2,107
3	Membership dues and assessments	3	
4	Investment income	4	5,569
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 <input type="checkbox"/>		
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	66,586
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	118,241
10	Grants and similar amounts paid (attach schedule) Stmt 2	10	20,183
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	45,651
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	26,264
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Statement 3)	16	21,660
17	Total expenses. Add lines 10 through 16	17	113,758
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,483
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	334,301
20	Other changes in net assets or fund balances (attach explanation) See Statement 4	20	-2
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	338,782

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	2,619	1,858
23 Land and buildings	108,530	139,759
24 Other assets (describe ► See Statement 5)	227,153	227,249
25 Total assets	338,302	368,866
26 Total liabilities (describe ► See Statement 6)	4,001	30,084
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	334,301	338,782

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

Form **990-EZ** (2009)

NE 20 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.)

[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 37a		
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 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 40a , section 4912 40a , section 4955 40a		
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 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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****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: **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.?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 **43****44** Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ**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

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 <i>Ron Quesinberry</i>		Date <i>3/30/10</i>	
Paid Preparer's Use Only	Type or print name and title <i>Ron Quesinberry Tax Officer</i>		Date <i>03/30/10</i>	Check if self-employed <input type="checkbox"/>
	Preparer's signature <i>Ron Quesinberry</i>		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	\$ 66,586
Total	\$ 66,586

36 NEWBERRY COUNTY FARM BUREAU

57-0342376

FYE: 12/31/2009

Federal Statements

3/30/2010 8:47 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	16,758
Total		<u>16,758</u>

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

Description	Amount
Expenses	\$
Office	5,470
Conferences/Meetings	16,115
Interest	75
Total	<u>\$ 21,660</u>

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

Description	Amount
AUDIT ADJUSTMENTS	\$ -2
Total	<u>\$ -2</u>

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

Description	Beginning of Year	End of Year
BUILDINGS	\$ 209,149	\$ 209,149
FURNITURE/EQUIPMENT	21,969	22,065
Less Accumulated Depreciation	3,965	3,965
	<u>227,153</u>	<u>227,249</u>

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

Description	Beginning of Year	End of Year
MORTGAGE	\$ 3,666	\$ 30,000
PAYROLL TAX LIABILITIES	335	84
	<u>4,001</u>	<u>30,084</u>

Federal Statements

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

Description

PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

2009-2010 NEWBERRY COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 491 • Newberry, SC 29108 • 803 276.1679

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	William Lominick	717243	684 Big Pine Road, Newberry, 29108	803 276 4212	803 321 7315	803 276 8097	803 321 7315	
Vice President	Larry Cromer	754273	1612 Whitener Road, Newberry, 29108	803 276 0486			803 924 0516	
Secretary-Treasurer	Craig Kesler	31886	1970 Trinity Church Road, Newberry, 29108	803 276 1126	803 276 4566	803 276 8097	803 924 0865	bigman1006@hotmail.com
State Director	Craig Kesler	31886	1970 Trinity Church Road, Newberry, 29108	803 276 1126	803 276 4566	803 276 8097	803 924 0865	bigman1006@hotmail.com
State Director	Charles Setzler	600514	56 Bethel Church Road, Prosperity, 29127	803 364 0367	803 276 0772		803 924 1399	cwsetzler@gmail.com
Alternate State Director	Kevin Satterwhite	498994	8720 Bush River Road, Newberry, 29108	803 276 3677	803 924 1508		803 924 1580	jksatterwhite@aol.com
Legislative Committee Chair	Larry Dehart	600676	969 Suber Road, Pomaria, 29126	803 276 1023	803 924 7206	803 276 1023	803 924 7206	lbd farms@earthlink.net
Young Farmers & Ranchers Chair	Kevin Satterwhite	498994	8720 Bush River Road, Newberry, 29108	803 276 3677	803 924 1508		803 924 1508	jksatterwhite@aol.com
Women's Committee Chair	Rita Cromer	754273	1612 Whitener Road, Newberry, 29108	803 276 0486		803 276 0486	803 924 0766	wacromerson10156@bellsouth.net
Information/Public Relations Chair	Ann Lominick	251157	5458 SC Highway 34, Pomaria, 29126	803 276 5123	803 405 1531	803 276 7966	803 924 0380	lominicktimber@backroads.net
County Director	Larry DeHart	600676	969 Suber Road, Pomaria, 29126	803 276 1023	803 924 7206	803 276 1023	803 924 7206	lbd farms@earthlink.net
County Director	Richard A. Doran, Jr	754251	3342 Bush River Road, Newberry, 29108		803 276 7366	803 276 7366	803 924 1466	bushriver@aol.com
County Director	Gerald Dukes	670131	3217 Woodland Drive, Newberry, 29108	803 276 0074			803 940 0539	
County Director	Wilson Felker	717117	2153 Big Pine Road, Pomaria, 29126	803 276 8636	803 276 8636	803 276 5489	803 924 2679	felker@hughes.net
County Director	Kenneth Graham, Jr	109593	1410 Leitzey Road, Pomaria, 29126	803 924 0191			803 924 0191	

Page Two -2009-2010 Newberry County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Charles Irons	717289	171 Pinedale Court, Prosperity, 29127	803 364 3395	803 276 2035		803 924 5561	
County Director	Ann Lominick	251157	5458 SC Highway 34, Pomaria, 29126	803 276 5123	803 405 1531	803 276 7966	803 924 0380	lominicktmber@backroads.net
County Director	Mike Meetze	670163	458 Plester Road, Newberry, 29108	803 276 2696				meetzelarms@aol.com
County Director	Gilder Neel	435049	519 Rocky Creek Road, Newberry, 29108	803 276 6684	803 276 6511			
County Director	Timothy Nichols	156270	2115 SC Highway 395, Newberry, 29108	803 321 0831			803 271 2845	tnsfarm@aol.com
County Director	Boyd Parr	600681	21547 US Highway 76, Newberry, 29108	803 276 6567	803 788 2260 x231	803 736 0885	803 312 3528	bparr@clemson.edu
County Director	Harold Pitts	242951	579 Bel Ivy Road, Newberry, 29108	803 276 1400			803 924 0915	
County Director	Johnnie Pitts	670184	4902 Island Ford Road, Silverstreet, 29145	803 276 4783			803 924 6047	
County Director	Wayne Sattenwhite	274020	1144 Garys Lane, Newberry, 29108	803 276 3508	803 276 2977	803 405 1165	803 924 1873	waynesatt@aol.com
County Director	Frank Senn, Jr	600625	6560 Belfast Road, Newberry, 29108	803 276 3223		803 276 3223	803 924 3655	fsenn@hughes.net
County Director	Charles Setzler	600514	56 Bethel Church Road, Prosperity, 29127	803 364 0367	803 276.0772		803 924 1399	cwsetzler@gmail.com