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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 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****A For the 2009 calendar year, or tax year beginning , and ending**

<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 Name of organization</b>		<b>D Employer identification number</b>
		<b>GREENWOOD COUNTY FARM BUREAU</b>		<b>57-0543890</b>
		Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>PO BOX 8207</b>		<b>E Telephone number</b> <b>803-796-6700</b>
		City or town, state or country, and ZIP + 4 <b>GREENWOOD SC 29649</b>		<b>F Group Exemption Number</b> <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).**

Website: **▶ N/A**Tax-exempt status (check only one) — ☒ 501(c) ( **5** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**G Accounting method** ☒ Cash ☐ Accrual  
 Other (specify) ▶

**H Check** ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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** ▶ **\$ 101,157**

**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>46,457</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>3,586</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>51,114</b>
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>101,157</b>
	<b>10</b> Grants and similar amounts paid (attach schedule) <b>Stmt 2</b>	<b>10</b>	<b>15,242</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>52,941</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>23,065</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>13,817</b>	
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>105,065</b>	
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-3,908</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>451,211</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>447,303</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>60,431</b>	<b>56,523</b>
<b>23</b> Land and buildings	<b>164,050</b>	<b>164,050</b>
<b>24</b> Other assets (describe ▶ <b>See Statement 4</b> )	<b>226,730</b>	<b>226,730</b>
<b>25 Total assets</b>	<b>451,211</b>	<b>447,303</b>
<b>26 Total liabilities</b> (describe ▶ )	<b>0</b>	<b>0</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>451,211</b>	<b>447,303</b>

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

Form **990-EZ** (2009)

P 1 NE

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

**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.

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 5
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(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		<b>X</b>
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
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?	<b>X</b>	
b If "Yes," has it filed a tax return on Form 990-T for this year?	<b>X</b>	
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		<b>X</b>
37a Enter amount of political expenditures, direct or indirect, as described in the instr		
b Did the organization file Form 1120-POL for this year?		<b>X</b>
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?		<b>X</b>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a 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, 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		<b>X</b>
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)?		<b>X</b>
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.?		<b>X</b>
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 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		<b>X</b>
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		<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>49b</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."

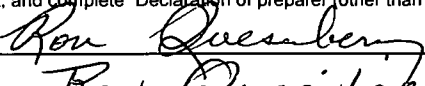

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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> Tax Officer		
<b>Paid Preparer's Use Only</b>	 Preparer's signature		Date <u>03/30/10</u>	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 <b>SC Farm Bureau Federation</b> <b>724 Knox Abbott Dr</b> <b>Cayce, SC 29033</b>		EIN <span style="float: right;">▶</span>		Phone no <b>803-936-4676</b>
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶</span> <input type="checkbox"/> Yes <input type="checkbox"/> No				

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

<u>Description</u>	<u>Amount</u>
SERVICE FEES FROM AFFILIATE	\$ 51,114
Total	\$ 51,114

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57-0543890

FYE: 12/31/2009

## Federal Statements

3/30/2010 9:19 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	13,587
Total		<u>13,587</u>

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

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office	5,557
Conferences/Meetings	8,260
Total	<u>\$ 13,817</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>
BUILDINGS	\$ 179,203	\$ 179,203
FURNITURE/EQUIPMENT	47,527	47,527
	<u>226,730</u>	<u>226,730</u>



**Federal Statements**

**Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

Description

PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

# 2009-2010 GREENWOOD COUNTY FARM BUREAU OFFICERS AND DIRECTORS

211 Montague Avenue • Greenwood, SC 29649 • 864.229.2393

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Charles Buist	460411	844 S Mill Road, Greenwood, 29646	864 223 0744			864 993 8854	charles buist@westfrazierinc.com
Vice President	Jeff Milam	662356	5418 Kinard Road, Ninety Six, 29666	864 543 4988				
Secretary-Treasurer	James Eakin	265634	109 Ernie's End Road, Greenwood, 29649	864 223 5044				
State Director	Eddy Ellison	44623	111 N Hills Road, Greenwood, 29646	864 229 4269	864 223 3611		864 941 7669	
Alternate State Director								
Legislative Committee Chair	Thomas Boyd	116314	908 Epworth Camp Road E, Ninety Six, 29666	864 227 2360			864 941 6148	
Young Farmers & Ranchers Chair								
Women's Committee Chair								
Information/Public Relations Chair								
County Director	Thomas Boyd	116314	908 Epworth Camp Road E, Ninety Six, 29666	864 227 2360			864 941 6148	
County Director	Tom Bryson	258910	103 Oxford Road, Greenwood, 29649	864 229 3374			864 910 3463	bryson@emeraldids.com
County Director	Jeff Evans	212826	769 Highway 72 E, Abbeville, 29620	864.446.8615			864 378 0070	
County Director	Warren Johnson	259720	1507 Kirksey-Pittsburgh Road, Troy, 29848	864 227 3205		864 223 3501	864 993.4452	warrenfayejohnson@embarqmail.com
County Director	Shelby Laughlin	103206	218 S Mill Road, Greenwood, 29646	864 223 2409	864 229 1262		864 980 6764	
County Director	William McCollum	67214	481 Burnett Road, Greenwood, 29646	864 229 2083			864 993 1084	

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Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
County Director	Farris Parker	673856	5528 Callison Highway, Troy, 29848	864 227 3693		864.229.9627	864.910 5519	theparkerbuilders.com