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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2011

Open to Public Inspection

<u> </u>	For the 20	711 cale	C Name of organization Spartanburg County Farm Bureau	ng	<del></del>	, 20		
В	Check if ap	plicable		D Employ	er identification r	umber		
	Address ch	ange	Doing Business As		57-0345437			
	Name chan	ge	Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telephone number			
	Initial return	_	PO Box 299			803-936-4676		
$\exists$	Terminated		City or town, state or country, and ZIP + 4			<u> </u>		
Ħ	Amended re		Inman, SC 29349-0299		<b>G</b> Gross re	eceipts \$	207,801	
╡	Application		David Door Shires In	H(a) is this	a oroup return	for affiliates? Ye	s V No	
_	Application	pending	Same as C above		ncluded? Ye	_		
_						a list (see instructi		
	Tax-exemp		☐ 501(c)(3)	<del></del> -{		•	2393	
<u>J</u>	Website: ▶		✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of forms		p exemption		SC	
			ation 1953	M State	of legal domicile			
P		Summ		<u> </u>				
	1 B	riefly d	escribe the organization's mission or most significant activities. Prom	ote Agricultu	iral Interes	sts 		
Ф	ļ							
5								
& Governance							·	
Š	2 C	heck th	his box > I if the organization discontinued its operations or disposed	of more tha	n 25% of	its net assets.		
Ğ	3 N	umber	of voting members of the governing body (Part VI, line 1a)		. 3		13	
S			of independent voting members of the governing body (Part VI, line 1b	)	. 4		13	
ë	1		mber of individuals employed in calendar year 2011 (Part V, line 2a)	,	. 5		3	
Activities	1		mber of volunteers (estimate if necessary)		. 6		45	
			related business revenue from Part VIII, column (C), line 12	•	. 7a		110205	
			elated business taxable income from Form 990-T, line 34		. 7b		0	
	b N	et unite	liated business taxable income from 1 on 1 990-1, line 04	Prior Y		Current Y		
			According to the American Amer				94953	
Revenue	1		itions and grants (Part VIII, line 1h)					
		_	service revenue (Part VIII, line 2g)				386	
ě			ent income (Part VIII, column (A), lines 3, 4, and 7d)				138	
_			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				112324	
	12 T	otal rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			<u> </u>	207801	
			ind-simitar argounts paid (Part IX, column (A), lines 1-3)				1000	
			paid to orlion members (Part IX, column (A), line 4)				0	
Ś	15 S	alaries,	other compensation employee benefits (Part IX, column (A), lines 5-10)				108341	
Se	16a 🥨	rofessi	onal fundraising fees (Part IX, column (A), line 11e)				0	
Expenses			ndraising expenses (Part IX, column (D), line 25) ▶					
Щ	17 14	ther ex	rpenses (Part-IX -coff/rm (A), lines 11a–11d, 11f–24e)		-		84794	
	18 T	otalex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)				194136	
	19 L-R		less expenses Subtract line 18 from line 12	-			13665	
		evenue	s less expenses outstact fine to from fine 12	Beginning of C	Current Year	End of Y		
ts or	30 T	otal ac	sote (Part V. lino 16)		431145		444196	
Net Asset	20		sets (Part X, line 16)	<u> </u>	(55)	<u>-</u>	(668)	
10	21 T		bilities (Part X, line 26)	-			444865	
-			ets or fund balances. Subtract line 21 from line 20		431200		444003	
	art II		ture Block	- <del></del>				
U	nder penaltie	es of perj	ury, I declare that I have examined this return, including accompanying schedules and stat blete Declaration of prepare) (other than officer) is based on all information of which prepar	tements, and to	the best of a	my knowledge an	d beliet, it is	
	e, correct, a	ino comp	pleta Decial attorn of prepare (other trial officer) is based on all information of which prepare	1	-1 1			
		_	car of 771		<u> </u>	ν		
	gn	Sigi	nature of officer		ate			
Here		<b>\</b> _	Eric Scymour Tax Officer				<del></del>	
		Тур	e or print name and title					
D.	aid	Print/T	ype preparer's name Preparer's signature	Date	Check	☐ if PTIN		
						ployed		
	reparer	Firm's	name ▶	Fi	m's ElN ▶			
U:	se Only		address ▶		none no			
M	av the IRS		ss this return with the preparer shown above? (see instructions)			<u> </u> Ye	es 🗌 No	
_				No 11282Y			990 (2011)	
	, raperno		eguigit tion to the or are or parate in an artifation of the control of the contr				, 17	



