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Form 990

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 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

4	For the	2009 cal		ar, or tax year beginning		/1/2009		ending		/2010			
3 (Check if app	olicable	Please use IRS	C Name of organization	SC RURAL R	EHABILITA	TION CORPO	DRATION	D Employer	dentification	number		
<u>x</u>],	Address cl	hange	label or	Doing Business As					57-6005725				
	Name cha	nge	print or	Number and street (or P C	box if mail is not de	elivered to stree	et address)	Room/suite	E Telephone	number			
	Initial retur	'n	type. See	P O. BOX 6130					(803) 254-02	272			
Ĵ.	Terminate	d	Specific Instruc-	City or town, state or cour	itry, and ZIP + 4								
٦.	Amended	return	tions.	WEST COLUMBIA		SC	29171		G Gross rece	pts \$		836,092	
==	Application		F N	lame and address of princi	pal officer	-		H(a) Is	this a group retur	n for affiliates		X No	
	•			·	•			1 ' '	e all affiliates inc		Yes	_	
			<u> </u>	14(-) (> 🗆 404	7/2//4/ [7507		"No," attach a list			, 140	
		npt status		01(c) (4) ◀ (insert	no)494	7(a)(1) or	527	→ "	NO, attach a lish	(See IIISU ucu	ons)		
J \	Nebsite:	. ► N/A						H(c) Gr	oup exemption n	umber 🕨			
Ki	orm of or	ganızatıon	X c	propration Trust	Association (Other ▶	LY	ear of forma	ation 1934	M State of	legal domicil	le SC	
F	Part I	Sui	mmary					<u></u>					
	1			the organization's missi	on or most signi	ficant activi	ties THE C	RGANIZ	ATION'S PRI	MARY PU	RPOSE IS	TO	
çe		PROMOTE RURAL GROWTH AND DEVELOPMENT BY ASSISTING IN THE FINANCING OF AGRICULTURAL PROPERTY FOR THOSE UNABLE TO OBTAIN FINANCING FROM OTHER SOURCES. THE ORGANIZATION ALSO PROVIDES FINANCIAL											
nar				O STUDENT OF AGRI									
ye.	2			▶ if the organizati						of its net as	sets		
Activities & Governance	3			ng members of the gove				,	0 (11417 2070)	3	0010	5	
es	4			pendent voting member		-		•	•	4		5	
ž	5			f employees (Part V, line	_	.g 200) (1 0	,,			5		<u>J</u>	
Acti	6			f volunteers (estimate if		•				6			
•	_			elated business revenue	• •		line 12		•	7a			
	b	_		usiness taxable income					• •	7b			
	+		0.0.00	dominous taxable mounts		.,	_ ·		Prior Year	1.2	Current Ye	ear	
	8	Contrib	utions a	nd grants (Part VIII, line	1h)								
ě	9								59	0,020		797,670	
⊇ફ	10	-		•	(A), lines 3, 4, and 7d)					3,511	38,422		
7	11									-		00,122	
_	12			dd lines 8 through 11 (mus					72	3,531	836,0		
7	13			ilar amounts paid (Part,						5,000		75,000	
				or for members (Part I)									
Ä	15				10)	14	6,198		117,952				
268	16a		Salaries, other compensation, employee, bènefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), fline 11e)					7					
CANNED OF P	b			g expenses (Part IX, co					2.				
٣	17			s (Part IX, column (A), li					3	6,772	49,870		
ζ	18		•	. Add lines 13–17 (mus	`		line 25)	-		7,970		242,822	
-	19			expenses. Subtract line						5,561		593,270	
Ž,	88				``			Begi	nning of Curren		End of Ye		
Net Assets of	[20	Total a	ssets (P	art X, line 16).		/				3,829		,296,899	
Ass	ම් 21		•	(Part X, line 26)		•				0,000		,139,800	
Š	Ĕ 22			und balances. Subtract	line 21 from line	20 .				3,829		3,157,099	
	art II			e Block								1: 1	
_				es of perjury, I declare that I ha	ve examined this retu	irn, including ar	companying sch	edules and	statements, and	to the best of i	my knowledge	e	
		and	belief, it is	s true, correct, and complete D	eclaration of prepare	r (other than of	ficer) is based on	all informat	tion of which prep	arer has any l	knowledge		
			/	11.11. + L)	A.A.A.					21-	1000	^	
9	ign			vesty K. /Y	avu					8/3/	1201	0	
	_	 7	Signatur	of officer	4-0	_	L	•	Date				
п	ere		<u>_w</u>	esley with	ARRIS :	Secret	Ary/ /~	t45 04	**				
			``	print name and title			//	-					
		L L	parer's	// //		Da	te	Check if			identifying nu	mber	
P	aid	sigi	nature	JERRY STOKES	/// \		8/26/2010	self- employed	ı ▶ X	(see instructi	ons)		
	reparer	1 511	m's name (STOUTES OR ALL		0/20/2010	1 cp.oyce		<u> </u>			
U	se Only	/ If so	elf-employ	ed),	TOKES CPAL				EIN	·			
_		ado	dress, and	ZIP+4 P.O BOX	15, LUGOFF, S	<u>ت 29078-01</u>	15		Phone no	<u>(803) 408</u>	<u>8-0005</u>		
М	lay the I	RS disci	uss this	return with the preparer	shown above?	(see instruc	tions)				Yes	☐ No	
F	or Privad	cy Act an	d Papen	work Reduction Act Notic	e, see the separa	te instruction	ons.				Form	990 (2009)	
	TA)	, ,	(P		,		= :				P	77	

