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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

Open to Public

	Intern	al Reve	enue Service The organization may have to use a copy of this return to satisfy sta	te reporting requirements.	Inspection
	A F	or the	e 2009 calendar year, or tax year beginning $AUG 1, 2009$ and ending	JUL 31, 2010	
	B c	heck if	Please use IRS C Name of organization	D Employer identific	ation number
		Addre	SS label or COUTH CAPOLINA FARM RUPEAU FEDERATION		
	\vdash	_chang _Name	type n n	∃ 57-04	173090
	F	_lchang ∏Initial	On the state of th		
	F	_lretum ∏Termii	Constant	(803)	
	F	⊣ated Amen	ided tions O	G Gross receipts \$	8,269,820.
	Η	☐retum ☐Applic tion		H(a) Is this a group re	
		pendi	F Name and address of principal officer:DAVID WINKLES, JR.	for affiliates?	Yes X No
			SAME AS C ABOVE	H(b) Are all affiliates incl	
	IT	ax·ex	empt status: X 501(c) (5) ◀ (insert no)	If "No," attach a	list. (see instructions)
			te: ► WWW.SCFB.ORG	H(c) Group exemption	
	K F	orm of	forganization X Corporation Trust Association Other ► L Y	ear of formation 1944 M	State of legal domicile SC
	Pa	rt I	Summary		
_	ė	1	Briefly describe the organization's mission or most significant activities: PROVIDE	VARIOUS SERVI	CES TO ITS
2011	& Governance		MEMBERS		
	ern	2	Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its net as	
ත	λOξ	3	Number of voting members of the governing body (Part VI, line 1a)	3	76
87	& 0		Number of independent voting members of the governing body (Part VI, line 1b)	4	76
MAR	Activities	i .	Total number of employees (Part V, line 2a)	5	31
≥	tivit		Total number of volunteers (estimate if necessary)	6	1400
	Aci	l	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,517,921.
Z		ь	Net unrelated business taxable income from Form 990-T, line 34	7b	-548,691.
Z			0	Prior Year 1,895,986.	Current Year 1,912,971.
SCANNED	Revenue	l .	Contributions and grants (Part VIII, line 1h)	1,033,300.	1,912,9/1.
S	Ven	9	Program service revenue (Part VIII, line 2g)	-308,088.	256,980.
	æ	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,479,171.	3,441,878.
		l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,067,069.	5,611,829.
			Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,007,003.	3,011,023.
		14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		
	(A	ŀ	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,296,750.	2,876,921.
	Se	l .	Professional fundraising fees (Part IX, column (A), line 11e)	2,230,1001	2/0/0/5210
	Expenses		Total fundraising expenses (Part IX, column (D), line 25)		
	ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,029,039.	2,229,761.
				4,325,789.	5,106,682.
		19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses, Subtract line 18-10m-line 12-10.	-258,720.	505,147.
	ces			Beginning of Current Year	End of Year
	Net Assets or Fund Balances	20		16,360,063.	22,922,210.
	d As	21	Total liabilities (Part X, line 126) MAR 1 4 2011	2,698,056.	4,964,824.
		22	Net assets or fund balances. Subtractiline 21 from line 20	13,662,007.	17,957,386.
	Pε	rt II			
			Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledgedge	ge and belief, it is true, correct,
			La i de Soul I'M Co	ر/ بد/ جي	١,
	Sig		Signature of officer	Date / / /	<u> </u>
	Her	е	DAVID WINKLES, JR., PRESIDENT	Dato	
			Type or print name and title		
			1	Check If Prepare	r's identifying number
	Paid		Preparer's signature land Con 2/1/11	self- employed ▶ ☐	tructions)
		arer's	Firm's name (or FIJI TOTT PAVIS, IJC/PIJC	EIN >	
	Use	Only	self-employed), 1901 MAIN STREET, SUITE 1650	City P	
			address, and ZIP+4 COLUMBIA, SC 29201	Phone no > (803)256-0002

May the IRS discuss this return with the preparer shown above? (see instructions)

