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990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Department of the Treasury

Open to Public

| ļ | | | ue Service | <u> </u> | | use a copy of this retu | irn to satisfy state repor | tıng requii | ements. | In | spection | |
|---|-------------------------------|--|-------------------|------------------------|---------------------------------------|--|---|-----------------------|--|-------------------------------|------------------|--|
| | A F | or the | 2012 calenda | ır year, or tax year | beginning | (| 7-01 <u>,</u> 2012, and e | nding | 06 | 30 ,20 | 13 | |
| | B cr | eck if a | pplicable | C Name of organization | South Carolin | a Rural Rehab: | litation | | | D Employer identification no. | | |
| [|] Ad | dress c | | | 57-6005725 | | | | | | | |
| Γ | ٦. | Name change Number and street (or P O box if mail is not delivered to street address) Room/suite | | | | | | | | | number | |
| Ī | ٦. | tial retu | | Post Office Box 6130 | | | | | | | | |
| ř | 7 | Terminated City, town or post office, state, and ZIP code | | | | | | | | | 0 176 | |
| Ī | _ | | | | | | | | | | 0,176 | |
| - 1 | 7 | nended | <u>-</u> | | oia, SC 29171 | 1. 1 | | O IÉ | | G Gross rece | eipts \$ | |
| L | ⊥ Ap | plicatio | n pending | F Name and address | | Walker III W | esley L. Har | K 10 H(a) 1 | s this a group re | eturn for | | |
| | | | | Same as Ca | | | <u> </u> | `` ' | affiliates? | | ∐ Yes ⊠ No | |
| ! | Ta | x-exem | pt status | 501(c)(3) 🛛 501(c) | (4) ◀ (insert no) | 4947(a)(1) or | 527 | Н(ь) | Are all affiliates i f "No," attach a | included? | ∐ Yes ∐ No | |
| : | J W | ebsite: | ► N/A | | | | | H(c) | Group exemption | n number • | | |
| | | _ | rganization 🔀 (| Corporation Trust | Association Oth | er 🕨 | L Year of formation 1 | 934 | M State of leg | al domicile | SC | |
| | Par | t I | Summary | <u> </u> | | | | | | | | |
| | | 1 | Briefly describ | e the organization's | mission or most sign | nificant activities. | The Organizatio | ns's p | rimary p | urpose : | ıs to | |
| | φ | | promote r | rural growth | and developme | nt by assisti | ng in the finan | cing o | f agricu | ıltural | peoperty | |
| | Ē | | for those | unable to c | btain financi | ng from other | sources. The C | rganiz | ation al | so prov | ides | |
| | Ë | | scholarsh | nips and gran | it | | | | | ., | | |
| | Activities & Governance | 2 | Check this bo | x ▶ ☐ if the organ | zation discontinued i | ts operations or dispo | sed of more than 25% of | of its net a | ssets | | | |
| | <u>ن</u> | 3 | Number of vo | ting members of the | governing body (Par | rt VI, line 1a) | | | 3 | | 5 | |
| | χ g | 4 | Number of ind | dependent voting me | embers of the govern | ing body (Part VI, line | 1b) | | 4 | | 5 | |
| | 草 | 5 | | = | | 2012 (Part V, line 2a) | | | 5 | | 6 | |
| | 흕 | 6 | | of volunteers (estim | • | | | | 6 | | | |
| | ĕ | 7a | | • | •• | ın (C), line 12 · · | | | 7a | | 0 | |
| | | 1 | | | come from Form 990 | | | | 7b | | <u>v</u> | |
| ~ | Revenue | | 14Ct Griff Clated | business taxable in | Come wom r orm 550 | 7-1, 1110 0-7 | | Dei | or Year | | rent Year | |
| 2013 | | 8 | Contributions | and grants (Part VI | II line 1h\ | | | FII | or rear | | 0 | |
| (T) | | 9 | | - ' | • | | | | 936,12 | 2 | | |
| | | 10 | • | , | • | | | | | | 1,010,119 | |
| | | 11 | | • | • • • | • | - | | 1 | 4 | 57 | |
| | | | | • | • • • | • | .42) | | 006.10 | | 1 010 176 | |
| O. | | 12 | | | · · · · · · · · · · · · · · · · · · · | | 12) | | 936,13 | 7 | 1,010,176 | |
| ۵ | | 13 | | | | • | | | | <u> </u> | 0 | |
| SCANNED | | 14 | | | Part IX, column (A), I | | · · · · · · · · · · · · · · · · · | | | | 0 | |
| 4 | æ | 15 | | • | | t IX, column (A), lines | · · · · · · · · · · · · · · · · · · · | | 94,62 | 7 | 121,297 | |
| A | Expenses | | | | rt IX, column (A), line | | | | | | 0 | |
| Õ | g | b | lotal fundraisi | ing expenses (Part | IX, column (D), line 2 | 5) | 0 | | | | | |
| U) | Û | 17 | Other expense | es (Part IX, column | (A), lines 11a 11a, 1 | U-249) VF [7 |] | | 132,06 | | 144,821 | |
| | | 18 | | | (must equal Part IX, | column (A), line 25) | | | 226,69 | | 266,118 | |
| | | 19 | Revenue less | expenses Subtrac | ct line 18 from Jine 12 | 1 7 2012 181 | | | 709,44 | 7 | 744,058 | |
| | Fund Blances Net Assets or | | | | 1 | | <u> </u> | Beginning | of Current Year | | d of Year | |
| | Sets | 20 | • | Part X, line 16) | | 18 | · · · · · · · · · · | 1. | <u>5,279,31</u> | 7 1 | <u>5,834,875</u> | |
| | Fund Blances Net Assets or | 21 | Total liabilities | (Part X, line 26) | | :N::117 = 1 | · · · · · · · · · · | | 755,00 | 0 | 566,500 | |
| | | 22 | | | otract line 21 from line | e-20 | | 1 | 4,524,31 | 7 1 | 5,268,375 | |
| | Par | | Signatur | | | | | | | | - " | |
| | | | | | | panying schedules and state information of which prepar | ements, and to the best of my l er has anv knowledge | knowledge ar | nd belief, it is | | | |
| | | | 1, | 1 0 | P //. · | <u> </u> | | | | #111 | 24.3 | |
| | Cian | | | ency . | · Nassus | • | | | | 1/ <i>3/ (</i> | 2013 | |
| | Sign | 1 | Signature | U | 1 | | <i>I</i> | | Da | ite | | |
| | Here | • | Wes | | ARRIS S | secretary, | Treasurer | <u>~</u> | | | | |
| | | | Type or pr | nnt name and title | | | | | | – | | |
| | | | Print/Type prep | parer's name | Preparer's sugget | ure < | Date | c | heck I If | PTIN | | |
| | Paid | | Tim Corr | nelison | | | 08-27-2013 | s | elf-employed | P0063 | | |
| | | | | | | | 2 1229 | 3773 | | | | |
| Use Only Firm's address ▶ Post Office Box 1881 Phone no | | | | | | | | | | | | |
| | | | | Irmo | SC 29063 | | | | 803- | 603-7484 | | |
| | May th | e IRS | discuss this r | eturn with the orena | rer shown above? (s | ee instructions) | . | | | [] · | Yes 🛛 No | |

