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Form **990** 

Department of the Treasury Internal Revenue Service

### **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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

A Fo	r the 2	2008 ca	lendar vea	r, or tax year beginning 08-01-2008	and ending 07-31-200	09			<u> </u>
	eck if ap			C Name of organization				D Employer ide	ntification number
_	dress cha	•	Please use IRS	SOUTH CAROLINA FARM BUREAU FEDERA	ATION			57-047309	0
_	me chan	_	label or print or	Doing Business As				E Telephone nu	
_		_	type. See					(803) 796-6	5700
Ind —	tial returi	'n	Specific Instruc-	Number and street (or P O box if mail is POST OFFICE BOX 754	not delivered to street addre	ess) Room/	suite	G Gross receipt	
Te	mınatıor	n	tions.	POST OFFICE BOX 754				•	
- Am	ended r	eturn		City or town, state or country, and ZIP +	4				
- Ap	plication	pending		COLUMBIA, SC 29202					
			F Nan	ne and address of Principal Officer					<b>C</b>
				Vinkles Jr		1	s tnis iffiliate	a group return	Tor
				OFFICE BOX 754					, , , , , , , ,
				1BIA,SC 29202		H(b) A	Are all	affiliates include	d?
: та	x-exem	pt status	<b>5</b> 01(c)	) ( 5 ) ◀ (insert no )	527	_			See instructions )
W	eb site	e: ► ww	w scfb org			H(c)	Group	Exemption Nui	mber 🟲
∢ Тур	e of orga	anızatıon	Corporat	ion trust association other 🟲		<b>L</b> Year	of Forn	nation 1944 <b>M</b>	State of legal domicile SC
Pa	rt I	Sum	mary						
				e organization's mission or most sig	nıfıcant actıvıtıes				
נם		PROVI	DE VARIO	US SERVICES TO ITS MEMBERS					
<u> </u>									
<u> </u>									
sovemance	2	Check	his box	if the organization discontinued its o	perations or disposed (	of more th	an 25	% of its assets	
9 5			,	nembers of the governing body (Part					76
									76
í,				ident voting members of the governi		D)	•	_	
ļ				nployees (Part V, line 2a)				5 _	32
Activities &				lunteers (estimate if necessary) .				6 _	1,400
•				ted business revenue from Part VIII					2,470,212
	b	Net unr	elated busi	ness taxable income from Form 990	-T, line 34			7b	0
							Prior	Year	Current Year
<b>a.</b>	8	Contri	butions and	d grants (Part VIII, line 1h)				1,938,426	1,895,986
ПE	9	Progra	m service	revenue (Part VIII, line 2g)					0
Revenu	10	Invest	ment incor	ne (Part VIII, column (A), lines 3, 4	, and 7d)			199,523	-308,088
ď	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)			2,419,754	2,479,171
	12		evenue—a	dd lines 8 through 11 (must equal Pa	art VIII, column (A), lır	ne			
		12)						4,557,703	4,067,069
	13			ar amounts paid (Part IX, column (A)	•				0
	14	Benefi	ts paid to c	r for members (Part IX, column (A),	line 4)				0
ø	15		es, other co	ompensation, employee benefits (Pai	rt IX, column (A), lines	5 –		2,353,589	2,296,750
98. 188	1.5-	10)						2,333,369	
Expenses	16a			raising fees (Part IX, column (A), lin	ie lle)				0
ठ	b	•	_	penses, Part IX, column (D), line 25 <u>0</u>	)				
	17	Other	expenses (	(Part IX, column (A), lines 11a–11d	, 11f-24f)			2,369,971	2,029,039
	18	Total	expenses—	add lines 13–17 (must equal Part I)	X, line 25, column (A))			4,723,560	4,325,789
	19	Reven	ue less exp	penses Subtract line 18 from line 12	2			-165,857	-258,720
88						Ве	ginnin	g of Year	End of Year
net Assets of Fund Balances	20	Total	assets (Par	t X, line 16)				16,430,457	16,472,709
88 B	21		•	Part X, line 26)				2,881,672	2,810,702
ğ 🖺	22		•	d balances Subtract line 21 from lir	ne 20			13,548,785	13,662,007
_								13,546,765	13,002,007
Pa	rt II		ature Blo						
				rjury, I declare that I have examined this re correct, and complete Declaration of prepare					
Plea	ise	****	**				2010-0	16-03	
Sigr		Sign	ature of office	er			Date	0 03	
Her	е	Davi	d Winkles Jr	President					
			or print nam						
	ſ	<u>                                     </u>	ı_ L		Date	Check If		Preparer's PTIN (	See Gen Inst \
<b>7</b> -!-!		Preparer signature		EN J HARDIN CPA		self-	_	Luchaici 2 Litin (	occ och moc)
Paid						empolyed l	<u> </u>		
	arer's		ame (or yours	ELLIOTT DAVIS LLCPLLC				EIN Þ	
Jse (	Only		and ZIP + 4	1901 MAIN STREET SUITE 1650					
				COLUMBIA, SC 29201				Phone no 🕨 (8	03) 256-0002
/lav	the IPS	: dieciie	e this ratii	rn with the preparer shown above? (	Eas instructions)			I	Vas I No