Pai	Statement of Program Service Accomplishments	
1 `	'Briefly describe the organization's mission	
	TO PROMOTE RURAL GROWTH AND DEVELOPMENT BY ASSISTING IN THE FINANCING OF AGRICUIT	LTURAL PROPERTY
	FOR THOSE UNABLE TO OBTAIN FINANCING FROM OTHER SOURCES	
	TON THOOL ON ABLE TO GO THAT HAVE MONTON OF THE TON OF	
	D. 1.0	
	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	v expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	3. 3
	amodations to directs, the total expenses, and referred, if any, for each program control reported.	
	(O-1-) (Figure 144 C24 maluding appets of C) (Payange C	707 670 \
4a	(Code.) (Expenses \$ 141,631 including grants of \$) (Revenue \$	
	PROVIDES FINANCIAL SERVICES THROUGH PARTICIPATION WITH FARM SERVICE	
	AGENCY (USDA) TO ASSIST RURAL FAMILIES IN OWNERSHIP AND DEVELOPMENT	
	OF FARMS	
4b	(Code) (Expenses \$ 75,000 including grants of \$) (Revenue \$)
	PROVIDES GRANTS AND SCHOLARSHIPS TO AGRICULTURAL STUDENTS AND	
	ORGANIZATIONS.	
		·
		•••••
	(Code:) (Expenses \$ including grants of \$ \ (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ Including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	Other program services (Describe in Schedule O)	
4d)

	t IV Checklist of Required Schedules			age J
	,		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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? .	2		X
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	-	Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or 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		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		; ;	4
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that		1	
12	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
12/	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			\$ T
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
l	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
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? If "Yes," complete Schedule F, Part II.	15		X
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? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19		19		X
20	The state of the s	20		X

-Par	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
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 lines			l
	24b through 24d and complete Schedule K If "No," go to line 25.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
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	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			1
	If "Yes," complete Schedule L, Part III	27	ŀ	×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1.48		13
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	7 (5.33		4.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a	C75550	ريمانينات X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	100		
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100	 	 ^
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			1
	Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1-0	\vdash	 ^
	conservation contributions? If "Yes," complete Schedule M	30	l	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	1	 ^
	Part I	31	1	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?) ·	 -	 ^
-	If "Yes," complete Schedule N, Part II .	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	\dagger	 ^
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	+	+^
•	III, IV, and V, line 1	34		X
35		1 37	┼	+^
	Schedule R, Part V, line 2	35		,
36		35	┼┈	X
-	assessment of the thirty of the state of the			1.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	+	X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	1.0			
20		37	+	_ _ _X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		1	
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	

Statements Regarding Other IRS Filings and Tax Compliance Part V

	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	اً أحراً ح-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a	4		ا عود لند ا معرف
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .	3b		
4a	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)?	4a		Х
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		i	
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ļ	
7	gifts were not tax deductible?	6b	DHO'S.	<u></u>
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_^_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5		
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			8,3,44
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**************************************		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		├^
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	19		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1993
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	. 8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	2.2		
a	Initiation fees and capital contributions included on Part VIII, line 12. Grass receipts, included on Form 200, Part VIII, line 13, for public use of club facilities.			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	F-18-20-	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
				Property Assess