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

X Yes No

	990 (2009)	SOUTH CAROLIN		FEDERATION	57-047	3090	Page 2
		nent of Program Service Acc	omplishments		· · · · · · · · · · · · · · · · · · ·		
1		e the organization's mission: VARIOUS SERVICES T	O ITS MEMBERS				
2	the prior Form	zation undertake any significant progra 990 or 990-EZ?		ir which were not listed	l on	Yes	X No
3		ibe these new services on Schedule O zation cease conducting, or make sign		onducts, any program	services?	Yes	X No
4	Describe the ex Section 501(c)	ibe these changes on Schedule O. xempt purpose achievements for each (3) and 501(c)(4) organizations and sec	ction 4947(a)(1) trusts are	required to report the			
	allocations to o	others, the total expenses, and revenu		·			
4a	(Code: VARIOUS) (Expenses \$ 2,844 EXPENSES INCURRED) (Revenue \$ MEMBERS)
4b	(Code:) (Expenses \$	including grants	s of \$) (Revenue \$)
						···	
4c	(Code:) (Expenses \$	including grants	s of \$) (Revenue \$) ———
					· · · · · ·		
						-	
					·		
4d 	(Expenses \$	services. (Describe in Schedule O.) including grants) (Revenue \$	<u> </u>		
<u>4e</u>	Total program	service expenses > \$ 2,	844,226.			- 00	10 (0000)

SOUTH CAROLINA FARM BUREAU FEDERATION 57-0473090 Page **3** Form 990 (2009) SOUTH CAROLI
Part IV Checklist of Required Schedules

			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		X
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			х
	public office? If "Yes," complete Schedule C, Part I	3		
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		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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
10	If "Yes," complete Schedule D, Part V	10		Х
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	10		
••	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.			
•	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 addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	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	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
	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	45		х
40	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	4.0		Х
17	located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		_^ <u>^</u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		-	
-	complete Schedule G, Part III	19	1	Х
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	990 (2009)

Form 990 (2009) SOUTH CAROLINA FAR
Part IV Checklist of Required Schedules (continued)