Cat No 11282Y

Dart III	Statement of Dro	gram Service Acco	mnlishments (Sec	the instructions
	. Statement of Fro	Julianii Sei Vice Accu	JIIIDIISIIIIEIILS (SEC	

1	Briefly describe the organization PROVIDE VARIOUS SERVICES TO						
2	Did the organization undo the prior Form 990 or 99				r which were not listed o	on Yes V No	
	If "Yes," describe these i	new services on Scl	nedule O				
3	Did the organization ceases	se conducting or ma	ake significant	t changes in how it cor	nducts any program		
	If "Yes," describe these	changes on Schedu	le O				
4	Describe the exempt pur Section 501(c)(3) and (4 others, the total expense	) organizations and	l 4947(a)(1) t	rusts are required to r	report the amount of gra		o
4a	(Code VARIOUS EXPENSES INCURR	) (Expenses \$ ED IN PROVIDING SERV		including grants of \$ RS	) (Revenu	e \$	)
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue	<u> </u>	)
40	(Code	) (Expenses \$		including grants of \$	) (Revenue	a ¢	)
<b>4c</b>	Code	, (гороносо ф		meaning graffic Of \$	) (Reveilue	. *	,
4d	Other program services	(Describe in Sche	dule O )				
	(Expenses \$	ınclu	ding grants of	f\$	) (Revenue \$	)	
4e	Total program service e	xpenses \$	2,402,00	2 Must equal Part IX,	, Lıne 25, column (B).		

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	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	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent or quasi-endowments? If "Yes," complete Schedule D. Part $\sqrt{60}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νo
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$			
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . . .

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		5. Information Returns. Enter -0- if not applicable					
			1a	6			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	41.	0			
			1b				
С		he organization comply with backup withholding rules for reportable payments t ng (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	_	the number of employees reported on Form W-3, Transmittal of Wage and Tax	-				
	State	ments filed for the calendar year ending with or within the year covered by this		22			
	returi		2a	32			
D		least one is reported in 2a, did the organization file all required federal employn :If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a		he organization have unrelated business gross income of \$1,000 or more during					
		n <sup>7</sup>			3a	Yes	
b		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i>			3b	Yes	
4a		iy time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities ac					
		unt)?		, or other infancial	4a		Νo
b	If "Ye	es," enter the name of the foreign country					
	See t	he instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
		cial Accounts.					
5a		the organization a party to a prohibited tax shelter transaction at any time durir		•	5a		No
b	Dıd a	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		N o
c		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i>	t Entit	ty Regarding Prohibited			
<b>c</b> -		helter Transaction?	•		5c		N1 -
6a 		he organization solicit any contributions that were not tax deductible?			6a		No
D		es," did the organization include with every solicitation an express statement th not tax deductible?	iat su	cn contributions or giπs	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					_
а		he organization provide goods or services in exchange for any quid pro quo con	trıbutı	ion of \$75 or	7a		Νo
		7		10	I		
		es," did the organization notify the donor of the value of the goods or services pi			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		· ·	7c		Νο
d		es," indicate the number of Forms 8282 filed during the year	7d				
е		he organization, during the year, receive any funds, directly or indirectly, to pay fit contract?			7e		Νο
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		No
g g		ll contributions of qualified intellectual property, did the organization file Form 8			7g		No No
_		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi		·			
	requi	red <sup>?</sup>			7h		No
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a					
		<i>orting organizations.</i> Did the supporting organization, or a fund maintained by a s ss business holdings at any time during the	ροπε	ornig organization, nave   	8		
	year?	·			G	<u> </u>	<u> </u>
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а		he organization make any taxable distributions under section 4966?			9a		
b		he organization make a distribution to a donor, donor advisor, or related person	· ·		9b		
10		on 501(c)(7) organizations. Enter		ı			
		ition fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties	10b	<u> </u>			
		on 501(c)(12) organizations Enter		ı			
а	Gross	s income from members or shareholders	11a				
b	Gross	s income from other sources (Do not net amounts due or paid to other sources					
		ist amounts due or received from them).............	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the					
	year		12b	I			

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	about	policies .	not req	uired by	the Interna	<i>l</i> Revenue	Code.)	•	
Section	A. Gov	erning B	ody an	d Manage	ment				

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	76			
Ь	Enter the number of voting members that are independent	1b	76			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		Νο
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	ince t	he prior Form 990 was	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?	5		Νo
6	Does the organization have members or stockholders?			6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νo
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		No
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		Νo

