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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**Form **990-EZ**Department of the Treasury
Internal Revenue Service

- ▶ 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.

A For the 2009 calendar year, or tax year beginning _____, and ending _____		D Employer identification number 57-0481779	
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 AIKEN COUNTY FARM BUREAU	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 2097	
		City or town, state or country, and ZIP + 4 AIKEN SC 29802-2097	
		E Telephone number 803-796-6700	
		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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
Website: ▶ N/A		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (5) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> 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. ▶ \$ 192,197			

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	96,287
	2	Program service revenue including government fees and contracts	2	300
	3	Membership dues and assessments	3	
	4	Investment income	4	971
	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	94,639
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	192,197
	Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 2	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	87,884
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	24,541
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ▶ See Statement 3)	16	20,014
17		Total expenses. Add lines 10 through 16	17	160,540
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31,657
	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	276,103
	20	Other changes in net assets or fund balances (attach explanation) See Statement 4	20	63
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	307,823

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	64,451	96,108
23 Land and buildings	1,155	1,155
24 Other assets (describe ▶ See Statement 5)	210,560	210,560
25 Total assets	276,166	307,823
26 Total liabilities (describe ▶ See Statement 6)	63	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	276,103	307,823

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

Form **990-EZ** (2009)

NE 23

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 to) 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 39a , section 4912 39b , section 4955 39c		
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)?		X
If "Yes," enter the name of the foreign country 42b		
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 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43		<input type="checkbox"/>
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 44		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 45		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."

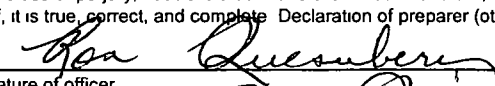
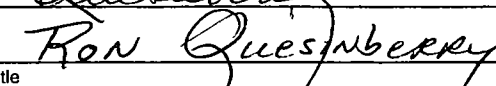
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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>	
Paid Preparer's Use Only	 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		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 ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No				

57-0481779

Federal Statements

FYE: 12/31/2009

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

<u>Description</u>	<u>Amount</u>
SERVICE FEES FROM AFFILIATE	\$ 94,639
Total	\$ 94,639

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57-0481779

FYE: 12/31/2009

Federal Statements

3/30/2010 10:04 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	25,389
Total		<u>25,389</u>

57-0481779

Federal Statements

FYE: 12/31/2009

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

Description	Amount
Expenses	\$
Office	12,468
Conferences/Meetings	7,566
Interest	-20
Total	<u>\$ 20,014</u>

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

Description	Amount
OTHER	\$ 63
Total	<u>\$ 63</u>

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

Description	Beginning of Year	End of Year
BUILDINGS	\$ 162,213	\$ 162,213
FURNITURE	52,485	52,485
Less Accumulated Depreciation	4,138	4,138
	<u>210,560</u>	<u>210,560</u>

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

Description	Beginning of Year	End of Year
OTHER	\$ 63	\$
	<u>63</u>	<u></u>

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

Description

PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

2009-2010 AIKEN COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 2097 • Aiken, SC 29802 • 803.648.5421

North Augusta Office • PO Box 7797 • North Augusta, SC 29861 • 803.278.4780

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Donnie Wakefield	529387	1381 Banks Mill Road, Aiken, 29803	803 641 4702			803 507 4307	dgrainman@att.net
Vice President	Gerald Miller	88621	6 Bungalow Village Way, Aiken, 29803	803 649 7909	864 446 3452	864 446 3452	864 378 2501	millersequine@yahoo.com
Secretary-Treasurer	John H. Coons	838437	244 Coleman Bridge Road, Aiken, 29805	803 642 7906	803 208 1036		803 507 4132	jcoons@ifx.net
Central District Director-at-Large	Carl E. Brown, Jr	622128	895 New Bridge Road, Aiken, 29805	803 648 5438	803 640 0281	803 648 0865	803 640 0281	cbrownjr@aol.com
State Director	Rodney Quattlebaum	622066	453 Quattlebaum Road, Wagener, 29164	803 648 3789				
Alternate State Director	Donnie Wakefield	529387	1381 Banks Mill Road, Aiken, 29803	803 641 4702			803 507 4307	dgrainman@att.net
Legislative Committee Chair								
Young Farmers & Ranchers Chair	Joseph Keith Hendrix	846428	316 Country Glen Avenue, Graniteville, 29829	803 593 5640				hendrixkeithj@johndeere.com
Women's Committee Chair	Debbie Etheredge	868814	125 Bald Cypress Court, Aiken, 29803					dme@ddmnc.net
Information/Public Relations Chair								
County Director	Carl E. Brown, III	138603	224 Flowing Well Road, Wagener, 2929164	803 643 3865	803 215 5339		803 215 5339	treybrown@aol.com
County Director	Carl E. Brown, Jr	622128	895 New Bridge Road, Aiken, 29805	803 648 5438	803 640 0281	803 648 0865	803 640 0281	cbrownjr@aol.com
County Director	Lawana Furtick	660316	143 Homestead Plantation Road, Salley, 29137	803 258.3090			803 646 2696	lawana@furlckreality.com
County Director	Esau Hankerson	708425	3678 Silver Bluff Road, Aiken, 29801	803 827 0531				

Page Two -2009-2010 Aiken County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Joseph Keith Hendrix	846428	316 Country Glen Avenue, Graniteville, 29829	803 593 5640				hendrixkeithj@johndeere.com
County Director	Tim Johnson	622216	1259 Poplar Springs Road, Aiken, 29805	803 564 5287				
County Director	M Davis Shull	755297	2956 New Holland Road, Wagener, 29164	803 564 5306				
County Director	Chris Ulmer	463304	739 Tabernacle Road, Salley, 29137	803 564 5285			803 606 2820	
County Director	Allen Williams	729194	PO Box 291, Wagener, 29164	803 564 5376				