United States on Part IX, column (A), I22 Did the organization report more than column (A), line 2? If "Yes," complete 23 Did the organization answer "Yes" to and former officers, directors, trustees Schedule J 24a Did the organization have a tax-exemplast day of the year, that was issued a Schedule K. If "No", go to line 25 b Did the organization invest any proceed Did the organization maintain an escreany tax-exempt bonds? d Did the organization act as an "on bet 25a Section 501(c)(3) and 501(c)(4) organd disqualified person during the year? If b Is the organization aware that it engage that the transaction has not been reposed by the organization as of the end of the person outstanding as of the end of the organization provide a grant of contributor, or a grant selection commischedule L, Part III 28 Was the organization a party to a bus instructions for applicable filling thresh a A current or former officer, director, trustee, or direct of A family member of a current or former an officer, director, trustee, or direct of Did the organization receive more than 15 myes," complete Schedule N, Part II 30 Did the organization sell, exchange, directors of the organization sell, exchange, directors of the organization sell, exchange, directors of the organization related to any tax of the organization organizations. Did of the organization conduct more than that is treated as a partnership for the organization conduct more than that is treated as a partnership for the organization conduct more than that is treated as a partnership for the organization organizations.			Yes	No
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disqualified person during the year? It is the organization aware that it engage that the transaction has not been reposed by a loan to or by a current or former person outstanding as of the end of		240		
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Schedule L, Part I Was a loan to or by a current or former person outstanding as of the end of the person outstanding as of the end of the contributor, or a grant selection commischedule L, Part III Was the organization a party to a bus instructions for applicable filling thresh a A current or former officer, director, the A family member of a current or former an officer, director, trustee, or direct of Did the organization receive more than 30 Did the organization receive contribut contributions? If "Yes," complete Schill Did the organization liquidate, termina If "Yes," complete Schedule N, Part II Did the organization sell, exchange, dischedule N, Part III Did the organization own 100% of an sections 301.7701-2 and 301.7701-37. Was the organization related to any tail "Yes," complete Schedule R, Part V, is any related organization a controller If "Yes," complete Schedule R, Part V, is any related organizations. Did If "Yes," complete Schedule R, Part V, is complete Sc	orted on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
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contributions? If "Yes," complete Schi 31 Did the organization liquidate, termina If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, d Schedule N, Part II 33 Did the organization own 100% of an sections 301.7701-2 and 301.7701-37 34 Was the organization related to any ta If "Yes," complete Schedule R, Part II 35 Is any related organization a controlle If "Yes," complete Schedule R, Part V, 36 Section 501(c)(3) organizations. Did If "Yes," complete Schedule R, Part V, 37 Did the organization conduct more the and that is treated as a partnership for	n \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
 31 Did the organization liquidate, termina If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, d Schedule N, Part II 33 Did the organization own 100% of an sections 301.7701-2 and 301.7701-37 34 Was the organization related to any tall "Yes," complete Schedule R, Part II Is any related organization a controlle If "Yes," complete Schedule R, Part V, 36 Section 501(c)(3) organizations. Did If "Yes," complete Schedule R, Part V, 37 Did the organization conduct more than and that is treated as a partnership for the schedule R. 	ions of art, historical treasures, or other similar assets, or qualified conservation			
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sections 301.7701-2 and 301.7701-37 Was the organization related to any ta If "Yes," complete Schedule R, Parts I sany related organization a controlle If "Yes," complete Schedule R, Part V, Section 501(c)(3) organizations. Did If "Yes," complete Schedule R, Part V, Did the organization conduct more the and that is treated as a partnership for		32		<u> </u>
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If "Yes," complete Schedule R, Parts I Is any related organization a controlle If "Yes," complete Schedule R, Part V, Section 501(c)(3) organizations. Did If "Yes," complete Schedule R, Part V, Did the organization conduct more the and that is treated as a partnership for	•	33		_X
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 Section 501(c)(3) organizations. Did If "Yes," complete Schedule R, Part V, Did the organization conduct more the and that is treated as a partnership for 	d entity within the meaning of section 512(b)(13)?		.,	
If "Yes," complete Schedule R, Part V, 37 Did the organization conduct more the and that is treated as a partnership for		35	Х	_
37 Did the organization conduct more the and that is treated as a partnership for	the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership fo		36		
	an 5% of its activities through an entity that is not a related organization	_		v
uid the organization complete Schedu	or federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
Note All Come 000 filem are re-	ule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	х	
Note. All Form 990 filers are required	to complete achequie O.	38 J	990 (2	מטטטי

				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	1a 0				
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming				
	(gambling) winnings to prize winners?	1	1c	X		
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 31				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2ь	X		
	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 covere	d by this return?	3a	Х	<u> </u>	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	X		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X	
Ь	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 E	Bank and				
_	Financial Accounts.		_		v	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	raing Pronibitea	E-			
6-	Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	o organization collect	5c			
Va	any contributions that were not tax deductible?	e organization solicit	6a		X	
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts	- Ou			
were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).		6Ь			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services			ĺ	
	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	as required				
	to file Form 8282?		7с		X	
þ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal				
	benefit contract?		7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7 f		ļ	
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	•	7h		}	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed the supporting organization and the support of t	ess business holdings		1		
^	at any time during the year?		8			
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a	1	1	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	<u></u>				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
			Form	990	(2009)	

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.