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Secti	on A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	5	, 1	e 2	1:-
b	Enter the number of voting members that are independent	1b	5	٠.	.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	hip with			j
	any other officer, director, trustee, or key employee?		•	2		X
3	Did the organization delegate control over management duties customarily performed by or u	ınder t	he direct			
	supervision of officers, directors or trustees, or key employees to a management company or			3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization	n's ass	ets? .	5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or i	more r	nembers			
	of the governing body?			7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or of	her pe	ersons?.	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaker	during	4	\$ 13°	
	the year by the following:		· ·	76 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be re	eached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedul	le O		9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	e Inte	rnal			
Reve	enue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities	of sucl	n chapters,			_
	affiliates, and branches to ensure their operations are consistent with those of the organization	on?		10b		Х
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before	filing the			
	form?		_	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990)		7	沙 克	33797
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b		Х
C	Does the organization regularly and consistently monitor and enforce compliance with the po-	olicy?	f "Yes,"			
	describe in Schedule O how this is done			12c		X
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy? .			14		X
15	Did the process for determining compensation of the following persons include a review and	appro	val by	1 2 m 6 7 2		- 7, 7
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	ration	and decision?	100		
а	The organization's CEO, Executive Director, or top management official.			15a		X
b	Other officers or key employees of the organization		•	15b		X
	· · · · · · · · · · · · · · · · · · ·			4.36	,	*
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arranç	jement	*	<u> </u>	<u> </u> -
	with a taxable entity during the year?			16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organizatio				7.1	1
	its participation in joint venture arrangements under applicable federal tax law, and taken ste	eps to	safeguard	3		1. 1
				16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► SC					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and 99	0-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 X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docu	uments	s, conflict of inte	rest		
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the	books	and records of	the		
	organization ► WESLEY L. HARRIS		(803) 254-0	272		
	1208-B INDIGO AVENUE, CAYCE, SC 29033					

Form	aan	12000

SC RURAL REHABILITATION CORPORATION

57-6005725

Page 7

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of "key employee"
- 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, and 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

Check this box if the organization did not compensate any current officer, director, or trustee. (A) (B) (D) (E) (F) Position (check all that apply) Name and Title Reportable Average Reportable Estimated compensation hours per compensation amount of Individual Highest compensated employee Institutional Key employee week from from related director other organizations (W-2/1099-MISC) the compensation organization from the (W-2/1099-MISC) trustee organization Itrustee and related organizations William Stanley President 10 Х 21,000 J T. Walker III Vice President Х Х 1 6,000 Wesley Harris Sec/Treas 30 Х Х 50,000 Frank Addy Director 1 Х 6,000 Penn Rogers Director 1 Х 6,000 Evelyn Smith Accountant 30 X 19,575

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	Hig	hest	Cor	npensated Em	ployees (cont	inued)
· (A)	(B) (C) Average Position (check all that apply							(D)	(E)	(F)
Name and title	Average hours per	-						Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
	1									
										,
						<u> </u>				
		ļ								
1b Total	· ·						>	108,575	5	
 Total number of individuals (including but n reportable compensation from the organiza Did the organization list any former officer, 	tion ►							· · · · · · · · · · · · · · · · · · ·		Yes N
employee on line 1a? If "Yes," complete So	chedule J for su	ch ind	divid	ual			•	•	.	3 ×
4 For any individual listed on line 1a, is the si the organization and related organizations individual										4 >
5 Did any person listed on line 1a receive or services rendered to the organization? If ")	accrue compen	satio Sched	n fro	m ar J for	y ur	relat	ed c	organization for		5 >
Section B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·	<u> </u>
Complete this table for your five highest co- compensation from the organization.	mpensated inde	epend	dent	cont	racto	ors th	at re	eceived more th	an \$100,000 d	of
(A) Name and business	address						T	(B) Description of se	rvices	(C) Compensation
							1			
							_			
							+			
Total number of independent contractors (more than \$100,000 in compensation from				o the	se l	sted	abo	ve) who receive	d ,	

