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Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder 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**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**HORRY-CONWAY COUNTY FARM BUREAU**

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

PO BOX 1274

Room/suite

City or town, state or country, and ZIP + 4

CONWAY**SC 29528-1274****D** Employer identification number**57-0421504****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 ☒ Cash ☐ Accrual
Other (specify) ▶

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

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.

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 ▶ **\$ 195,413**

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

1	Contributions, gifts, grants, and similar amounts received	1	79,654
2	Program service revenue including government fees and contracts	2	315
3	Membership dues and assessments	3	
4	Investment income	4	7,050
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	108,394
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	195,413
10	Grants and similar amounts paid (attach schedule) Stmnt 2	10	21,189
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	114,277
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	31,072
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ See Statement 3)	16	27,040
17	Total expenses. Add lines 10 through 16	17	193,578
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,835
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	216,292
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	218,127

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

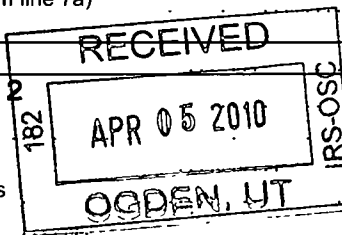
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,824	2,230
23 Land and buildings	41,687	41,687
24 Other assets (describe ▶ See Statement 4)	235,830	235,831
25 Total assets	288,341	279,748
26 Total liabilities (describe ▶ See Statement 5)	72,049	61,621
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	216,292	218,127

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

Form **990-EZ** (2009)

ENVELOPE DATE: MAR 31 2010
POSTMARK DATE: APR 2 3 2010
SCANNED APR 2 3 2010
Revenue



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

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 6
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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]

	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 39a		
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 40a , section 4912 40a , section 4955 40a		
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)? 42b		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.? 42c		X
If "Yes," enter the name of the foreign country: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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."

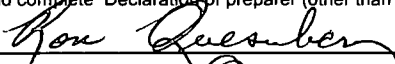


(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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.			
	 Signature of officer		Date <u>3/30/10</u>	
Paid Preparer's Use Only	 Type or print name and title		Date <u>TAX Officer</u>	
	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 <u>SC Farm Bureau Federation</u> <u>724 Knox Abbott Dr</u> <u>Cayce, SC 29033</u>		Preparer's Identifying Number (See instr.) EIN <u>803-936-4676</u> Phone no <u>803-936-4676</u>	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

57-0421504

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	\$ 108,394
Total	\$ 108,394

26 Horry-Conway County Farm Bureau

57-0421504

FYE: 12/31/2009

Federal Statements

3/30/2010 9:05 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	21,189
Total		21,189

57-0421504

Federal Statements

FYE: 12/31/2009

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

Description	Amount
Expenses	\$
Office	15,754
Conferences/Meetings	5,985
Interest	5,301
Total	\$ 27,040

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

Description	Beginning of Year	End of Year
BUILDINGS	\$ 206,947	\$ 206,948
FURNITURE/EQUIPMENT	32,560	32,560
Less Accumulated Depreciation	3,677	3,677
	235,830	235,831

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
MORTGAGES	\$ 68,876	\$ 58,639
PAYROLL TAX LIABILITIES	3,173	2,982
	72,049	61,621

Federal Statements

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

PROVIDED FUNDS FOR AGRICULTURAL EDUCATION

2009-2010 HORRY-CONWAY COUNTY FARM BUREAU OFFICERS AND DIRECTORS

3873 W Highway 501 • Conway, SC 29526 • 843.365.8580

Myrtle Beach Office • 534 W Broadway Street • Myrtle Beach, SC 29577 • 843.444.0851

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Floyd Smith	129889	962 Rabon Road, Aynor, 29511	843.365 3074	843 248 4344		843 907 8950	
Vice President	Glenn Winburn	681714	PO Box 86, Aynor, 29511	843 359 8246	843 358 0171		843 458 4840	
Secretary-Treasurer	Rebecca Jenerette	816029	525 11th Avenue, Aynor, 29511	843 358 2675	843 365 8580	843 365 8581	843 333 2684	
State Director	Floyd Smith	129889	962 Rabon Road, Aynor, 29511	843 365 3074	843 248 4344		843 907 8950	
State Director	Glenn Winburn	681714	PO Box 86, Aynor, 29511	843 358 8246	843 358 0171		843 458 4840	
Alternate State Director	John Doyle	397339	1151 Doyle Road, aynor, 29511	843 365 1285				
Legislative Committee Chair	M Russell Holliday, Jr	617185	125 Highway 501 W, Galivants Ferry, 29544	843 358 3252				
Young Farmers & Ranchers Chair	Richard Floyd	852467	4785 Good Luck Road, Aynor, 29511	843 385 0636				
Women's Committee Chair	Beth Davis	207728	810 Oak Street, Aynor, 29511	843 358 3314			843 246 0042	beth davis@sccoast.net
Information/Public Relations Chair								
County Director	Elmore Bellamy	300980	8341 Highway 90, Longs, 29568	843 399 3522	803 399 3522			
County Director	Cecil Dix	266736	4840 Highway 319, Aynor, 29511	843 365 2816				
County Director	Warren Dixon	34532	1884 Dixon Road, Aynor, 29511	843 358 8282				
County Director	John Doyle, Jr	397339	1151 Doyle Road, Aynor, 29511	843 365 1285				

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

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	C Trent Johnson	474956	2115 Bakers Chapel Road, Aynor, 29511	843 365 2129	843 248 4151	843 248 7441	843 455 5528	
County Director	Michael Johnson	688727	5469 Dock Ridge Road, Galivants Ferry 29544	843 358 6791	843 358 6147		843.902 3307	
County Director	Travis Smith	263742	4560 Smith Road, Aynor, 29511	843 365 2054	843 248 4344			