<u>3ec</u>	tion A. Governing body and Management		•			V	N.
	Fig. 11. A decrease of the control o	م ا	1	76		Yes	No
_	Enter the number of voting members of the governing body	1a 1b		76			
b	Enter the number of voting members that are independent		L				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp witr	any other	- 1			х
2	officer, director, trustee, or key employee?		ot augandalan	-	2		
3	Did the organization delegate control over management duties customarily performed by or under the	ie dire	ct supervision		3		х
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Fo	orm 00	M was filed?	-	4		X
4 5			o was illeur	-	5		X
6	Did the organization become aware during the year of a material diversion of the organization's asset Does the organization have members or stockholders?	181		-	6		X
	Does the organization have members of stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members.	ambar	s of the	F	<u> </u>		
<i>,</i> a	governing body?	GITIDGI	s or the		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	reone'	2	F	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken						
Ŭ	by the following:		g the year				
а	The governing body?			İ	8a	х	
ь	Each committee with authority to act on behalf of the governing body?			F	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the	-	-		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at the		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ue Code)				
	troni bi i diretto (mia cocion biregosta mematan abat ponesa netrogana ay tila memari	1010110				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			Γ	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters. affiliates.	İ			
_	and branches to ensure their operations are consistent with those of the organization?	. о	,,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before the	filina ti	ne form?	l	11	Х	
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a							
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	•			12b		
С	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		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 approve	al by i	ndependent	ľ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?					
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization			ļ	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			ſ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
	taxable entity during the year?			-	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate	its participation				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganızat	ion's				
	exempt status with respect to such arrangements?				16b		L
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) ava	ilable f	or		
	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 documents, or	conflic	t of interest poli	cy, an	d fina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	and red	cords of the org	anızatı	on: 💌		
	BOB FALLAW - (803) 796-6700 724 KNOX ABBOTT DRIVE, CAYCE, SC 29033						
	124 KNOA ADDOLL DRIVE, CAICE, SC 23033						

932006 02-04-10

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

 ☐ Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

(A)	(B)			(C) Position						(D)	(E)	(F) Estimated
Name and Title	Average hours per week	Individual trustee or director		call 1	that			Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related		
		Indiv	Instit	Officer	Keye	Hghe	Former			organizations		
ALLEN BEER CENTRAL DISTRICT VP	0.30	x						0.	0.	0.		
FRANK FLOWERS												
PEE DEE DISTRICT VP	0.30	X						0.	0.	0.		
LEMUEL DILLARD												
PIEDMONT DISTRICT VP	0.30	X						0.	0.	0.		
LANDY WEATHERS												
COASTAL DISTRICT VP	0.30	X						0.	0.	0.		
CARL BROWN, JR.												
CENTRAL DIRECTOR-AT-LARGE	0.30	X						0.	0.	0.		
KEITH ALLEN							•					
PEE DEE DIRECTOR-AT-LARGE	0.30	X		<u> </u>		_	<u> </u>	0.	0.	0.		
DOUG STEWART									_	_		
PIEDMONT DIRECTOR-AT-LARGE	0.30	X				<u> </u>	ļ	0.	0.	0.		
WALTER DANTZLER												
COASTAL DIRECTOR-AT-LARGE	0.30	X				_		0.	0.	0.		
SEE ATTACHED LIST FOR FEDERATION												
BOARD MEMBER	0.30	X		_		_		0.	0.	0.		
DAVID M. WINKLES, JR.	40.00						ŀ	122 254		20 071		
PRESIDENT	40.00			X		┢	\vdash	132,254.	0.	30,971.		
			_					-	_			
						!						
			_	-		<u> </u>	_					
						-						
						-						
										F 000 (0000)		

(* 32 2	(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation		(F) stimat mount	
		per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
										7.7.			
							,						
1 b	Total Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed al	bov	e) wh	no re	132,254. eceived more than \$100	0,000 in reportable	. 3	10,9	9 71. 1
3	Did the organization list any former officer			, ke	y em	nplo	уее,	or h	nighest compensated er	mployee on		Yes	No X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab 60,000? <i>If</i> "Yes,	le co " co	mpl	ete S	Sch	edule	ə J f	for such individual		4	X	^
5 Sec	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheetion B. Independent Contractors	**			rom	any	/ unr	elat	ed organization for serv	ices rendered to	5		х
1	Complete this table for your five highest countries the organization.	ompensated in	depe	ende	ent c	ont	racto	ors t	и	\$100,000 of compe			
	(A) Name and business	s address							(B) Description of s	services	Comp	(C) ensatio	on
								-					
					_								
<u> </u>	Total number of independent contractors \$\\$100,000 in compensation from the organ	-	not li	mite	d to		se la O	stec	d above) who received n	nore than	Form	990	(2009)