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ☐ own website. ☐ another's website. ☐ upon request.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BOB FALLAW
724 KNOX ABBOTT DRIVE
cayce, SC 29033
(803) 796-6700

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

#### Part VII Continued

			1	(tion that a		у)				(E)		(F)	
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Prector	Institutional Trustee	Officei		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		Estimated amount of oth compensatio from the organization a related organization	
											$\pm$		
											$\pm$		
											$\pm$		
											$\pm$		
											$\pm$		
											$\pm$		
1h	Total							<b> </b>	133,633	3	0		52,301
2	Total number of individuals (including	ng those in 1						n \$1	00,000 in reportab	e			·
	compensation from the organization	<b>►</b> 1											
												Yes	No
3	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu									sated employee	2	Yes	
3		ıle J for such	ındıvıdı	ıal .		•		•			3	Yes	No No
	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organizatio	<i>lle J for such</i> s the sum of	<i>ındıvıdı</i> reporta	<i>ial</i> . ble c	omp	ens	ation	• and	other compensation	n from the			
	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization	tle J for such s the sum of ns greater th	reporta nan \$15	ble c 0,00	omp 0?.	ens [f"}	ation /es," co	and omp	other compensation lete Schedule J for su	n from the	3	Yes	
4	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organizatio	the J for such s the sum of ns greater th eive or accru	reporta nan \$15 • • ue comp	ble c 0,00 • ensa	omp 0?.	ens [f "} •	ation /es," co • • m any	and omp	other compensation  Iete Schedule J for su  elated organization	n from the			
<b>4 5</b>	on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organizatio individual	Ile J for such s the sum of ns greater th  even even s," complete S	reporta nan \$15 • • ue comp	ble c 0,00 • ensa	omp 0?.	ens [f "} •	ation /es," co • • m any	and omp	other compensation  Iete Schedule J for su  elated organization	n from the	4		No
<b>4 5</b>	on line 1a? If "Yes," complete Schedu  For any individual listed online 1a, i organization and related organization individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15 ue comp Schedule	ble c 0,00 eensa	omp 07.	ens  If "Y  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for su 	n from the ach	4		No
4 5	on line 1a? If "Yes," complete Schedu  For any individual listed online 1a, i organization and related organizatio individual	s the sum of ns greater the sum of ns greater the sum of accrusing the sum of	reportanan \$15 ue comp Schedule	ble c 0,00 eensa	omp 07.	ens  If "Y  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for su 	n from the och	4	Yes	N o
4 5	on line 1a? If "Yes," complete Scheduler For any individual listed online 1a, is organization and related organization individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15	ble c 0,00 eensa	omp 07.	ens  If "Y  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for sure leter schedule J for sure	n from the ach	4		No
4 5	on line 1a? If "Yes," complete Scheduler For any individual listed online 1a, is organization and related organization individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15	ble c 0,00 eensa	omp 07.	ens  If "Y  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for sure leter schedule J for sure	from the sch	4	Yes	No
4 5	on line 1a? If "Yes," complete Scheduler For any individual listed online 1a, is organization and related organization individual	s the sum of ns greater the sum of ns greater the sum of ns greater the sum of the sum o	reportanan \$15	ble c 0,00 eensa	omp 07.	ens  If "Y  fro  th p	ation 'es," co many erson	and ompi • unr	other compensation lete Schedule J for sure leter schedule J for sure	from the sch	4	Yes	No

# Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512,513, or 514
\$ \$	1a	Federated camp	paigns 1a					
필드	ь	Membership du	es <b>1b</b>	1,895,986				
₽Ĕ	c	Fundraising eve	ents <b>1c</b>					
£ ï	d	Related organiz	ations 1d					
Contributions, gifts, grants and other similar amounts	l e	Government grants	s (contributions) <b>1e</b>					
	f f	All other contribution	ons, gifts, grants, and <b>1f</b>					
돌호	•	sımılar amounts no	t included above					
計画	g		butions included in					
Ϋ́	h		s 1a-1f)		1,895,986			
	-		,		-			
en	2a			Business Code				
ven								
22	Ь							
Program Serwce Revenue	c							
Š.	d							
Ξ	e							
Š	f	All other progra	ım service revenue					
Ĕ	g	Total. Add lines	s 2a-2f					
	3		ome (including divident					
			nounts)		186,745			186,745
	4		tment of tax-exempt bond					
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents	97,328					
	ь	Less rental expenses	59,074					
	c	Rental income	38,254					
	d	or (loss)	l me or (loss)	<b>-</b>	38,254			38,254
	<u> </u>	Traction and interest	(ı) Securities	(II) O ther	·			<u>, , , , , , , , , , , , , , , , , , , </u>
	7a	Gross amount	2,649,258	(, 55.				
		from sales of assets other						
	١.	than inventory Less cost or	3,144,091					
	Ь	other basis and	3,144,091					
	<sub>c</sub>	sales expenses Gaın or (loss)	-494,833					
	d	Net gain or (los	s)		-494,833	-494,833		
Other Revenue	8a	of contributions See Part IV, lin	luding , <u>481</u> : reported on line 1c) e 18					
Ψ >		\$15,000	G if total exceeds					
Œ.	ь		penses b	258,776				
<u>=</u>	c		loss) from fundraising (		-211,295	-211,295		
5	9a	See part IV, lın	rom gaming activities e 19 ule G if total exceeds a					
	ь	Less direct exi	penses b					
	c		loss) from gaming activ	∕ities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	c		loss) from sales of inve	entory 🛏				
		Miscellaneous	Revenue	Business Code				
	11a	SERVICE FEES	<del></del>	531,390	2,470,212		2,470,212	
	ь	RELATED PAR	TY DIVIDEND	900,099	170,000			170,000
	c	RELATED PAR	TY INTEREST	900,099	12,000			12,000
	_ ا	All other revenu						
	d e		s 11a-11d					
				\$ 2,652,212				
	12		Add lines 1h, 2g, 3, 4, le	5, 6d, 7d, 8c, ►	4,067,069	-706,128	2,470,212	406,999

