



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010**Open to Public****Inspection**Department of the Treasury
Internal Revenue Service

For the 2010 calendar year, or tax year beginning , and ending

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

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**G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶H Check ☒ if the organization is not required to attach Schedule BI Website: ▶ **N/A**J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**5**) (insert no) ☐ 4947(a)(1) or ☐ 527 (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ **198,929****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received														82,522															
	2	Program service revenue including government fees and contracts														226															
	3	Membership dues and assessments																													
	4	Investment income														7,200															
	5a	Gross amount from sale of assets other than inventory																													
	5b	Less: cost or other basis and sales expenses																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																													
6c	Less: direct expenses from gaming and fundraising events																														
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																														
7a	Gross sales of inventory, less returns and allowances																														
7b	Less: cost of goods sold																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)														108,981																
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														198,929																
Expenses	10	Grants and similar amounts paid (list in Schedule O)														21,105															
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits														110,226															
	13	Professional fees and other payments to independent contractors																													
	14	Occupancy, rent, utilities, and maintenance														34,064															
	15	Printing, publications, postage, and shipping																													
	16	Other expenses (describe in Schedule O)														22,098															
	17	Total expenses. Add lines 10 through 16														187,493															
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														11,436															
	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)														218,127															
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														229,563															

18

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	2,230	22	11,835
23 Land and buildings	41,687	23	41,687
24 Other assets (describe in Schedule O)	235,831	24	235,831
25 Total assets	279,748	25	289,353
26 Total liabilities (describe in Schedule O)	61,621	26	59,790
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	218,127	27	229,563

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this 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 <input type="checkbox"/>	28a
29 SPONSORED VOLUNTEER AGRICULTURAL LEADERS AT MEETINGS OF INTEREST TO THE AGRICULTURAL COMMUNITY (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 SPONSORED COUNTY OFFICERS' ATTENDANCE TO REPRESENT THEIR COUNTY IN STATE AND NATIONAL EVENTS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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.)Check if the organization used Schedule O to respond to any question in this 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
Floyd Smith 3873 W Highway 501 Conway SC 29526	President 0.30	0	0	0
Glenn Winburn 3873 W Highway 501 Conway SC 29526	Vice President 0.30	0	0	0
John Doyle 3873 W Highway 501 Conway SC 29526	State Director 0.30	0	0	0
Michael Johnson 3873 W Highway 501 Conway SC 29526	Alt State Director 0.30	0	0	0
M Russell Holliday Jr 3873 W Highway 501 Conway SC 29526	Leg Comm Chair 0.30	0	0	0
Richard Floyd 3873 W Highway 501 Conway SC 29526	YF&R Chair 0.30	0	0	0
Beth Davis 3873 W Highway 501 Conway SC 29526	Women's Com Chair 0.30	0	0	0
Elmore Bellamy 3873 W Highway 501 Conway SC 29526	County Director 0.30	0	0	0
Cecil Dix 3873 W Highway 501 Conway SC 29526	County Director 0.30	0	0	0
Warren Dixon 3873 W Highway 501 Conway SC 29526	County Director 0.30	0	0	0
John Doyle 3873 W Highway 501 Conway SC 29526	County Director 0.30	0	0	0
C Trent Johnson 3873 W Highway 501 Conway SC 29526	County Director 0.30	0	0	0
Travis Smith 3873 W Highway 501 Conway SC 29526	County Director 0.30	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?	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 instructions 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 tax year 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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)?		X
If "Yes," enter the name of the foreign country: SC		
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: SC		
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization 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?
- b** 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."

	Yes	No
47		
48		
49a		
49b		

(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 ▶

- 52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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.

Sign Here	Signature of officer <u>Ron Quesberry</u>	Date <u>4/14/11</u>			
	Type or print name and title <u>Ron Quesberry</u>	<u>Tax Officer</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date <u>04/14/11</u>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <u>SC Farm Bureau Federation</u>	Firm's EIN ▶			
	Firm's address ▶ <u>724 Knox Abbott Dr</u> <u>Cayce, SC 29033</u>	Phone no <u>803-936-4676</u>			

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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

HORRY-CONWAY COUNTY FARM BUREAU

Employer identification number

57-0421504**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
SERVICE FEES FROM AFFILIATE	\$ 108,981
Total	\$ 108,981

Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount
SC FARM BUREAU	STATE DUES	\$ 21,105
PO BOX 754		
COLUMBIA SC 29202		

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

Description	Amount
Expenses	
Office	\$ 15,151
Conferences/Meetings	\$ 2,376
Interest	\$ 4,571
Total	\$ 22,098

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

Description	Beg. of Year	End of Year
BUILDINGS	\$ 206,948	\$ 206,948
FURNITURE/EQUIPMENT	\$ 32,560	\$ 32,560
Less Accumulated Depreciation	\$ 3,677	\$ 3,677
Total	\$ 235,831	\$ 235,831

Name of the organization

HORRY-CONWAY COUNTY FARM BUREAU

Employer identification number

57-0421504

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
MORTGAGES	\$ 58,639	\$ 47,620
PAYROLL TAX LIABILITIES	\$ 2,982	\$ 12,170

Form 990-EZ, Part III, Line 31 - All Other Achievements

PROVIDED FUNDS FOR AGRICULTURAL EDUCATION