2 NE

Part l	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Promote Agricultural Interests
	Did the average and at least average conversed when the year which were not letted on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
	· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	grants and anobations to others, the total expenses, and revenue, if any, for each program outries reported.
4-	(Code: \/Funence \\ \/Funence \\
4a	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Provide a central location for services, the dissemination of information promoting agricultural interests, and meetings
	Provide a central location for Services, the dissemination of information promoting agricultural interests, and meetings
	•
415	(Codes ) (Evenesse C ) restuding greats of C ) (Povenue C
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)  Sponsor county officers to attend and represent their county farm bureau at regional and national events.
	Sponsor county officers to attend and represent their county faith bulleau at regional and flational events.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	Sponsor county volunteers to represent their county farm bureau at meetings and events promoting agriculture
	Sponsor county volunteers to represent their county tarm bareau at meetings and events promoting agriculture
	·····
	Other program services (Describe in Schedule O.)
4d	A miler propriate services rejection in Schedule CEI
	(Expenses \$ including grants of \$ ) (Revenue \$ )

Part	V 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	L	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
b	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	11b		1
С	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	11c		1
d	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	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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, Parts II and IV.	15	-	1
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, Parts III and IV	16		<b>▼</b>
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 (see instructions)	17		1
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		1
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
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<b>√</b>
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	-	Ť

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	21		<del>                                     </del>
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		<b>-</b>
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 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
<b>L</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		<del>                                     </del>
b	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		
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		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		<del>                                      </del>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	_		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			,
_	Schedule L, Part IV	28b		<b>✓</b>
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		✓_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<b>V</b>
<b>J</b> 2	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_		✓_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			1
35a	IV, and V, line 1	34 35a		<b>∀</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	558		i -
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del></del>		
	197 Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O Contains a response to any question in this Part V	<u>···</u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   2			<del>                                     </del>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	<b>\</b>	
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 3	<b></b>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	<u> </u>
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>√</b>	<del> </del>
40	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<del></del>	┼
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	Tu		<del> </del>
_	See instructions for 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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		
	organization solicit any contributions that were not tax deductible?	6a		1
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		┼
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		十一
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	$\vdash$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		l
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		<b>├</b> —
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del> </del>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/ 11		<del> </del>
•	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		<del> </del> -
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	┥		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:	1		
' a	Gross income from members or shareholders			ŀ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	İ	
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		┼—
ь	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		T

Part \					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				_
<del></del>	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		•	<u> </u>
Section	on A. Governing Body and Management			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a 13			<del>                                     </del>
1a	If there are material differences in voting rights among members of the governing body, or	10 13			
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relationship with	<b>j</b> ,		
	any other officer, director, trustee, or key employee?		2	1	
3	Did the organization delegate control over management duties customarily performed by or				
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		<b>✓</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		✓_
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?	5		<b>/</b>
6	Did the organization have members or stockholders?		6		<b>✓</b>
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint			,
	one or more members of the governing body?	l by) mombors	7a		<del>                                     </del>
b	stockholders, or persons other than the governing body?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions ur	dertaken during			<del>                                     </del>
•	the year by the following:	g			
а	The governing body?		8a	1	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a second section of the section of the second section of the second section of the section		-		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		<b>✓</b>
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	fauch chanters	10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exemple.		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	=	114		<del>                                     </del>
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"			
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy? .		14		✓_
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation				
			450		7-
a	The organization's CEO, Executive Director, or top management official		15a 15b		1
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130		-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar arrangement			
	with a taxable entity during the year?		16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps				
	organization's exempt status with respect to such arrangements?	· · · · ·	16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► South Carolina		- E01	-)(0)	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a available for public inspection, Indicate how you made these available. Check all that apply	ana 990-1 (Section	1 507(	<i>(၁)(၁)</i> 9	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing doc	uments conflict o	f inte	rest r	olicv
	and financial statements available to the public during the tax year.				- JOy,
20	State the name, physical address, and telephone number of the person who possesses the b	ooks and records	of the	•	
	Organization: S.C. Farm Bureau, 724 Knov Abbott Drive, Cavce, SC 29033, 803-936-4676				

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.