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	130,000		130,000						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	1,767,393	1,043,566							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	399,357	219,646	179,711						
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
b	Legal	73,211	40,266	32,945						
c	Accounting	18,751	10,313	8,438						
d	Lobbying									
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion									
13	Office expenses	158,121	86,967	71,154						
14	Information technology									
15	Royalties									
16	Occupancy	172,483	94,866	77,617						
17	Travel	113,485	62,417	51,068						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials									
19	Conferences, conventions and meetings	663,063	364,685	298,378						
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	78,681	66,092	12,589						
23	Insurance	355,019	195,260	159,759						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	BUILDING MANAGEMENT FEE	221,236	121,680	99,556						
b	TAXES AND LICENSES	149,201	82,061	67,140						
c	DUES AND SUBSCRIPTIONS	25,788	14,183	11,605						
d	MISCELLANEOUS	0								
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	4,325,789	2,402,002	1,923,787	0					
26	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Part X	Balance	Sheet
--------	---------	-------

Cash—non-interest-bearing	· · · ection 49	58(f)(1)) and	(A) Beginning of year 1,327,208 65,937 258,869	2	(B) End of year 1,074,740 67,463 240,256							
Savings and temporary cash investments	· · · ection 49	58(f)(1)) and	1,327,208 65,937	3 4	1,074,740 67,463							
Pledges and grants receivable, net	· · · ection 49	58(f)(1)) and	·	3 4	<u> </u>							
Accounts receivable, net	· · · ection 49	58(f)(1)) and	258,869	4	240,256							
Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i> Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) <i>Complete Part II of</i> Notes and loans receivable, net	· · · ection 49	58(f)(1)) and	258,869		240,256							
Receivables from other disqualified persons (as defined under spersons described in section 4958(c)(3)(B) Complete Part II of Notes and loans receivable, net	· · · ection 49	58(f)(1)) and		5								
versons described in section 4958(c)(3)(B) Complete Part II of Notes and loans receivable, net	ection 49 Schedule	58(f)(1)) and L										
nventories for sale or use				6								
Prepaid expenses and deferred charges		Notes and loans receivable, net										
				8								
and, buildings, and equipment cost basis			55,491	9	49,024							
	<sub>10a</sub>	4,186,963										
ess accumulated depreciation <i>Complete Part VI of</i>	10ь	3,025,778	1	10c	1,161,185							
nvestments—publicly traded securities		. ==,	6,128,574		5,552,526							
nvestments—other securities See Part IV, line 11 <i>Complete Pa</i>	art VII of	•	.,	12								
nvestments—program-related See Part IV, line 11 <i>Complete P</i> of Schedule D •			13									
ntangible assets				14								
Other assets See Part IV, line 11 Complete Part IX of Schedule		6,750,436	15	7,201,721								
Total assets. Add lines 1 through 15 (must equal line 34)	16,430,457	16	16,472,709									
Accounts payable and accrued expenses .			162,007	17	193,919							
Grants payable				18								
Deferred revenue			19									
ax-exempt bond liabilities			20									
scrow account liability Complete Part IV of Schedule D			21									
Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified												
persons Complete Part II of Schedule L				22								
Secured mortgages and notes payable to unrelated third parties				23								
Insecured notes and loans payable				24								
Other liabilities Complete Part X of Schedule D			2,719,665	25	2,616,783							
Total liabilities. Add lines 17 through 25			2,881,672	26	2,810,702							
Organizations that follow SFAS 117, check here F and comp hrough 29, and lines 33 and 34.	lete lines	s 27										
Inrestricted net assets				27								
emporarily restricted net assets				28								
Permanently restricted net assets			29									
Organizations that do not follow SFAS 117, check here ▶ 🔽 an			-									
ines 30 through 34.												
Capital stock or trust principal, or current funds			0	30	0							
Paid-in or capital surplus, or land, building or equipment fund			0	31	0							
Retained earnings, endowment, accumulated income, or other fu		13,548,785	32	13,662,007								
otal net assets or fund balances		13,548,785	33	13,662,007								
- And the believe and make the Control of			16,430,457	34	16,472,709							
em Perione Pap Parione Parione	nporarily restricted net assets	nporarily restricted net assets	manently restricted net assets	manently restricted net assets	anizations that do not follow SFAS 117, check here ► ✓ and complete  s 30 through 34.  Ital stock or trust principal, or current funds							