-Part	-VIII-	Statement of Revenue		···					
			The state of			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u> </u>	· *		```	. i.,			revenue		512, 513, or 514
its	1a	Federated campaigns	. [1	a				٠	
Contributions, gifts, grants and other similar amounts		Membership dues	. [1	b				-	
g,E		Fundraising events		С					
# 2		Related organizations	_	d		in the same			
s, g		Government grants (contributions)	-	le		ti - Chimartini, c	and a graph of	' '	- 1
is		All other contributions, gifts, grants,	—	_		The second second		7 7	
her		similar amounts not included above		1f	į			,	- 1
		Noncash contributions included in lii	_	•••					
9 2	_	Total. Add lines 1a–1f	που τα τι. φ		·	· · · · · · · · · · · · · · · · · · ·		***	* F= - 1
		Total: Add lines to 11			Business Code		*	7.7.2.2	······································
une	2a	INTEREST ON AGRICULTURAL LO	DANG		Dusiness Code	797,670	797,670		
eve	_	INTEREST ON AGRICULTURAL LC	27110			797,070	191,010		
e R	b								
Σ	ن								
J Se	a							 	
Program Service Revenue	e	All other are are a series and							
rog	1	All other program service revenue				70- 0	 		
	g	Total. Add lines 2a–2f	:		▶	797,670	多位。這種數	Teles Tables St.	
	3	Investment income (including divide	ends, interest,	an	d		Ì		
		other similar amounts)		. ▶	38,422	38,422	<u> </u>		
	4	Income from investment of tax-exen	npt bond proc	ee	ds►)			·	
	5	Royalties			<u> </u>	7.00		122 22 41 7 8	
	_	_	(ı) Real		(II) Personal				
	6a	Gross Rents				San San San San San			
	b	Less rental expenses							
	С	Rental income or (loss)	 						<u> Mariane i</u>
	d	Net rental income or (loss) .	· · · · · · · · · · · · · · · · · · ·		. •				
	7a	Gross amount from sales of	(i) Securities		(II) Other				
		assets other than inventory .					"说"之上。	133413	
	b	Less' cost or other basis							
		and sales expenses				Bright M.			
	С	Gain or (loss) .			L.,			Xx x	
	d	Net gain or (loss)			<u> </u>				
ø	8a	Gross income from fundraising					TAKE THE STATE OF		To the same of the same of
Ē		events (not including \$				对于一个		中,其學大學是	4 3 4 3 4 3
š		of contributions reported on line 1c)						· 有一个人会会	
č		See Part IV, line 18		а					
Other Revenue	b	Less. direct expenses	•	þ		12.50	1 2 3		
ŏ	C	Net income or (loss) from fundraisir	-		. •		ļ	1	
	9a	Gross income from gaming activitie	es				- 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		See Part IV, line 19		а		Herris 1		, ,	
	b	Less: direct expenses .		þ	<u></u>	Tall to			
	C	Net income or (loss) from gaming a	ictivities		, <u> </u>		,		
	10a	Gross sales of inventory, less							i corre
	1	returns and allowances		а		The state of the s	Property of		
	b	Less: cost of goods sold		þ		***		<u>-</u>	
	<u></u>	Net income or (loss) from sales of i	inventory .		<u>, </u>	<u> </u>	 		
		Miscellaneous Revenue			Business Code	-			<u> </u>
	11a		• • • • • • • • • • • • • • • • • • • •			 		 	
	þ				-	 	 		
	C	All alban says			-	 		+	
	a	All other revenue	• •			 	* * * * * *		
	12			•		926 00	to a st and the star of		
	114	Total revenue. See instructions.	<u> </u>	•	<u> </u>	836,09	2 836,09	4	

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 req	uired to complete of	columns (B), (C), ar	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		1		
	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	75,000	75,000		
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	108,575	88,931	19,644	
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2,175	1,631	544	
9	Other employee benefits				
10	Payroll taxes	7,202	5,699	1,503	
11	Fees for services (non-employees)				
а	Management				
b	Legal .				
C	Accounting	4,500		4,500	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		A ^a		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	3,503	3,503		
14	Information technology	3,215	3,215		
15	Royalties				
16	Occupancy	8,836	8,836		
17	Travel	4,643	4,643		···
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	6,159	6,159		
20	Interest	16,531	16,531	·	····
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	719			
23	Insurance	748	748		
24	Other expenses. Itemize expenses not				0.00
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				A ST
a	DUES & PUBLICATONS	150	150		· - · · · · · · · · · · · · · · · · · ·
b	MISCELLANEOUS	866	866		
C			<u> </u>		
d			 		
e					
1	All other expenses	040.000	040.00		
25	Total functional expenses. Add lines 1 through 24f	242,822	216,631	26,191	
26	Joint costs. Check here ▶ 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	<u>L</u>			

