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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 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
ABBEVILLE COUNTY FARM BUREAU

Number and street (or P O box, if mail is not delivered to street address) PO BOX 308

Room/suite

City or town, state or country, and ZIP + 4 ABBEVILLE SC 29620-0308

D Employer identification number 57-6022472

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 [X] Cash [ ] Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) – [X] 501(c) (5) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

H Check ▶ [X] 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 ▶ $ 85,251

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	38,336
	2	Program service revenue including government fees and contracts		2	471
	3	Membership dues and assessments		3	
	4	Investment income		4	2,032
	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 ▶ [ ]			
	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	44,412
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	85,251
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 2		10	17,468
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	35,098
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	13,673
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Statement 3)		16	14,329
	17	**Total expenses.** Add lines 10 through 16 ▶		17	80,568
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,683
	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	212,249
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	216,932

SCANNED APR 23 2010

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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	91,954	22	96,637
23 Land and buildings	38,105	23	38,105
24 Other assets (describe ▶ See Statement 4)	82,190	24	82,190
25 **Total assets**	212,249	25	216,932
26 **Total liabilities** (describe ▶)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	212,249	27	216,932

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

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 AGRICULTURE

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 SPONSORED VOLUNTEER AGRICULTURAL LEADERS AT MEETINGS OF INTEREST TO THE AGRICULTURE COMMUNITY

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 SPONSORED COUNTY OFFICERS' ATTENDANCE TO REPRESENT THEIR COUNTY AT 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.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED LIST	PRESIDENT	0	0	0
SEE ATTACHED LIST	OTHER OFFICERS	0	0	0
SEE ATTACHED LIST	DIRECTORS	0	0	0

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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		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?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	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	36		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?	37b		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?	38a		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 ▶ _____ , 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	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 ▶ _____			
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	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

			Yes	No
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.**	42b		X
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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
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	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

Ron Quesenberry — Signature of officer — Date 3/30/10

RON QUESENBERRY TAX Officer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying Number (See instr.)
	03/30/10	☐	

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

Description	Amount
SERVICE FEES FROM AFFILIATE	$ 44,412
Total	$ 44,412

Federal Statements

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

Name and Address	Purpose	Amount of Payment
SC FARM BUREAU PO BOX 754 COLUMBIA, SC 29202	STATE DUES	14,868
Total		14,868

Federal Statements

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

Description	Amount
Expenses	$
Office	5,287
Conferences/Meetings	9,036
Interest	6
Total	$ 14,329

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

Description	Beginning of Year	End of Year
BUILDINGS/IMPROVEMENTS	$ 74,741	$ 74,741
Less Accumulated Depreciation	2,347	2,347
FURNITURE/FIXTURES/EQUIPMENT	9,796	9,796
	82,190	82,190

2009-2010 ABBEVILLE COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Drawer 308 • Abbeville, SC 29620 • 864.366.5251

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
President	C Wayne Ashley	654200	2820 Stevenson Road, Abbeville, 29629	864 446.3319			864 378 3347	
Vice President	Dale Wilson	845582	1157 Old Douglas Mill Road, Abbeville, 29620	864 446 8452			864 378 8327	double_l@wctel.net
Secretary-Treasurer	Wayne Hannah	143069	77 Hummingbird Road, Hodges, 29653	864 446 3624	864 941 5725			hannahw@gwd50.org
State Director	Edward Hagan	261510	945 Lindsey Cemetery Road, Due West, 29639	864 379 8219	864 379 2616		864 378 6992	
Alternate State Director	Mack Beaty	172241	PO Box 536, Abbeville, 29620	864 459 2149			864 391 6738	beatyoil@wctel net
Legislative Committee Chair	Charles Sumner	625815	817 Old Abbeville Highway, Abbeville, 29620	864 446 8011			864 378 0532	candbsumner@wctel net
Young Farmer & Ranchers Chair	Glen Brooks	227601	PO Box 235, Calhoun Falls, 29628	864.446 8082	803.379.1011			doublebranch@wctel net
Women's Committee Chair	Jenny Mountford	854172	280 Old Greenwood Highway, Abbeville, 29620	864 229 1419	864 446 2276		864 506 2297	grier@clemson edu
Information/Public Relations Chair								
County Director	C Wayne Ashley	654200	2820 Stevenson Road, Abbeville, 29629	864 446.3319			864.378 3347	
County Director	Luther Bowman	750170	722 Bowman Road, Iva, 29655	864 348 7157			864 940.5943	
County Director	Glen Brooks	227601	PO Box 235, Calhoun Falls, 29628	864.446 8082	803 379 1011			doublebranch@wctel.net
County Director	Horace Burnett	654213	380 Grey Rock Estates, Abbeville, 29620	864.446 2213				
County Director	Bonnie Cann	803752	1058 Stevenson Road, Abbeville, 29620	864 446.8885			864 378 0260	
County Director	R J Counts	14147	753 Old Douglas Mill Road, Abbeville, 29620	864 446.8722			864 993 7674	whinnycreek@wctel net

Page Two –2009-2010 Abbeville County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Wayne Hannah	143069	77 Hummingbird Road, Hodges, 29653	864.446.3624	864 941.5725			hannahw@gwd50 org
County Director	Chester King	100210	PO Box 91, Due West, 29639	864 379 8419				
County Director	Carter Lawson	798500	181 Milford Dairy Road, Abbeville, 29620	864 446 3503			864 378 7072	lawsoncd@wctel net
County Director	Frank Love	197271	132 Cockfield Road, Abbeville, 29620	864 459 4759				
County Director	Jenny Mountford	854172	280 Old Greenwood Highway, Abbeville, 29620	864 229 1419	864.446.2276		864.506 2297	gner@clemson.edu
County Director	Jim Powell	62360	515 Mud Creek Road, Calhoun Falls, 20628	864 391 2975				
County Director	Mike Powell	184329	PO Box 62, Lowndesville, 29659	864 348 3024				
County Director	Johnny Simpson	675343	280 Fairfield Church Road, Abbeville, 29620	864.446 2701				
County Director	Dale Wilson	845582	1157 Old Douglas Mill Road, Abbeville, 29620	864.446 8452			864.378 8327	double_l@wctel net
County Director	Randall Wilson	654110	186 Suber Road, Abbeville, 29620	864 446 2854			864.379 1783	cbw95@aol com