Dart YT	Financial	Statements	and Reporting

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

# Software ID: Software Version:

**EIN:** 57-0473090

Name: SOUTH CAROLINA FARM BUREAU FEDERATION

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit tl	(C non ( hat a	chec		I			(5)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	( <b>E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
ALLEN BEER , CENTRAL DISTRICT VP		Х						0	0	0	
FRANK FLOWERS , PEE DEE DISTRICT VP		x						0	0	0	
LEMUEL DILLARD , PIEDMONT DISTRICT VP		х						0	0	0	
LANDY WEATHERS , COASTAL DISTRICT VP		x						0	0	0	
Carl Brown Jr , CENTRAL DIRECTOR- AT-LARG		x						0	0	0	
KEITH ALLEN , PEE DEE DIRECTOR- AT-LARG		x						0	0	0	
Doug Stewart , PIEDMONT DIRECTOR- AT-LAR		x						0	0	0	
WALTER DANTZLER , COASTAL DIRECTOR-AT-LARG		x						0	0	0	
Buddy Wood , board member		Х						0	0	0	
Wingard Copeland , board member		Х						0	0	0	
Thomas Brady , board member		Х						0	0	0	
Alan Ulmer , board member		Х						0	0	0	
Wendell Harvey , board member		Х						0	0	0	
Mike Shirer , board member		Х						0	0	0	
Raymond Tumbleston , board member		Х						0	0	0	
Joey Lemmons , board member		Х						0	0	0	
Rusty Darby , board member		Х						0	0	0	
Chap Hurst , board member		X					ļ	0	0	0	
Wade Miles , board member		Х						0	0	0	
WD Harrington , board member		Х						0	0	0	
Timmy Benton , board member		Х						0	0	0	
Keith Ulmer , board member		Х						0	0	0	
Tommy Chaplin , board member		Х					-	0	0	0	
David DeWitt , board member		X						0	0	0	
Cullen Bryant , board member		X						0	0	0	
Wendell Wimberly , board member		X	<u> </u>		-			0	0	0	
Joe Alvin Derrick , board member		X	-		-			0	0	0	
William Coleman , board member		X	<u> </u>	_	$\vdash$			0	0	0	
Charles Brigman , board member		X						0	0	0	
Andy Rodgers , board member		Х	İ					l "	0	0	

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aa	<u>.</u>		(C	`									
		Posit	:ion (	chec		П							
		t	hat a	pply					(F)				
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
Jimmy Capps , board member		Х						0	0	0			
Ronnie Hughes , board member		Х						0	0	0			
Eddy Ellison , board member		Х						0	0	0			
Lynn Youmans , board member		Х						0	0	0			
Floyd Smith , board member		Х						0	0	0			
Glenn Winburn , board member		Х						0	0	0			
Coleman Worley , board member		Х						0	0	0			
Gordon Wells , board member		Х						0	0	0			
Baynard Boykın , board member		Х						0	0	0			
Douglas Barfield , board member		Х						0	0	0			
Maxcy Hunter , board member		Х						0	0	0			
James Martın , board member		Х						0	0	0			
CB Player , board member		Х						0	0	0			
Zan Tomlinson , board member		Х						0	0	0			
Frances Price , board member		Х						0	0	0			
Clinton Sease , board member		Х						0	0	0			
Jason Wise , board member		Х						0	0	0			
Dupree Atkınson , board member		Х						0	0	0			
Davıs Calhoun , board member		Х						0	0	0			
Don Neal , board member		Х						0	0	0			
Craig Kesler , board member		Х						0	0	0			
Charles Setzler , board member		Х						0	0	0			
John Harrıs , board member		Х						0	0	0			
Mendel Stone , board member		Х						0	0	0			
Bryan Dantzler , board member		Х						0	0	0			
Roland Moorer , board member		Х						0	0	0			
William Clayton , board member		Х						0	0	0			
Edgar Holder , board member		Х						0	0	0			
George Martin , board member		Х						0	0	0			
Ted Coleman , board member		Х						0	0	0			

