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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 57-0352061	
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 HORRY-LORIS COUNTY FARM BUREAU	
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 5006 BROAD ST	
		City or town, state or country, and ZIP + 4 LORIS SC 29569-2497	
		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 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		H Check <input checked="" type="checkbox"/> 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 ▶ \$ **114,315**

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	50,964
	2 Program service revenue including government fees and contracts	2	371
	3 Membership dues and assessments	3	
	4 Investment income	4	70
	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	62,910
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	114,315
	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	33,659
13 Professional fees and other payments to independent contractors		13	
14 Occupancy, rent, utilities, and maintenance		14	10,577
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe ▶ See Statement 3)		16	20,646
17 Total expenses. Add lines 10 through 16		17	81,793
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	32,522
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	134,913
20 Other changes in net assets or fund balances (attach explanation) See Statement 4		20	-5,573
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	161,862

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		14,913	16,290
23 Land and buildings		23,004	23,004
24 Other assets (describe ▶ See Statement 5)		209,191	204,468
25 Total assets		247,108	243,762
26 Total liabilities (describe ▶ See Statement 6)		112,195	81,900
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		134,913	161,862

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

Form **990-EZ** (2009)

DAA

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57-0352061

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Expenses

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

IMPROVE AGRICULTURE

28 PROVIDED SPACE & SERVICES FOR MEETINGS AND A CENTRAL
LOCATION FOR THE DISSEMINATION OF INFORMATION PROMOTING
THE IMPROVEMENT OF AGRICULTURE

28a

29a

30a

31a

32

(a) Name and address

(b) Title and average hours per week devoted to position
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p> <p>17. _____</p> <p>18. _____</p> <p>19. _____</p> <p>20. _____</p> <p>21. _____</p> <p>22. _____</p> <p>23. _____</p> <p>24. _____</p> <p>25. _____</p> <p>26. _____</p> <p>27. _____</p> <p>28. _____</p> <p>29. _____</p> <p>30. _____</p>

(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		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		
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		
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		X
41 List the states with which a copy of this return is filed		
42a The organization's books are in care of		
Located at		
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:		
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.?		X
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		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		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."

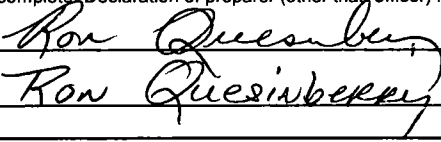
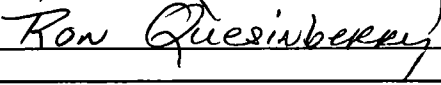
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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> TAX OFFICER	
Paid Preparer's Use Only	Preparer's signature 		Date <u>03/30/10</u>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone
	SC Farm Bureau Federation 724 Knox Abbott Dr Cayce, SC 29033		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	\$ 62,910
Total	\$ 62,910

47 HORRY-LORIS COUNTY FARM BUREAU
57-0352061
FYE: 12/31/2009

Federal Statements

3/30/2010 8:23 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	16,821
Total		<u>16,821</u>

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

Description	Amount
Expenses	\$
Office	7,012
Conferences/Meetings	5,211
Interest	8,423
Total	<u>\$ 20,646</u>

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

Description	Amount
AUDIT ADJUSTMENTS	\$ -5,573
Total	<u>\$ -5,573</u>

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

Description	Beginning of Year	End of Year
BUILDINGS	\$ 196,225	\$ 196,225
FURN/EQUIP	12,966	13,816
Less Accumulated Depreciation		5,573
	<u>209,191</u>	<u>204,468</u>

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

Description	Beginning of Year	End of Year
MORTGAGE	\$ 112,195	\$ 81,843
PAYROLL TAX LIABILITIES		57
	<u>112,195</u>	<u>81,900</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 HORRY-LORIS COUNTY FARM BUREAU OFFICERS AND DIRECTORS

5006 Broad Street • Loris, SC 29569 • 843.756.2196

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Marcus Gerald	617929	631 Cane Branch Road, Loris, 29569	843 756 6437	843 995.3812		843 995 3812	jmgerald@sccoast.net
Vice President	Shane Willoughby	690365	7990 Highway 917, Nichols, 29581	843 392 3286	843 333 8613	843 392 1289	843 333 8613	swillobfarms@yahoo.com
Secretary-Treasurer	Jennifer Mishoe	859554	2134 Armsview Road, Loris, 29569		843.756.2196	843 756 0484	843 995 1867	jgjm@sccoast.net
State Director	Wilbur James	255608	2801 Highway 366, Loris, 29569	843 756 4914	843 756 4914		843 907 3063	wmj@sccoast.net
Alternate State Director	Chris Elliott	228560	2575 Highway 430, Nichols, 29581	843 392 4948			843 902 2550	
Legislative Committee Chair	Dale Tyler	617930	6991 Highway 19 E, Loris, 29569	843 756.7334	843 421 1525		843 340 6190	
Young Farmers & Ranchers Chair	Trenton Tyler	373342	7007 Highway 19 E, Loris, 29569	843 716 1234			843.241 3605	
Women's Committee Chair	Wanda Jordan	277274	850 Gerald Road, Loris, 29569	843 756 2408	843 756 0466			
Information/Public Relations Chair	Wallace Todd	702261	1317 Daisy Road, Loris, 29569	843.756 4285			843 340 9885	wjor@sccoast.net
County Director	Kevin Bellamy	453162	2516 W Bear Grass Road, Loris, 29569	843 756 5770				
County Director	Douglas Cox	245682	536 N Cox Road, Loris, 29569	843 756 8171				
County Director	O'Bryan Cox	257706	1480 Lawndale Drive, Loris, 29569	843 756 4789				
County Director	William Durant	90267	7426 Louisville Road, Aynor, 29511	843 365 1470			843 907 5739	
County Director	Brad Elliott	868608	251 Highway 430, Nichols, 29581	843 392 0613			843 421 4046	
County Director	Benjamin W Hardee	690251	3001 Dow's Road, Loris, 29569	843 756 7136	843 488.6990		843 421 1311	

Page Two --2009-2010 Horry-Loris County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Billy Earl Jordan	277274	850 Gerald Road, Loris, 29569	843 756 2408	843.222 7055		843 222 7055	
County Director	Brooks A Lewis	479182	3334 Henry Lewis Road, Loris, 29569	843 756 5920				
County Director	Jimmy Powell	25889	PO Box 697, Loris, 29569	843.756 2355			843 421 8917	
County Director	Billy Stalvey, Jr	731923	4225 Red Bluff Road, Loris, 29569	843 756 6009	843 907 4673			stalvey@sccoast.net
County Director	Fenton Stephens	713656	8040 Highway 917, Nichols, 29581	843 392 3717				
County Director	Thomas Todd	219708	2842 Loop Road, Loris, 29569	843 756 4737				
County Director	Wallace Todd	702261	1317 Daisy Road, Loris, 29569	843.756 4285			843 340 9885	wjor@sccoast.net
County Director	Dale Tyler	617930	6991 Highway 19 E, Loris, 29569	843 756 7334	843 421 1525		843 340 6190	
County Director	Trenton Tyler	373342	7007 Highway 19 E, Loris, 29569	843 716 1234			843 241 3605	
County Director	Coleman Worley	219747	172 Worley Lane, Nichols, 29581	843 392 3536			843 283 6006	coleman@sccoast.net