- 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, if any. 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 neither the organization		d orga	<u>anı</u> z	atıo	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.	
				((	C)						
(A) Name and Title	(B) Average hours per	officer and a director/trustee)					an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Harriett Belue											
Director	0.30	<b>✓</b>			_			0	0		0
(2) Wendell K Brockman, Jr.											
Director	0 30	✓_					<u> </u>	0	0		0
(3) Baron Johnson								İ			
Director	0 30	✓						0	0		0
(4) Frank Nutt								1			
Director	0 30	✓						0	0		0
(5) Anthony Owens						1		1	}		
Director	0.30	✓						0	0		0
(6) Tim Seay											
Director	0.30	✓						0	0		0
(7) Hugh Waldrop											
Director	0.30	✓		L				0	0		0
(8) Sammy Woodruff											
Director	0.30	✓			1			0	0		0
(9) Kent Brockman										!	
State Director	0.30	1						0	0		0
(10) Ben Gramling, II											
State Director	0.30	✓						0	0		0
(11) Paul Dean Abbott, Jr.									-	•	_
President	0.30	]		1				0	0		0
(12) Robert Sellars											_
V.P.	0.30			1				0	0		0
(13) Myles Wilson											_
Secretary-Treas	0.30			1	l			0	0		0
(14)		T			$\vdash$	1					_
<u> </u>				ĺ				0	0		n

Part	(A) Name and title		(do n	ot ch	Pos eck s pe	rtion more	than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the than of the the than of the than of the than of the than of the than of the the than of the the than of the the than of the the than of the the than of the the than of the the than of the the the the the the the the the the	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	C	Estimamou oth comper from organi and re organia	nated unt of ner nsation the zation elated	ı
(15)		<u> </u>							0					0
(16)									0		,			0
(17)									0					0
(18)									0					0
(19)									_ <del>_</del> -					
(20)									0		)			0
									0	(	)			0
(22)						-			0	(	)			0
(23)		<u> </u>				_		_	0		)			0
		-			_				_0		)			0
(24)		-			_				0		)			0
(25)		-												
1b c d	Sub-total	VII, Sectio				•		<b>* * *</b>	0		) ) )			0 0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th				above	e) w	ho received m	ore than \$100,0	00 of			
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	fficer, direc	tor, c					emp	oloyee, or high	nest compensa	ted [	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npe )? <i>I</i>	nsation f "Ye	on a s,"	and other complete Sci	pensation from nedule J for su 	the ich	4		<b>√</b> -
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	ual	5		<u>√</u>
Section	on B. Independent Contractors													
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										<b>а</b> х			
<u> </u>	(A) Name and business add	dress							(B) Description of s	services	Con	(C) npensa	ation_	
								-						
								$\vdash$						
2	Total number of independent contractor received more than \$100,000 of compen							o ti	nose listed ab	ove) who				

rait	VIII	Statement of Revenue		·			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a			-		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ê, Ĕ	С	Fundraising events 1c				İ	
ar /	d	Related organizations 1d					
s, C	е	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants,	-				,
t e		and similar amounts not included above 1f	94953				
Ę G	g	Noncash contributions included in lines 1a-1f \$					,
ခ်္	h	Total. Add lines 1a-1f	🕨	94953			
ne		·	Business Code				
Ven	2a	Activities Income	900099	386		386	
Program Service Revenue	b						
<u>K</u> i	С						
Ser	d						
E	е						
odri	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		386			
	3	Investment income (including divid					
		and other similar amounts)		138			138
	4	Income from investment of tax-exempt be	ond proceeds ►				
	5	•					
		(ı) Real	(ii) Personal				
	6a	Gross rents		;			
	b	Less rental expenses	-				•
	С	Rental income or (loss)					
	_d	Net rental income or (loss)		2504			2504
	7a	Gross amount from sales of (i) Securities	(ıi) Other				
		assets other than inventory Less, cost or other basis	<u>-</u>				
	b	and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
venue	8a	Gross income from fundraising					
Ver		events (not including \$					
Other Re		of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
₹	I	Less: direct expenses <b>b</b>					
_		Net income or (loss) from fundraising	events <b>&gt;</b>				·
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a		1			
	b	Less: direct expenses <b>b</b>					
	С	Net income or (loss) from gaming act	vities ▶				
	10a	Gross sales of inventory, less		İ			
		returns and allowances a					
	1	Less: cost of goods sold <b>b</b>					
		Net income or (loss) from sales of inv  Miscellaneous Revenue	Business Code				· <del>-</del>
	44-			100010		400040	
	11a	Service Fees from Affiliates	524298	109819	-	109819	
	b						
	d	All other revenue				<b>-</b>	
	e	Total. Add lines 11a–11d	•	109819			
	12	<b>Total revenue.</b> See instructions.		207801		110205	2642

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	. All other organizations must complete column (A) but are not
required to complete columns (B), (C), and (D).	