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada										
		<b>(C)</b> Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	verage   P   D   D   D   D   D   D   D   D   D	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations						
Paul Potts , board member		Х						0	0	0
Kent Brockman , board member		Х						0	0	0
Ben Gramling , board member		Х						0	0	0
Rowland Alston , board member		Х						0	0	0
Raymond Sligh , board member		Х						0	0	0
Thomas Britton , board member		Х						0	0	0
Charles O'Quinn , board member		Х						0	0	0
Evelyn Edmunds , board member		Х						0	0	0
Richard Harper , board member		Х						0	0	0
Mack Beaty , board member		Х						0	0	0
Edward Hagan , board member		Х						0	0	0
Rodney Quattlebaum , board member		X						0	0	0
Donnie Wakefield , board member		Х						0	0	0
Joseph Oswald , board member		Х						0	0	0
Thomas Garrison , board member		X						0	0	0
David M Winkles Jr , PRESIDENT	40 00			Х				133,633	0	52,301

OMB No 1545-0047

2008

Open to Public Inspection

# SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization SOUTH CAROLINA FARM BUREAU FEDERATION 57-0473090 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a

- Total number of conservation easements

  Total acreage restricted by conservation easements

  Number of conservation easements on a certified historic structure included in (a)
- Mumber of conservation easements included in (c) acquired after 8/17/06

  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
- the taxable year ►

  Number of states where property subject to conservation easement is located ►
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

. .

(ii) Assets included in Form 990, Part X

- \$

**►** \$

2b

2c

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

•

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Part	Organizations Maintaining Collections of Art,	His	stori	cal Treasu	ires, or Othe	<u>r Similar Asse</u>	ets (co	ontinued)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	he fol	lowing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain Part XIV	n ho	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as j		,			ıılar	Yes	┌ No
Par	Trust, Escrow and Custodial Arrangements.  Part IV, line 9, or reported an amount on Form 99				anızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	dıary	forc	ontributions	or other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following tabl	е						
						A mo	ınt	
C	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, line	21?	)			ı	Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if the organization (a)Current Year		Swer )Prior			t IV, line 10. Three Years Back (e	NEOUR V	oare Pack
		(D	FIIOI	real (C)IW	TO TEATS DACK (U)	Tillee Teals back (	: <b>)</b> 1 Out 1	cais back
1a L	Beginning of year balance							
b	Contributions							
C _	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance held a	s						
а	Board designated or quasi-endowment							
ь	Permanent endowment •							
с	Term endowment ▶							
3a	Are there endowment funds not in the possession of the organiza	tıon	that	are held and a	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)	<u> </u>	<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as required					3b	<u></u>	
4	Describe in Part XIV the intended uses of the organization's end							
Par	t VI Investments—Land, Buildings, and Equipmer	it. S			l í			
	Description of investment			) Cost or other is (investment)	( <b>b)</b> Cost or other basis (other)	(c) Depreciation	( <b>d)</b> Bo	ook value
1a	Land				559,569			559,569
b	Buildings				3,434,902	2,844,454		590,448
c l	Leasehold improvements			-				
d I	Equipment				192,492	181,324		11,168
_e	Other							
Tota	I. A dd lines 1a-1e (Column (d) should equal Form 990, Part X, colum	n (B	), line	10(c).)				1,161,185
						Schedule D (	Form 9	90) 200

Part VII Investments—Other Securities. S	See Form 990, Part X, line 12.	
(a) Description of security or cateory	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	) <b>&gt;</b>	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 7  Part IX Other Assets. See Form 990, Part X		
•	scription	(b) Book value
INVESTMENT IN INVESTMENT CORP	y companion	4,119,143
INVESTMENT IN MARKETING ASSOCIATION		3,027,518
INVESTMENT IN PRO-AG		9,977
ACCRUED INTEREST		45,083
		,
Total. (Column (b) should equal Form 990, Part X, col.(B) li	ne 15.)	▶ 7,201,721
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
ACCRUED PENSION & POSTRETIREMENT BENEFIT COST	2 504 127	
INVESTMENT IN FINANCIAL SERVICES	2,504,137	
INVESTMENT IN MANAGEMENT COMPANY	106,344	
	<del>                                     </del>	
	<del> </del>	
	<del> </del>	
	<del> </del>	
	<del> </del>	
	<del> </del>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	2,616,783	
	2,010,703	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,067,069
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,325,789
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-258,720
4	Net unrealized gains (losses) on investments	4	-63,458
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	435,400
9	Total adjustments (net) Add lines 4 - 8	9	371,942
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	113,222
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	4,321,461
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	254,392
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,067,069
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	4,067,069
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	4,643,639
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	317,850
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,325,789
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)	_	
с _	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,325,789
	<b>TXIV</b> Supplemental Information  nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV , lın	es 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
		fin 48 the entity has elected to defer the adoption of fin 48 until the fiscal year beginning after 12-15-08
		Part XI Question 8 Other Adjustments to Net Assets Equity in income of subsidiaries and affiliates that are reported on seperate tax returns
		Part XII Question 2d Other Revenue Rental Income Netted with Rental Expenses equals \$59,074 Fundraising Income Netted with Fundraising Expenses equals \$258,776 These two amounts added together equal a total of \$317,850
		Part XIII Question 2d Other Expenses Rental Expenses Netted with Rental Income equal \$59,074 Fundraising Expenses Netted with Fundraising Income equal \$258,776 These two amounts added together equal a total of \$317,850