– Pa	ırt X	Balance Sheet		,		
	•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing .	•	309,939	1	77,928
	2	Savings and temporary cash investments	2,493,516	2	200,000	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director	s, trustees, key			. 3.4
- [employees, and highest compensated employees Co	mplete Part II of	SEAR TO THE REAL PROPERTY OF THE PERSON OF T		
		Schedule L	•		5	
	6	Receivables from other disqualified persons (as defin			•	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L	•		6	
Assets	7	Notes and loans receivable, net		10,041,456	7	13,736,189
SS	8	Inventories for sale or use	•		8	
∢	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or 10a	22,551		•	
		other basis Complete Part VI of Schedule D		, o 1/2		
		Less. accumulated depreciation . 10b	21,748		10c	803
	11	Investments—publicly traded securities		99,567	11	
	12	Investments—other securities. See Part IV, line 11.		12		
	13	Investments—program-related. See Part IV, line 11.	•		13	
	14	Intangible assets .	•		14	
	15	Other assets. See Part IV, line 11.		317,829		281,979
	16	Total assets. Add lines 1 through 15 (must equal line	34)	13,263,829		14,296,899
	17	Accounts payable and accrued expenses			17	
	18 19	Grants payable			18	
	20	Deterred revenue Tax-exempt bond liabilities			19	
S	21	Escrow or custodial account liability Complete Part I	 ./ of Schodulo D		20 21	
Liabilities	22	Payables to current and former officers, directors, tru		Same of a state of the	<u> </u>	
Ē	~~	employees, highest compensated employees, and di	•		-, ,	
<u> </u>		persons Complete Part II of Schedule L	squaimeu		22	
	23	Secured mortgages and notes payable to unrelated t	hird narties	700,000		1,139,800
	24	Unsecured notes and loans payable to unrelated thin		700,000	24	1,139,600
	25	Other liabilities. Complete Part X of Schedule D .	a partico		25	
	26	Total liabilities. Add lines 17 through 25	•	700,000		1,139,800
	1	Organizations that follow SFAS 117, check here		7.00,000		1,130,000
S		complete lines 27 through 29, and lines 33 and 34				
Š			'•	40.500.000		
<u>a</u>	27	Unrestricted net assets		12,563,829		13,157,099
6 0	28	Temporarily restricted net assets			28	
5	23		. \Box		29	21 2
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check and complete lines 30 through 34.	k here▶∐		, , `	
ě	30	Capital stock or trust principal, or current funds			30	
158	31	Paid-in or capital surplus, or land, building, or equipr	nent fund		31	
ž A	32	Retained earnings, endowment, accumulated incom-	e, or other funds .		32	
ž	33	Total net assets or fund balances		12,563,829		13,157,099
	34	Total liabilities and net assets/fund balances .	· · · _	13,263,829		

Par	-XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	4		, , , ,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		id in	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	~	10 m	, x,z,
	issued on a consolidated basis, separate basis, or both:		4	800
	X Separate basis Consolidated basis Both consolidated and separate basis			
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

iaine O	tile organization				Jacon Hamber
C RL	RAL REHABILITATION CORPORATION				6005725
Part	Organizations Maintaining Don		r Similar F	unds or Accoun	ts. Complete if
	the organization answered "Yes"	to Form 990, Part IV, line 6			 -
		(a) Donor advised funds		(b) Funds and	other accounts
1	Total number at end of year				
2 .	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 th	e assets he	ld in donor advised	
	funds are the organization's property, subje				Yes No
	Did the organization inform all grantees, do	<u> </u>	_		
	used only for charitable purposes and not f				
	purpose conferring impermissible private b				Yes No
art			wered "Yes	" to Form 990 Pa	
			-		irriv, iire i
1 ,	Purpose(s) of conservation easements hel	· · · · ·			
	Preservation of land for public use (e g	g , recreation or pleasure)	Preservatio	n of an historically i	mportant land area
	Protection of natural habitat		Preservatio	n of a certified histo	ric structure
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organi	zation held a qualified conserva	ation contrib	ution in the form of	a conservation
	easement on the last day of the tax year.	Editori ricia a quannea conscive	ation contino		a conscivation
	basement on the last day of the tax year.			Held	
_	Total number of conservation easements			2a	at the End of the Tax Year
a	Total acreage restricted by conservation e	·	•		
	•		 ladia (a)	2b	
C C	Number of conservation easements on a c			2c	
d	Number of conservation easements includ			2d	
3	Number of conservation easements modifi	ied, transferred, released, extin	guisnea, or	terminated by the d	rganization
	during the tax year				
4	Number of states where property subject t				
5	Does the organization have a written polic		ring, inspec	tion, handling of	<u> —</u>
_	violations, and enforcement of the conservations		•		. U Yes No
6	Staff and volunteer hours devoted to moni	toring, inspecting, and enforcin	g conservat	ion easements duri	ng the year
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing co	nservation e	easements during th	e year
	\$				
8	Does each conservation easement reporte	• •	e requireme	nts of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)		•		Yes No
9	In Part XIV, describe how the organization			•	
	balance sheet, and include, if applicable,		rganization's	s financial statemen	ts that describes
	the organization's accounting for conserva-				
Par				ner Similar Assets.	
	Complete if the organization answe	red "Yes" to Form 990, Part IV,	line 8		
1a	If the organization elected, as permitted u	nder SFAS 116, not to report ir	its revenue	statement and bal	ance sheet works of
	art, historical treasures, or other similar as				
	service, provide, in Part XIV, the text of th				
þ	If the organization elected, as permitted u				
	historical treasures, or other similar asset		cation, or re	search in furtheran	ce of public
	service, provide the following amounts rel	ating to these items:			
	(i) Revenues included in Form 990, Part	VIII, line 1 .		> 9	
	(ii) Assets included in Form 990, Part X.			.	S
2	If the organization received or held works				
	following amounts required to be reported				- '
а	Revenues included in Form 990, Part VIII	•		. ▶ :	5
b				▶ :	· 6
-			- ·	•	·

