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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: <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.	C Name of organization		D Employer identification number
		HAMPTON COUNTY FARM BUREAU		57-0468793
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 682		E Telephone number 803-796-6700
		City or town, state or country, and ZIP + 4 HAMPTON SC 29924		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) ▶

I 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.

Part I 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 ▶ **\$ 119,725**

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	39,760
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	27,166
	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	52,799
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	119,725
	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	50,339
13 Professional fees and other payments to independent contractors		13	
14 Occupancy, rent, utilities, and maintenance		14	26,138
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe ▶ See Statement 3)		16	14,896
17 Total expenses. Add lines 10 through 16		17	109,917
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,808
	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	385,739
	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	395,547

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	193,685	203,170
23 Land and buildings	8,000	8,000
24 Other assets (describe ▶ See Statement 4)	184,054	184,377
25 Total assets	385,739	395,547
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	385,739	395,547

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

Form **990-EZ** (2009)

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
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**

(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		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 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."

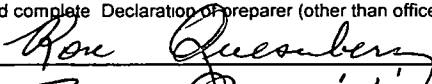
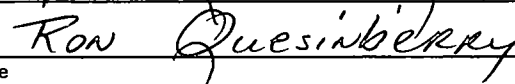

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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>	
	 Type or print name and title		Date <u>Tax Officer</u>	
Paid Preparer's Use Only	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	<u>SC Farm Bureau Federation</u> <u>724 Knox Abbott Dr</u> <u>Cayce, SC 29033</u>		EIN ▶
			Phone no ▶ <u>803-936-4676</u>	

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	\$ 52,799
Total	\$ 52,799

25 HAMPTON COUNTY FARM BUREAU

57-0468793

FYE: 12/31/2009

Federal Statements

3/30/2010 9:06 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	17,094
Total		<u>17,094</u>

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

<u>Description</u>	<u>Amount</u>
Expenses	\$
Office	5,649
Conferences/Meetings	9,247
Total	<u>\$ 14,896</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/IMPROVEMENTS	\$ 156,143	\$ 156,143
FURNITURE/EQUIPMENT	27,911	28,234
	<u>184,054</u>	<u>184,377</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 HAMPTON COUNTY FARM BUREAU OFFICERS AND DIRECTORS

PO Box 682 • Hampton, SC 29924 • 803.943.2755

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax #	Mobile Phone #	E-Mail Address
President	Ray Crapse	149244	7420 Savannah Highway, Estill, 29918	803 625 2209		803 625 1047	803 943 6610	crapsefarms@yahoo.com
Vice President	Robert Mixon	152266	446 Old House Road, Estill, 29918	803 625 2484	803 625 2902	803 625 0094	803 943 6578	rcmixon2000@yahoo.com
Secretary-Treasurer	Gary Youmans	18639	PO Box 130, Furman, 29921	803 625 4746	803 625 2902	803 625 4531	803 943 6187	gary@greenacresturfsc.com
State Director	Lynn Youmans	207514	PO Box 130, Furman, 29921	803 625 3568	803 625 2902	803 625 4531	843 422 2423	lynn@greenacresturfsc.com
Alternate State Director								
Legislative Committee Chair								
Young Farmers & Ranchers Chair	Doug Jarrell	814245	251 John F Drive, Estill, 29918	803 625 4188			803 942 2717	dwyarrell04@yahoo.com
Women's Committee Chair	Wendy Jarrell	514245	251 John F drive, Estill, 29918	803 625 4188	803 625 4598		803 942 0505	dwyarrell04@yahoo.com
Information/Public Relations Chair								
County Director	Corrin Bowers, Jr	27485	PO Box 110, Luray, 29932	803 625 2015	803 625 2397	803 625 4507	803 687 5006	
County Director	Johnny Cope	754485	3374 Speed Limit Road, Varnville, 29944	803 943 5385	803 625 2902			
County Director	Lynn Corbin	26099	6675 Sandy Run Road, Brunson, 29911	803 914 0129	803 584 3107			lfcorbin@hotmail.com
County Director	Walt Corbin	26099	6675 Sandy Run Road, Brunson, 29911	803 914 0129				
County Director	Brent Crapse	832039	117 Edisto Drive, Hampton, 29924	803 943 4371	803 625 2209		803 943 8868	ralleygreenz28@yahoo.com
County Director	Mark Deloach	655575	9625 Two Sisters Ferry Road, Pineland, 29934	803 625 3170				

Page Two -2009-2010 Hampton County Officers and Directors

Office	Name	Member #	Address, City & Zip	Home Phone #	Office Phone #	Fax Phone #	Mobile Phone #	E-Mail Address
County Director	Wayne Deloach	806542	7171 Browning Gate Road, Estill, 29918	803 625 3447	803 625 5691			
County Director	Robert Lee Farmer	230044	1099 Lena-Furman Expressway, Estill, 29918	803 625 3122				
County Director	Hugh Gray	818296	PO Box 237, Hampton, 29924	803 943 5352				
County Director	Jimmy Griner	177130	7624 Browning Gate Road, Varnville, 29944	803 625 4436		803 625 0294	803 943 1314	gnnerfarms@netzero.com
County Director	Ryan Hadwin	603952	804 Ellis Street, Hampton, 29924	803 943 2446	803 625 2132			
County Director	Buddy Hiers	233787	PO Box 365, Hampton, 29924	803 943 3814			803 943 6609	
County Director	Wesley Jarrell	123419	2094 Turner Expressway, Varnville, 29944	803 625 3114				
County Director	James W Mole, Jr	615184	1939 McMillan Road, Brunson, 29911	803 632 2436	803 632 3235		803 571 0140	
County Director	Danny Nix	746306	1046 Clifton Drive, Estill, 29918	803 943 4778				
County Director	Jimmy Polk	836704	5130 Savannah Highway, Hampton, 29924	803 943 4218	803 943 2181		803 943 8059	jimmiepolk95@yahoo.com
County Director	Marc Priestner	105670	PO Box 441, Estill, 29918	803 625 4997				
County Director	Emmett Rouse	603929	PO Box 181, Luray, 29932	803 625 2420	803 943 6234			
County Director	Bob Youmans	207519	PO Box 130, Furman, 29921	803 625 2779	803 625 2902	803 625 4531	803 943 6185	bob@greenacreslurfsc.com
County Director	Robert Youmans, Jr	746356	PO Box 130, Furman, 29921	803 625 4822	803 625 2902	803 625 4531		