Business Code

Miscellaneous Revenue

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	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 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	147,725.		147,725.	
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	1,804,192.	1,057,866.	746,326.	
8	Pension plan contributions (include section 401(k)		-		
	and section 403(b) employer contributions)	925,004.	524,441.	400,563.	
9	Other employee benefits				
0	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
1	Fees for services (non-employees):				<u> </u>
а	Management				
b	Legal	49,034.	26,969.	22,065.	
c	Accounting	19,500.	10,725.	8,775.	
d	Lobbying	·	·	·	
e	Professional fundraising services See Part IV, line 17	"			
f	Investment management fees				
g	Other				
2	Advertising and promotion				
3	Office expenses	136,921.	75,307.	61,614.	
4	Information technology	·	·	·	
5	Royalties				
16	Occupancy	165,951.	91,273.	74,678.	
7	Travel	106,253.	58,439.	47,814.	
8	Payments of travel or entertainment expenses			·	
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	715,421.	393,482.	321,939.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	122,583.	102,970.	19,613.	
23	Insurance	426,173.	234,395.	191,778.	
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	281,632.	154,898.	126,734.	
b	TAXES AND LICENSES	152,302.	83,766.	68,536.	
c	DUES AND SUBSCRIPTIONS	29,192.	16,056.	13,136.	
d	BANK CHARGES	22,749.	12,512.	10,237.	-
e	MISCELLANEOUS	2,050.	1,127.	923.	
f	All other expenses		, ,	-	
25	Total functional expenses. Add lines 1 through 24f	5,106,682.	2,844,226.	2,262,456.	C
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				
	• • • •				

932010 02-04-10

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,074,740.	1	2,111,886.
	2	Savings and temporary cash investments		67,463.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		240,256.	4	478,542.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 495				
		Part II of Schedule L	.,,,,	•	6	
S	7	Notes and loans receivable, net		1,125,794.	7	882,684.
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		49,024.	9	48,805.
	1	Land, buildings, and equipment: cost or other	1 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		······································
		basis. Complete Part VI of Schedule D	10a 5,664,485.			
	ь	Less: accumulated depreciation	10a 5,664,485. 10b 3,148,362.	1,161,185.	10c	2,516,123.
	11	Investments - publicly traded securities		1,161,185. 5,552,526.	11	2,516,123. 6,333,192.
	12	Investments - other securities. See Part IV, line		12		
	13	investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		7,089,075.	15	10,550,978.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	16,360,063.	16	
	17	Accounts payable and accrued expenses		193,919.	17	22,922,210. 160,589.
	18	Grants payable	•	18	•	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director		***************************************		
iģ		highest compensated employees, and disqualifi				
Ë		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	•		24	
	25	Other liabilities Complete Part X of Schedule D	•	2,504,137.	25	4,804,235.
	26	Total liabilities. Add lines 17 through 25		2,698,056.	26	4,964,824.
		Organizations that follow SFAS 117, check he	ere and complete			
S		lines 27 through 29, and lines 33 and 34.	•			
Ş	27	Unrestricted net assets			27	
ala	28	Temporarily restricted net assets			28	
В	29	Permanently restricted net assets		29		
Ë		Organizations that do not follow SFAS 117, c	heck here 🕨 🗓 and			
<u>.</u>	1	complete lines 30 through 34.				
ş	30	Capital stock or trust principal, or current funds		0.	30	0.
SSE	31	Paid-in or capital surplus, or land, building, or ed	julpment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	• •	13,662,007.	32	17,957,386.
ž	33	Total net assets or fund balances	,	13,662,007.		17,957,386.
	34	Total liabilities and net assets/fund balances		16,360,063.		22,922,210.

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.

Form **990** (2009)

3a

3ь

X

Act and OMB Circular A-133?