Part	III Organizations Maintaining	Colle	ctions of	Art, Hist	orical I	reasures, or	Othe	er Similar Ass	ets (coi	ntinue	<u>a)</u>
3	Using the organization's acquisition, use of its collection items (check all			ther reco		•			ificant		
а	Public exhibition			d 📙	Loan	or exchange pr	rogran	ns			
b	Scholarly research			e	Other				· -	 .	
С	Preservation for future genera	ations									
4	Provide a description of the organize Part XIV	ation's	collections	and expla	ain how ti	ney further the	orgai	nization's exemp	t purpo	se ın	
5	During the year, did the organization assets to be sold to raise funds rath								Yes		No
Part											NO
, r are	IV, line 9, or reported an ar	_		•	-	•	511 C. (000,	· ait	
	Is the organization an agent, trustee						or oth	ner assets not			
	included on Form 990, Part X?								Yes	s	No
b	If "Yes," explain the arrangement in	Part X	IV and com	plete the	following	table.		,			
								Ar	nount		
С	Beginning balance	•	•		•	•	1c				
d	Additions during the year	•	•				1d				
e	Distributions during the year	•	•	•			1e				
f	Ending balance		• •			- •	1f	<u> </u>			
2a	Did the organization include an amount			Part X, Ii	ne 21?	-			Ye	s X	No
b	If "Yes," explain the arrangement in										
Part	V Endowment Funds. Com										
_	5	(a) C	urrent year	(b) Pri	or year	(c) Two years b		(d) Three years back		ır years l	oack
1a	Beginning of year balance										
b	Contributions						F-1		(1) the	ĝ	
С	Net investment earnings, gains,										
	and losses		· · · · · · · · · · · · · · · · · · ·	 		2.0					100 A
đ	Grants or scholarships .	<u> </u>		 		2250 EVEN 257-V			1.00		
е	Other expenditures for facilities					The Control					
£	and programs	<u> </u>		<u> </u>		20 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	6532 E				100
f	Administrative expenses End of year balance .	<u> </u>		 							
g	Provide the estimated percentage	of the v	ear and hai	lance hel	4 00:	2					
2	Board designated or quasi-endown			iance nei	1 as						
a b	Permanent endowment	i i Ci i t			•						
C	Term endowment										
3a	Are there endowment funds not in	the nos	session of	the organ	uzation ti	nat are held ar	nd adr	ministered for th	۵		
-	organization by	,		0. 94.		iai aio noia ai		minotered for th	Ĩ	Yes	No
	(i) unrelated organizations .								3a(i)		
	(ii) related organizations.						•		3a(ii)		
b	If "Yes" to 3a(ii), are the related or	anizat	ions listed a	as require	d on Sch	nedule R?.			3b	\neg	
4	Describe in Part XIV the intended in	•		•							
Par							X. lir	ne 10.			
	Description of investment		(a) Cost or o	other basis	(b) C	ost or other is (other)	(c) A	Accumulated epreciation	(d) Bo	ook value	9
1a	Land				1	4		32 - 333			
þ	Buildings				Ι				-		
С	Leasehold improvements										
d	Equipment .	.		22,55	1			21,748			803
<u>e</u>	Other										
Tot	al. Add lines 1a through 1e. (Column	(d) mu	ist equal Fo	om 990, i	Part X, co	olumn (B), line	10(c)) .▶			803

Schedule D (Fo				Page 3
Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
Fınancial de				
	d equity interests			
Other				
. 			 	
		·	 	
			 	
·				
		,		
	b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Relate	d. See Form 990, Part X	, line 13	
· · · · · · · · · · · · · · · · · · ·	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year ma	
				
				
	b) must equal Form 990, Part X, col (B) line 13)) 45		
Part IX	Other Assets. See Form 990, F			410
ACCRUED	LOAN INTEREST RECEIVABLE	a) Description		(b) Book value
ACCIOLD	ECAN INTEREST RECEIVABLE			281,979
				
				
				
