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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)

- ▶ 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

<b>A</b> For the 2009 calendar year, or tax year beginning , and ending		<b>D</b> Employer identification number <b>57-0406483</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>CHESTER COUNTY FARM BUREAU</b>	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>630 COLUMBIA RD</b>	
		City or town, state or country, and ZIP + 4 <b>CHESTER SC 29706-0399</b>	
		<b>E</b> Telephone number <b>803-796-6700</b>	
		<b>F</b> Group Exemption Number <b>2393</b>	

• 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) ▶

<b>I</b> Website: ▶ <b>N/A</b>	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( <b>5</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 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. ▶ \$ **79,360**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>35,529</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>3,039</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ <b>See Statement 1</b> )	<b>8</b>	<b>40,792</b>
	<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>79,360</b>
	<b>10</b> Grants and similar amounts paid (attach schedule) <b>Stmt 2</b>	<b>10</b>	<b>11,465</b>
<b>11</b> Benefits paid to or for members	<b>11</b>		
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	<b>46,489</b>	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>		
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>18,862</b>	
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>		
<b>16</b> Other expenses (describe ▶ <b>See Statement 3</b> )	<b>16</b>	<b>5,434</b>	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>82,250</b>	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-2,890</b>	
<b>19</b> 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)	<b>19</b>	<b>68,978</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>66,088</b>	

**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
<b>22</b> Cash, savings, and investments	<b>56,850</b>	<b>53,552</b>
<b>23</b> Land and buildings		<b>408</b>
<b>24</b> Other assets (describe ▶ <b>See Statement 4</b> )	<b>12,128</b>	<b>12,128</b>
<b>25</b> <b>Total assets</b>	<b>68,978</b>	<b>66,088</b>
<b>26</b> <b>Total liabilities</b> (describe ▶ )	<b>0</b>	<b>0</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>68,978</b>	<b>66,088</b>

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

Form **990-EZ** (2009)

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions for Part III.)
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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
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
<b>35</b> 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		
<b>a</b> 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?	<b>X</b>	
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>X</b>	
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> 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?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> , section 4955 <b>40a</b>		
<b>b</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 <b>40b</b>		
<b>c</b> 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 <b>40c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b>		
<b>e</b> 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 <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. <b>SC</b>		
<b>42a</b> The organization's books are in care of <b>SC FARM BUREAU</b> Telephone no <b>803-796-6700</b>		
Located at <b>BOX 754 COLUMBIA SC</b> ZIP + 4 <b>29202-0754</b>		
<b>b</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)?		<b>X</b>
If "Yes," enter the name of the foreign country: <b>SC</b>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?		<b>X</b>
If "Yes," enter the name of the foreign country: <b>SC</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <b>43</b>		
and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <b>44</b>		<b>X</b>
<b>45</b> 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 <b>45</b>		<b>X</b>

**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
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**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."

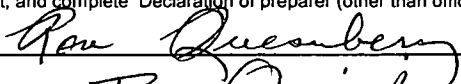
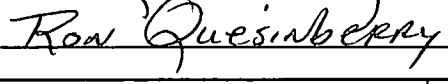
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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 ▶

<b>Sign Here</b>	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>	
<b>Paid Preparer's Use Only</b>	 Type or print name and title		Date <u>03/30/10</u>	
	Preparer's signature		Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
	SC Farm Bureau Federation 724 Knox Abbott Dr Cayce, SC 29033		Phone no <b>803-936-4676</b>	
May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶ <input type="checkbox"/> Yes <input type="checkbox"/> No</span>				

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

<u>Description</u>	<u>Amount</u>
SERVICE FEES FROM AFFILIATE	\$ <u>40,792</u>
Total	\$ <u><u>40,792</u></u>

12 CHESTER COUNTY FARM BUREAU

57-0406483

FYE: 12/31/2009

## Federal Statements

3/30/2010 9:45 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	11,465
Total		<u>11,465</u>

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

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office	4,551
Conferences/Meetings	883
Total	<u>\$ 5,434</u>

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
FURNITURE/EQUIPMENT	\$ 12,128	\$ 12,128
	<u>12,128</u>	<u>12,128</u>



# 2009-2010 CHESTER COUNTY FARM BUREAU OFFICERS AND DIRECTORS

630 Columbia Road • Chester, SC 29706 • 803.377.3134

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Steve Counterman	271431	2455 Weill Ridge Road, Chester, 29706	803 581 8353	803 581 4488		803 261 4419	
Vice President	Allen Beer	257528	4132 Martin Grave Road, Richburg, 29729	803 789 5251	803 789 5251	803 789 7012	803 209 3310	
Secretary-Treasurer	Rusty Darby	9745	1929 Darby Road, Chester, 29706	803 581 7805	803 581 7805	803 581 3835	803 385 7518	doi@infoave.net
Central District Vice President	Allen Beer	257528	4132 Martin Grave Road, Richburg, 29729	803 789 5251	803 789 5251	803 789 7012	803 209 3310	
State Director	Rusty Darby	9745	1929 Darby Road, Chester, 29706	803 581 7805	803 581 7805	803 581 3835	803 385 7518	doi@infoave.net
Alternate State Director	John Lewis	142801	944 Lancaster Highway, Chester, 29706	803 385 3078	803 385 3078		803 385 7418	jake@chester.net
Legislative Committee Chair	C E Thraikill	256171	PO Box 64, Fort Lawn, 29714	803 872 4617	803 283 7659	803 872 4802	803 283 7659	
Young Farmers & Ranchers Chair								
Women's Committee Chair								
Information/Public Relations Chair								
County Director	Allen Beer	257528	4132 Martin Grave Road, Richburg, 29729	803 789 5251	803 789 5251	803 789 7012	803 209 3310	
County Director	John Lewis	142801	944 Lancaster Highway, Chester, 29706	803 385 3078	803 385 3078		803 385 7418	jake@chester.net
County Director	Keith McDonald	87028	4392 Mountain Gap Road, Blackstock, 29014	803 789 5044	803 482 2697			
County Director	Lawrence Stroud	203460	6086 Richburg Road, Great Falls, 29055	803 482 2484	803 482 2484			
County Director	C E Thraikill	256171	PO Box 64, Fort Lawn, 29714	803 872 4617	803 283 7659	803 872 4802	803 283 7659	

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Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Mac Turner	268953	1686 Canal Road, Catawba, 29704	803 789 5882	803 789.5882		803.209 2311	sammac@truvista.net
County Director	David Wilson	119974	5116 Wylies Mill Road, Edgemoor, 29712	803 789 5091	803 385 1619		803 385 1619	