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

SOUTH CAROLINA FARM BUREAU FEDERATION

Employer identification number 57_0473090

		M BUREAU FEDERATION	57-0473090
Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re		e organization during the tax
	year ▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, ,	Yes No
9	In Part XIV, describe how the organization reports conservat	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balai	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, 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		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	
-	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	•	▶ \$
b	A		► \$ ► \$
-			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

1. (a) Description of liability (b) Amount

Federal income taxes

ACCRUED PENSION & POSTRETIREMENT

BENEFIT COST 2,984,235.

RELATED PARTY LINE OF CREDIT 1,820,000.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 4,804,235.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

02-01-10

	dule D (Form 990) 2009 SOUTH CAROLINA FARM BUREAU				04/3090	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fin	<u>ancial St</u>	atement	_	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		5,611	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		5,106	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			<u>,147.</u>
4	Net unrealized gains (losses) on investments		4		330	,928.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8		3,459	
9	Total adjustments (net). Add lines 4 through 8		9		3,790	,232.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		4,295	,379 <u>.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Re	venue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements	•		1	6,269	,299.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	330,92	8.		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)		326,54	2.		
e	Add lines 2a through 2d		•	2e	657	,470.
3	Subtract line 2e from line 1			3	657 5,611	829.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			777		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		\neg		
c	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	5,611	829.
	t XIII Reconciliation of Expenses per Audited Financial Statemen	ents With Ex	nenses r			7027
1	Total expenses and losses per audited financial statements),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	perioe p	1	5,433	.224.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	3,133	72210
	Donated services and use of facilities	2a				
a		2b				
b	Prior year adjustments Other leases			⊣ i		
c	Other losses	2c	326,54	2		
d	Other (Describe in Part XIV)	2d	320,34	 1 1	226	5/2
e	Add lines 2a through 2d			2e	326, 5,106,	692
3	Subtract line 2e from line 1			3	3,100	,002.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 - 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				^
	Add lines 4a and 4b			4c	E 106	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,106	,682.
	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III					4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete A. A. A. A. A. A. A. A. A. A. A. A. A.					
F.TL	1 48: THE ORGANIZATION ADOPTED FIN 48, ACC	COUNTING	FOR U	NCERT	AINTY II	N
T > 7.6	10VE #1VEG TV T#G 2010 ETV1VGT11 G#1#EVEV			011 OF		D T 1 7 G
TNG	COME TAXES, IN ITS 2010 FINANCIAL STATEMENT	IS. THE	ADOPTI	ON OF	ACCOUN'	I'ING
FOF	R UNCERTAINTY IN INCOME TAXES DID NOT HAVE	A MATER	IAL IM	PACT	ON THE	
		_				
FEL	DERATION'S POSITION OR RESULT OF OPERATIONS	<u>. </u>				
				_		
PAI	RT XI: QUESTION 8: OTHER ADJUSTMENTS TO NET	r ASSETS	<u>:</u>			
EQU	JITY IN INCOME OF SUBSIDIARIES AND AFFILIAT	res that	ARE R	EPORT	ED ON	
SEI	PERATE TAX RETURNS.					
				Sched	lule D (Form 9	90) 2009

thedule D (Form 990) 2009 SOUTH CAROLINA FARM BUREAU FEDERATION 57-0473090 Part XIV Supplemental Information (continued)	Page 5
ART XII AND XIII: QUESTION 2D: OTHER INCOME / EXPENSES:	_
ENTAL EXPENSES OF \$58,150 AND PUBLICATION EXPENSES OF \$268,392 WERE	
ETTED WITH REVENUE. THE TOTAL OF THESE TWO AMOUNTS EQUAL \$326,542.	
· · · · · · · · · · · · · · · · · · ·	
	
	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 23. ► See separate instructions Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