			A	
	umn (b) must equal Form 990, Part X,		<u> </u>	L
Part X	Other Liabilities. See Form 99			
1.	(a) Description of liability	(b) Amount		
Federal inc	come taxes	 		
		 		**
		 		
		 		
		 		
		 		
		 		
Total. (Column	(b) must equal Form 990, Part X, col (B) fine 25)	·		
		· · · · · · · · · · · · · · · · · · ·	حيد المستحيد	<u>. </u>

Schedu	ale D (Form 990) 2009		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	836,092
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	242,822
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	593,270
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	593,270
Part	XII Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	836,092
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	200	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	836,092
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	836,092
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return	
1	Total expenses and losses per audited financial statements	1	242,822
- 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	200	
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	242,822
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	. 5	242,822
Pai	t XIV Supplemental Information		
and	oplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a 2b; Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d part to provide any additional information.		

	•••••••••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		.
			

SC RURAL REHABILITATION CORPORATION 57-6005725 Schedule D (Form 990) 2009 Page 5 Part XIV Supplemental Information (continued)

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 Open to Pub Inspection

> Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Employer identification number 57-6005725 ž

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Name of	Name of the organization	Employer identifica
SC RU	SC RURAL REHABILITATION CORPORATION	92-(
Part	Part I General Information on Grants and Assistance	
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and
-	the selection criteria used to award the grants or assistance?	

Part IV and Schedule 1-1 (Form 990) if additional space is needed.	ile I-1 (Form 9)	90) it additional st	oace is needed.				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON UNIVERSITY PO BOX 1889 CLEMSON, SC 296			75,000				SCHOLARSHIPS
						4	

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

Enter total number of section 501(c)(3) and government organizations.

Enter total number of other organizations

Schedule I (Form 990) 2009

57-6005725

Page 2

SC RURAL REHABILITATION CORPORATION

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

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6/30/2010 SC RURAL REHABILITATION CORPORATION 57-6005725

2009 2009 Deprec Accum Deprec	492 2,378 55 183 172 229	719 2,790	18,958	719 21,748	
Prior Accum Deprec , 179, Bonus	1,886 128 57	2,071	18,958	21,029	
Recovery Method Conv	SL/GDS FM SL/GDS FM SL/GDS FM	1 1	200DB HY	'	
Recovery	വവ		~		
Recovery Basis	2,458 276 859	3,593	18,958 18,958	22,551	
Salvage Value					•
Special					
Sec 179 Deduction					
Cost or Other Basis	2,458 276 859	3,593	18,958 18,958	22,551	
Bus Use	100 00% 100 00% 100 00%	isted propert_	100 00% oment		1
Asset Code	7. 7. 2. 7. 7. 3. 6.	als (not i	F-11 nd equip		
Date Placed Asset Bus Use in Service Code %	9/1/2005 3/7/2007 9/27/2008	and periphera	ulp 1/1/2000 F-11 ure, fixtures and equipn		
Description of Property "**" Indicates SOLD	5-vr Computers (not listed) Computer Printer Computer & Printer	Total 5-yr Computers and peripherals (not listed propert	7-yr Office furn, fixtures, equip Furniture & Fixtures 1/1/2000 F-11 100 Total 7-yr Office furniture, fixtures and equipment	SubTotals Less Assets Sold	
Item No	SI SI		į į		

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2009

Department of the Treasury Internal Revenue Service (c

► See separate instructions.

► Attach to your tax return.