Check if Schedule O contains a response to any question in this Part IX										
Do no: 8b, 9b	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21				_					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1000								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees									
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 8	Other salaries and wages	82196								
	section 401(k) and 403(b) employer contributions)	3180								
9	Other employee benefits	13123								
10	Payroll taxes	9842								
11	Fees for services (non-employees):									
а	Management									
b	Legal			_						
C	Accounting									
d	Lobbying		<u> </u>							
e	Professional fundraising services. See Part IV, line 17 Investment management fees			+						
f	Other									
g 12	Advertising and promotion									
13	Office expenses	15955								
14	Information technology									
15	Royalties									
16	Occupancy	34480								
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings .	13651	· · · · · · · · · · · · · · · · · · ·	ļ. <u>.</u>						
20	Interest									
21	Payments to affiliates	20091								
22	Depreciation, depletion, and amortization .									
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а										
b										
С										
d				1						
е	All other expenses Miscellaneous	617								
25	Total functional expenses. Add lines 1 through 24e	194136								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)									

Part X **Balance Sheet** (A) (B) Beginning of year End of year 37681 1 39069 36398 2 36536 2 Savings and temporary cash investments Pledges and grants receivable, net . . . . . . . . . . . . 3 3 Accounts receivable, net . . . . . . 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . . . Assets 7 Notes and loans receivable, net . . . . 8 Inventories for sale or use . . . . Prepaid expenses and deferred charges . . . Land, buildings, and equipment cost or 10a other basis. Complete Part VI of Schedule D | 10a | 368592 10b Less: accumulated depreciation . . . 357066 10c 368592 ь 11 11 12 Investments—other securities See Part IV, line 11 . . . 12 Investments-program-related See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 431145 16 444196 17 17 Accounts payable and accrued expenses . . . . . . . . . . . . 18 19 19 Deferred revenue . . . . 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X (55)(668)25 26 Total liabilities. Add lines 17 through 25 . . . (55) 26 (668)Organizations that follow SFAS 117, check here ▶ □ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . . . . . . . . . . 28 28 Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 431200 32 444865 33 431200 33 444865 34 431145 34 444196 Total liabilities and net assets/fund balances . . . Form **990** (2011)

_		Pa	ge <b>12</b>
_			<u> </u>
_			7801
_		19	94136
_		1	3665
		43	31200
		44	14865
		Yes	No
١			
1	2a		1
I	2b		1
Ì	_		
	2a 2b	Yes	No V

Form **990** (2011)

Form 9	90 (2011)		Pi	age <b>12</b>
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u></u>		. 🗸
_			_	
1	Total revenue (must equal Part VIII, column (A), line 12)			07801
2	Total expenses (must equal Part IX, column (A), line 25)			94136
3	Revenue less expenses. Subtract line 2 from line 1			13665
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4:	31200
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		4	<u>44865</u>
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u></u>		<u>. 🗆</u>
			Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
b	Were the organization's financial statements audited by an independent accountant?	2b		1
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		i	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
_	issued on a separate basis, consolidated basis, or both:	1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		l	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ou	the Single Audit Act and OMB Circular A-133?	За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<del>Ju</del>	-	+
U	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3h		

# SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

57-0345437 Spartanburg County Farm Bureau Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year . . . . . 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements . . . . **b** Total acreage restricted by conservation easements . . Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . . . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 . . . (ii) Assets included in Form 990, Part X . . . ▶ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 . . . . . . 