SOUTH CAROLINA FARM BUREAU FEDERATION

Employer identification number 57-0473090

			Yes	No
1a	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.			ĺ
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	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		1
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			ĺ
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			1
	Independent compensation consultant Compensation survey or study			ĺ
	Form 990 of other organizations Approval by the board or compensation committee			İ
				İ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			Í
	organization or a related organization:			ĺ
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				l
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the revenues of:			l
	The organization?	_5a_		
Ь	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III			Į
6	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.			
	The organization?	6a		
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	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		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(O)	(Q)	(E)	(7)
(A) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	132,254.	0	0	28,525.	2,446.	163,225.	0
DAVID M. WINKLES, JR.	(E)		0	0	0	0		0
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932112 02-02-10

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

Open to Public inspection

Name of the organization SOUTH CAROLINA FARM BUREAU FEDERATION	Employer identification number 57-0473090
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF FO	RM 990 IS
REVIEWED BY THE CFO WHO DISTRIBUTES A DRAFT COPY OF THE F	ORM TO EACH BOARD
MEMBER FOR COMMENTS.	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REVIEWS	THE ANNUAL
DISCLOSURES SUBMITTED BY EACH MEMBER.	
FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD ENGAGED	THE SERVICES OF
AN INDEPENDENT CONSULTANT WHO PROVIDED FEEDBACK ON THE EX	ECUTIVE DIRECTOR'S
COMPENSATION IN A WRITTEN REPORT.	
FORM 990, PART VI, SECTION C, LINE 19: THE FEDERATION'S G	OVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS ARE
AVAILABLE IN UPON WRITTEN REQUEST.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

▶ See separate instructions.

2009 Open to Public Inspection

OMB No 1545-0047

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

Employer identification number 57-0473090 SOUTH CAROLINA FARM BUREAU FEDERATION

Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Z Z End-of-year assets status (if section 501(c)(3)) Public charity LINE 7 Total income Exempt Code section 501(C)(3) চ Legal domicile (state or Legal domicile (state or foreign country) foreign country) SOUTH CAROLINA AGRICULTURE/RELATED FIELD PROVIDE SCHOLARSHIPS TO Primary activity Primary activity PERSONS PURSUING ê SC FARM BUREAU FOUNDATION - 57-0866006 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity COLUMBIA, SC 29202 P.O. BOX 754 Part #

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

932161 02-04-10

Schedule R (Form 990) 2009

X/X

LINE 9

501(C)(3)

SOUTH CAROLINA

TEACHER/STAFF DEVELOPMENT

SCFB AG IN THE CLASSROOM - 58-2304053

29202

COLUMBIA, SC

P.O. BOX 754

57-0473090

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Schedule R (Form 990) 2009 SOUTH CAROLINA FARM BUREAU FEDERATION

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \in ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling entity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization <u>e</u>

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related properties a conception or trust clump the tax year.) Part IV

organizations treated as a corporation or trust during the tax year.)	year.}						
(e)	(q)	(0)	(p)	(e)	Œ		(£)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
SC FARM BUREAU HOLDING COMPANY - 27-0427080							
724 KNOX ABBOTT DRIVE							
CAYCE, SC 29033	HOLDING COMPANY	SC	N/A	c CORP	5419680.	16849656.	1008

Schedule R (Form 990) 2009

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SOUTH CAROLINA FARM BUREAU FEDERATION Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
 - Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets Ε
- Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- Qther transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. N

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) RECEIPT OF SERVICE FEES	Ħ	75,000.
(2) RECEIPT OF INTEREST INCOME	A	12,000.
(3) RECEIPT OF DIVIDEND INCOME	R	1,101,975.
(4) LEASE PAYMENTS	b	133,320.
(5) PAYMENT OF MANAGEMENT FEE	П	233,730.
(6) RECEIPT OF ADMINSTRATIVE FEE	×	44,914.

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SOUTH CAROLINA FARM BUREAU FEDERATION Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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.

	14		5	19	٤	[7]	1
(P)	í)	9	<u>)</u>			6)	Ê
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate	amount in box 20	General or managing partner?
		country)	Yes No			Form 1065)	Yes No
							-
							_
							-
							_
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Schedule R (Form 990) 2009