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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)

OMB No 1545-1150

**2010**

**Open to Public**  
**Inspection**

► 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

Department of the Treasury  
Internal Revenue Service

2011

APR 20

A For the 2010 calendar year, or tax year beginning	, and ending	
B Check if applicable	C Name of organization	
Address change	HORRY-CONWAY COUNTY FARM BUREAU	
Name change	Number and street (or P O box, if mail is not delivered to street address)	
Initial return	Room/suite	
Terminated	E Telephone number	
Amended return	803-796-6700	
Application pending	F Group Exemption Number ► 2393	

G Accounting Method  Cash  Accrual Other (specify) ►

I Website: ► **N/A**

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 5 ) (insert no)  4947(a)(1) or  527

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 <b>82,522</b>
	2 Program service revenue including government fees and contracts	2 <b>226</b>
	3 Membership dues and assessments	3
	4 Investment income	4 <b>7,200</b>
	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)	
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	b of contributions
	c Less direct expenses from gaming and fundraising events	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
	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 in Schedule O)	8 <b>108,981</b>
	9 Total revenue. Add lines 1 through 8	9 <b>198,929</b>
	RECEIVED <span style="border: 1px solid black; padding: 2px;">APR 25 2011</span>	►
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10 <b>21,105</b>
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 <b>110,226</b>
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14 <b>34,064</b>
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 <b>22,098</b>
	17 Total expenses. Add lines 10 through 16	17 <b>187,493</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <b>11,436</b>
Net Assets	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 <b>218,127</b>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 <b>229,563</b>

lf

**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)	► <input type="checkbox"/>	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
Glenn Winburn 3873 W Highway 501	Conway SC 29526	Vice President 0.30	0	0
John Doyle 3873 W Highway 501	Conway SC 29526	State Director 0.30	0	0
Michael Johnson 3873 W Highway 501	Conway SC 29526	Alt State Director 0.30	0	0
M Russell Holliday Jr 3873 W Highway 501	Conway SC 29526	Leg Comm Chair 0.30	0	0
Richard Floyd 3873 W Highway 501	Conway SC 29526	YF&R Chair 0.30	0	0
Beth Davis 3873 W Highway 501	Conway SC 29526	Women's Com Chair 0.30	0	0
Elmore Bellamy 3873 W Highway 501	Conway SC 29526	County Director 0.30	0	0
Cecil Dix 3873 W Highway 501	Conway SC 29526	County Director 0.30	0	0
Warren Dixon 3873 W Highway 501	Conway SC 29526	County Director 0.30	0	0
John Doyle 3873 W Highway 501	Conway SC 29526	County Director 0.30	0	0
C Trent Johnson 3873 W Highway 501	Conway SC 29526	County Director 0.30	0	0
Travis Smith 3873 W Highway 501	Conway SC 29526	County Director 0.30	0	0

DAA

**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 

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 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach 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) 34

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? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b

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

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? 37b

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? 38a

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 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

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)? 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.? 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 ► 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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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)?

	Yes	No
45		X
45a		X
46		X

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

**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

	Yes	No
47		
48		
49a		
49b		

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"

(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 <i>Ron Quesenberry</i>	Date 4/14/11
	► Type or print name and title <i>Ron Quesenberry</i>	TAX OFFICER
Paid Preparer Use Only	Print/Type preparer's name Firm's name ► <b>SC Farm Bureau Federation</b>	Preparer's signature
	Date 04/14/11	Check <input type="checkbox"/> if self-employed
	Firm's address ► <b>724 Knox Abbott Dr Cayce, SC 29033</b>	Firm's EIN ►
	Phone no <b>803-936-4676</b>	

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

**2010**Open 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 PO BOX 754 COLUMBIA SC 29202	STATE DUES	\$ 21,105

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

Description	Amount
<b>Expenses</b>	
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

## Schedule O (Form 990 or 990-EZ) (2010)

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
<b>MORTGAGES</b>	<b>\$ 58,639</b>	<b>\$ 47,620</b>
<b>PAYROLL TAX LIABILITIES</b>	<b>\$ 2,982</b>	<b>\$ 12,170</b>

**Form 990-EZ, Part III, Line 31 - All Other Achievements****PROVIDED FUNDS FOR AGRICULTURAL EDUCATION**