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OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Department of the Treasury Internal Revenue Service

**Compensated Employees** ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

**Employer identification number** Name of the organization SOUTH CAROLINA FARM BUREAU FEDERATION 57-0473090 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a The organization? 6b Any related organization? If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

ın Part III

subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Cat No 50053T

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		f W-2 and/or 1099-MI		(C) Deferred compensation	( <b>D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form
	(i) Base compensation	incentive compensation	(iii) Other compensation		201101110	(=)(.) (=)	990 or Form 990-EZ
David M Winkles Jr (i)				36,387	15,914	185,934	
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)	)						
(i)							
(ii)							
(i)							
(ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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As Filed Data -

DLN: 93493166011070

**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

2008

Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization SOUTH CAROLINA FARM BUREAU FEDERATION Employer identification number

57-0473090

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A DRAFT COPY OF FORM 990 IS REVIEWED BY THE CFO WHO DISTRIBUTES A DRAFT COPY OF THE FORM TO EACH BOARD MEMBER FOR COMMENTS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE BOARD REVIEWS THE ANNUAL DISCLOSURES SUBMITTED BY EACH MEMBER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE BOARD ENGAGED THE SERVICES OF AN INDEPENDENT CONSULTANT WHO PROVIDED FEEDBACK ON THE EXECUTIVE DIRECTOR'S COMPENSATION IN A WRITTEN REPORT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE FEDERATION'S governing documents, conflict of interest policy, and financial statements are AVAILABLE IN UPON WRITTEN REQUEST

Identifier Return Reference		Explanation				
FORM 990, PAGE 11, PART XI, LINE 2C	RESPONSIBILTY FOR OVERSIGHT OF AUDIT	THE FEDERATION HAS A SEPARATE AUDIT COMMITTEE THAT OVERSES THE AUDIT PROCESS				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493166011070

# SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service 

Name of the organization SOUTH CAROLINA FARM BUREAU FEDERATION		Employer identification number			
Part I Identification of Disregarded Entities				57-0473090	
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organiz	ations				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (sta or foreign countr	ate Exempt Code sec	ction (E) Public charity (if section 501)	status (F) Status (c)(3))  Oriect controlling entity
sc farm bureau foundation					
PO Box 754 Columbia, SC29202 57-0866006	provide scholarships to perso pursuing agriculture/related field degree	SC	501(c)(3)	9	N/A

Cat No 50135Y

Part III	Identification	of Related	<b>Organizations</b>	Taxable as	a Partnership
----------	----------------	------------	----------------------	------------	---------------

(D) Direct controlling entity     (F) Predominant income (related, investment, unrelated)     (F) Share of total income share of total income share of total income share of total income.     Share of end-of-year assets     Yes     No       Yes     No       Image: Angle of total income income (related, investment, unrelated)     Image: Angle of total income share of end-of-year assets     Yes     No       Image: Angle of total income income (related, investment, unrelated)     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets       Image: Angle of total income income (related, investment, unrelated)     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets       Image: Angle of total income share of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets     Image: Angle of total income share of end-of-year assets <t< th=""><th>(J) General of managing partner?</th><th>Yes No</th></t<>	(J) General of managing partner?	Yes No
Direct controlling entity income(related, investment, unrelated)  Share of total income year assets	t m	Y
Direct controlling entity   Income(related, investment, unrelated)   Share of total income year assets   allocations?	Code v—obi amount	
Direct controlling entity   Co	tionate ons?	No
Direct controlling income(related, Share of total income year assets	(H Disprop allocat	Yes
income(related,	Shale of Cha-or-	
income(related,	<b>(F)</b> Share of total income	
(D) Direct controlling entity	ıncome(related,	
	<b>(D)</b> Direct controlling entity	
	<b>(B)</b> Primary activity	
<b>(B)</b> Primary activity	<b>(A)</b> Name, address, and EIN of related organization	