_			
۲a	а	е	4

Part									
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther recor	ds, chec	k any of the	e follov	wing that are a	significant use of its
а	☐ Public exhibition			d	Loan	or exchang	e prog	rams	
b	☐ Scholarly research			е	Other	·			
С	☐ Preservation for future generations								
4	Provide a description of the organization	tion's	collections	and expla	un how t	hey further	the org	ganization's ex	empt purpose in Part
	XIV.								
5	During the year, did the organization								
	assets to be sold to raise funds rather								
Part						anization a	answe	red "Yes" to	Form 990, Part IV,
	line 9, or reported an amour							414-	
1a	Is the organization an agent, trustee included on Form 990, Part X?.				-			other assets	
L							• •		· U Yes U No
D	If "Yes," explain the arrangement in P	art XIV	and compi	ete the ic	llowing to	able:		1	Amount
_	Beginning balance						10		7 in Oditi
c d						•	10		
e	Distributions during the year						16	+	
f	Ending balance				• •		11		
2a	Did the organization include an amou								. 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in P								
	V Endowment Funds. Compl			zation ar	swered	"Yes" to F	orm 9	90, Part IV, lii	ne 10.
	· · · · · · · · · · · · · · · · · · ·		Current year		or year	*		(d) Three years ba	
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and		•			,			
	losses		_						<u></u>
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses			ļ					
g	End of year balance .	<u> </u>		L <u></u>	,	<u> </u>			
2	Provide the estimated percentage of				e (line 1g	, column (a	)) held	as:	
a	Board designated or quasi-endowme	nt ►		%					
b	Permanent endowment ►  Temporarily restricted endowment ►	<sup>70</sup>	%						
С	The percentages in lines 2a, 2b, and 2			nn%					
За	Are there endowment funds not in th				zation th	at are held	and ac	Immistered for	the
-	organization by:	о рос.		organi					Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(ii), are the related organ	izatior	ns listed as i	required o	n Sched	ule R? .			. 3b
4	Describe in Part XIV the intended use								
Part	VI Land, Buildings, and Equip	omen	t. See Forr	n 990, P	art X, lın	e 10.			
	Description of property		(a) Cost or o (investri		1	or other basis other)		Accumulated epreciation	(d) Book value
1a	Land					6500			6500
b	Buildings	.				300696			300696
С	Leasehold improvements	. [							
d	Equipment	. [				61395			61395
e	Other								
Total.	Add lines 1a through 1e (Column (d) r	nust e	equal Form 9	90, Part 2	K, columr	n (B), line 10	)(c).)	▶	368592

Schedule V (Form 556) 2011	0 - F 000 B- +V I		, age <b>o</b>
Part VII Investments—Other Securities			
<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valua Cost or end-of-year ma	
		300101 0110 01 702 1110	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other(A)			
(B)	- · · ·		
(C)	·	<del></del>	
(D)		-	
(E)	<del></del>		
(-) (F)			
(G)	-		
(H)			<del></del>
(I)	- <del> </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ▶			
Part VIII Investments—Program Relate		line 13	
(a) Description of investment type	(b) Book value	(c) Method of value	ation
(a) Description of investment type	(b) Book table	Cost or end-of-year ma	
/1\			
	<del></del>		
(3)			
(4)			<del></del>
(5)	-		
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, P	art X, line 15.		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			·
(4)			
(5)			
(6)			<u>-</u>
(7)			
(8)			
(9)			
(10)	(5)		
Total. (Column (b) must equal Form 990, Part X, o		▶	
Part X Other Liabilities. See Form 990			<del></del>
1. (a) Description of liability	(b) Book value	4	
(1) Federal income taxes	(668)	4	
(2)		-	
(3)	<del> </del>	-	
(4)		_	
(5) (6)		4	
(7)	<del></del>	4	
(8)	<del> </del>	4	
(9)		4	
(10)		1	
(11)	<del></del>	1	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		1	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provid		the organization's financial statem	ents that reports the
organization's liability for uncertain tax positions			
, <u> </u>	<u> </u>		

Dart	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financi	al Statements	
	Total revenue (Form 990, Part VIII, column (A), line 12)		
1 2	Total expenses (Form 990, Part IX, column (A), line 25)		
	· · · · · · · · · · · · · · · · · · ·	<del> </del> -	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	· · · <del>   </del>	<del></del>
4	Net unrealized gains (losses) on investments	<del></del>	
5	Donated services and use of facilities	<del></del>	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part			irn
1	Total revenue, gains, and other support per audited financial statements	<u>  1</u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
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	
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		1
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	·	-
	XIII Reconciliation of Expenses per Audited Financial Statements With Ex		eturn
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · <del>  · -</del>	
a	Donated services and use of facilities		
_	Prior year adjustments		
b	Other losses		
C	Other losses		
d	· · · · · · · · · · · · · · · · · · ·	2e	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	· · · · <del>  3</del>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	· · · · · · · · · · · · · · · · · · ·		
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	<u>4c</u>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	<u> </u>
Part			
Part V	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines /, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b dditional information.		
			•••••••

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Spartanburg County Farm Bureau	57-0345437
Part III	
Line 4d - All Other Achievements	
Provide funds for agricultural education and promote agricultural interests.	
Part VI	
Section A - Governing Body and Management	
Line 2 Kent Brockman, Wendell K. Brockman, Jr Family Relationship	······
Section B - Policies	
Line 11b There is no current policy for the organization to review the Form 990	
Section C Disclosure	
Line 19 - No documents available to the public	
•••••••••••••••••••••••••••••••••••••••	
Part XI	
Line 5 - Other Changes in Net Assets	
Audit adjustments \$ 0	
•	