Sequence No. 67

		Business or activi	ty to which this fo	rm relates		Identifying n		
	RURAL REHABILITATION CORPORATION		- Cookin - 47			<u>57-6005725</u>		
Pa	Election To Expense Certain							
_	Note: If you have any listed property, con				····			250,000
	Maximum amount. See the instructions for a			ses .	•	•	1 1	250,000
	Total cost of section 179 property placed in Threshold cost of section 179 property before			etructione)			3	800.000
	Reduction in limitation. Subtract line 3 from			5.1 dC((O)15)	•	•	4	800,000
	Dollar limitation for tax year Subtract line 4			er-∩- If marr	 ied filing		+++	
J	separately, see instructions .			o, o minan	.ca ming		5	250,000
6	(a) Description of property	· · · · · · · · · · · · · · · · · · ·		(business use	only)	(c) Electe		200,000
<u> </u>			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1,000,000		(0) =:00:0	<u> </u>	
_								10
7	Listed property. Enter the amount from line	29 .			. 7			
	Total elected cost of section 179 property.		column (c), line	s 6 and 7			8	
9	Tentative deduction Enter the smaller of li	ne 5 or line 8 .				•	9	
	Carryover of disallowed deduction from line						10	
	Business income limitation Enter the smalle				lıne 5 (see in	structions)	11	
	Section 179 expense deduction Add lines				· ,		12	
	Carryover of disallowed deduction to 2010.				▶ 13	<u> </u>		*
	ote: Do not use Part II or Part III below for list				, , , , , , , , , , , , , , , , , , , 			
	Special Depreciation Allowar					roperty)(S	<u>ee instru</u>	ctions)
14	Special depreciation allowance for qualified		than listed prop	erty) placed ii	n service			
۔ م	during the tax year (see instructions)			•		•	14	
	5 Property subject to section 168(f)(1) election			• •	•		15	
	Other depreciation (including ACRS)	t include listed	nconomity (Co				16	
Fé	art III MACRS Depreciation (Do not	r include listed	Property) (Se Section A	e instruction	>)			
			Secuon A					
47	MACRS deductions for assets placed in so	nuce in tax years		vre 2000			47	710
	MACRS deductions for assets placed in set		beginning befo		nore		17	719
	If you are electing to group any assets place		beginning befo		nore	. [17	719
	If you are electing to group any assets plac general asset accounts, check here	ed in service dui	s beginning beforing the tax year	into one or n		► [719
	If you are electing to group any assets place	ed in service dui n Service Durin	beginning beforing the tax year	rinto one or n ar Using the	General Dep			
	If you are electing to group any assets plac general asset accounts, check here Section B - Assets Placed in	n Service Durin (b) Month and	s beginning beforing the tax year g 2009 Tax Yea (c) Basis for	into one or n ar Using the (d) Recovery	General Dep	(f)	/stem	(g)
	If you are electing to group any assets plac general asset accounts, check here	n Service during (b) Month and year placed	s beginning beforing the tax year g 2009 Tax Year (c) Basis for depreciation	into one or n ar Using the (d) Recovery period	General Dep		/stem	
18	3 If you are electing to group any assets place general asset accounts, check here Section B - Assets Placed in (a) Classification of property	n Service Durin (b) Month and	s beginning beforing the tax year g 2009 Tax Yea (c) Basis for	into one or n ar Using the (d) Recovery period	General Dep	(f)	/stem	(g)
18	3 If you are electing to group any assets place general asset accounts, check here Section B - Assets Placed in (a) Classification of property 9 a 3-year property	n Service during (b) Month and year placed	s beginning beforing the tax year g 2009 Tax Year (c) Basis for depreciation	into one or n ar Using the (d) Recovery period	General Dep	(f)	/stem	(g)
18	3 If you are electing to group any assets place general asset accounts, check here Section B - Assets Placed in (a) Classification of property b 5-year property	n Service during (b) Month and year placed	s beginning beforing the tax year g 2009 Tax Year (c) Basis for depreciation	into one or n ar Using the (d) Recovery period	General Dep	(f)	/stem	(g)
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18	3 If you are electing to group any assets place general asset accounts, check here Section B - Assets Placed in (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	n Service during (b) Month and year placed	s beginning beforing the tax year g 2009 Tax Year (c) Basis for depreciation	ar Using the (d) Recovery period	General Dep (e) Convention	(f) Method	/stem	(g)
18	S If you are electing to group any assets place general asset accounts, check here Section B - Assets Placed in (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	n Service during (b) Month and year placed	s beginning beforing the tax year g 2009 Tax Year (c) Basis for depreciation	25 yrs. 27.5 yrs. 27.5 yrs.	General Dep (e) Convention	(f) Method	/stem	(g)
18	Section B - Assets Placed in (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property	n Service Durin (b) Month and year placed in service	s beginning beforing the tax year g 2009 Tax Yer (c) Basis for depreciation (business/investment)	25 yrs. 27.5 yrs. 39 yrs	General Dep (e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L	ystem Depre	(g)
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18 	Section B - Assets Placed in (a) Classification of property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property h Residential rental property i Nonresidential real property c 3-year property c 10-year property f 20-year property f 20-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in a Class life b 12-year c 40-year art IV Summary (See instructions.) Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 Enter here and on the appropriate lines of	Service During Service During Service During Service During Service During Otherwise During Service During Otherwise During Otherwise During Otherwise During Otherwise During Otherwise During Otherwise During	s beginning beforing the tax year g 2009 Tax Yer (c) Basis for depreciation (business/investment) 2009 Tax Year as 19 and 20 in contractions and S	25 yrs. 27.5 yrs 27.5 yrs 27.5 yrs 27.5 yrs 40 yrs.	MM	S/L	/stem Depre	(g) eciation deduction
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