#### Part IV Identification of Related Organizations Taxable as a Corporation or Trust

			<u> </u>				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership
SC FARM BUREAU INVESTMENT CORP 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-0443207	holding company for investments	SC	N/A	С	439,761	5,748,780	100 000 %
SC FARM BUREAU MARKETING CORP 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-0426726	grain elevators and commodity purchases and sales	SC	N/A	С	332,177	4,839,283	100 000 %
SC FARM BUREAU FINANCIAL SERVICES 724 KNOX ABBOTT DRIVE CAYCE, SC29033 56-2076460	holding company for investment in Farm Bureau BanCorp	SC	N/A	С	-1,093	46,031	100 000 %
SC FARM BUREAU SERVICES CORPORATION 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-0276073	merchandising and service operations	SC	N/A	С	53,262	1,951,858	100 000 %
SC FARM BUREAU INSURANCE AGENCY 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-6020027	insurance agency, financing of insurance premiums, and auto leasing	SC	N/A	С	386,293	3,577,157	100 000 %
SC FARM BUREAU MANAGEMENT COMPANY INC 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-1103682	manages the cayce, south carolina office building	SC	N/A	С	-21,664	314,579	100 000 %
PRO-AG INC 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-1100527	regulatory program and miscellaneous sales	SC	N/A	С	5,478	23,433	100 000 %
						Schedul	e R (Form 990) 2008

Par	t V	Transactions with Related Organizations			
	Note. C	Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Du	ring the	e tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	T		
а	Receip	t of (i) ınterest (ii) annuıtıes (iii) royaltıes (iv) rent from a controlled entıty	а	Yes	
b	Gıft, gr	rant, or capital contribution to other organization(s)	ÞΤ		No
c	Gıft, gr	ant, or capital contribution from other organization(s)	- Τ		No
d	Loans	or loan guarantees to or for other organization(s)	d		No
e	Loans	or loan guarantees by other organization(s)	=		No
f	Sale of	assets to other organization(s)	F		No
g	P urc ha	ase of assets from other organization(s)	g		No
h	Exchar	nge of assets	h		No
i I	_ease c	of facilities, equipment, or other assets to other organization(s)	i		No
j	Lease	of facilities, equipment, or other assets from other organization(s)	j		No
k	Perforn	mance of services or membership or fundraising solicitations for other organization(s)	ĸ		No
1 1	erform	nance of services or membership or fundraising solicitations by other organization(s)	ı		No
m	Sharıng	g of facilities, equipment, mailing lists, or other assets	m	Yes	
n	Sharing	g of paid employees	n		No
0	Reımbı	ursement paid to other organization for expenses			No
р	Reımbı	ursement paid by other organization for expenses	p		No
q	O ther t	transfer of cash or property to other organization(s)	9		No
r	Othert	ransfer of cash or property from other organization(s)	r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who n	must complete this line, including covered relationship	s and transaction thresholds
(A)	(B) Transaction	(c)

	Name of other organization(s)	l ransaction type(a-r)	Amount Involved
(1)	sc farm bureau marketing corp - receipt of service fee	М	50,000
(2)	sc farm bureau services corp - receipt of service fee	М	25,000
(3)	sc farm bureau services corp - interest income	A	12,000
(4)	sc farm bureau investment corp - dividends	R	170,000
(5)			
(6)			

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_					
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) (F) Share of Disproprtice end-of-year allocation			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	. D (Farm	9907 2008				

Software ID: Software Version:

**EIN:** 57-0473090

Name: SOUTH CAROLINA FARM BUREAU FEDERATION

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust
(A) | (B) | (C) | (D) | (E) | (F)

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income (\$)	(G) Share of end-of-year assets (\$)	<b>(H)</b> Percentage ownership
SC FARM BUREAU INVESTMENT CORP 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-0443207	holding company for investments	SC	N/A	С	439,761	5,748,780	100 000 %
SC FARM BUREAU MARKETING CORP 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-0426726	grain elevators and commodity purchases and sales	sc	N/A	С	332,177	4,839,283	100 000 %
SC FARM BUREAU FINANCIAL SERVICES 724 KNOX ABBOTT DRIVE CAYCE, SC29033 56-2076460	holding company for investment in Farm Bureau BanCorp	SC	N/A	С	-1,093	46,031	100 000 %
SC FARM BUREAU SERVICES CORPORATION 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-0276073	merchandising and service operations	SC	N/A	С	53,262	1,951,858	100 000 %
SC FARM BUREAU INSURANCE AGENCY 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-6020027	insurance agency, financing of insurance premiums, and auto leasing	SC	N/A	С	386,293	3,577,157	100 000 %
SC FARM BUREAU MANAGEMENT COMPANY INC 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-1103682	manages the cayce, south carolina office building	sc	N/A	С	-21,664	314,579	100 000 %
PRO-AG INC 724 KNOX ABBOTT DRIVE CAYCE, SC29033 57-1100527	regulatory program and miscellaneous sales	sc	N/A	С	5,478	23,433	100 000 %