For Paperwork Reduction Act Notice, see the separate instructions.

| | n 990 (2012) South Carolina Rural Rehabilitation | 57-6005725 | Page 2 |
|------|--|---------------------------------------|------------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| ` | Check if Schedule O contains a response to any question in this Part III | | · · · · <u> </u> |
| 1 | Bnefly describe the organization's mission | | |
| | The Organizations's primary purpose is to promote rural growth and developm | ent by assis | ting |
| | in the financing of agricultural peoperty for those unable to obtain financ | ing from oth | er |
| | scurces. The Organization also provides scholarships and grant | | |
| | Dull the second state of t | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | □ vos | E) No |
| | If "Yes," describe these new services on Schedule O | 🖂 162 | XI NO |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | |
| | services? | □ Yes | No No |
| | 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 measure | ed by | |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot | hers, | |
| | the total expenses, and revenue, if any, for each program service reported | | |
| | | | |
| 4a | (Code) (Expenses \$237,284 including grants of \$ | |) |
| | Provides financial services through participation with farm service agency | | |
| | rural families in ownership and development of farms Provides grants and sc | holarships t | .0 |
| | agricultural students and organizations. | | |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue | \$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | • | <u> </u> |
| 40 | (Code) (Expenses \$) (Nevenue | \$ | ' ' |
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| د، ۾ | Other program convices (Decembe in Schodille C.) | | |
| 4d | Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$ | , | |
| | Total program service expenses | | |
| | | | |

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, Х 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 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 Χ 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ complete Schedule D, Part VI 11a 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 Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 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 Χ 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 Х 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 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV Χ 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) X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV

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 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on-Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 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 24a Х 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 Х 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Х 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 Χ 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, Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Х

Part V Statements Regarding Other IRS Filings and Tax Compliance No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ If "Yes," enter the name of the foreign country 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х θ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х Χ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h Χ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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? Sponsoring organizations maintaining donor advised funds. Х Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter а Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 14a Did the organization receive any payments for indoor tanning services during the tax year? Х 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

South Carolina Rural Rehabilitation 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 Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No **10a** Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website ☐ Upon request ☐ Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > Wesley Harris PO Box 6130 West Columbia, SC 29171

| Form 990 (20 | 012) South Carolina Rural Rehabilitation | 57-6005725 | Page |
|--------------|---|-------------------|---------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Co. | mpensated Employe | es, and |
| | Independent Contractors | | |

Check if Schedule O contains a response to any question in this Part VII

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

EEA

| Check this box if neither the organization nor any relate | d organization | comp | ensa | ated | any | currer | nt of | ticer, director, or tri | ustee | |
|---|--|---|------------------------------------|----------|-----------------------------|----------|----------------------------|-------------------------|--------------------------------------|--|
| (A) | (B) | | | (0 | >) | | | (D) | (E) | (F) |
| Name and Title | Average | Position (do not check more than one | | | | | | Reportable | Reportable compensation from related | Estimated amount of other |
| | hours per week (list any | | | | | | | compensation from | | |
| | hours for | box, u | nless | pers | on is | both an | | the | organizations | compensation |
| | related | office | and | a dire | ctor/ | rustee) | | organization | (W-2/1099-MISC) | from the |
| | organizations below dotted line) | | dur su f i se ts i vtc i t c | | f f e i g g h e e e e e e s | | F o r m e r | 1 (W-2/1099-MISC) | | organization and related organizations |
| (1) Frank Addy | | | • | | | | | 1. CAD | | |
| Director | 1.00 | Х | | <u> </u> | <u> </u> | <u> </u> | ļ | 4,500 | ļ | |
| (2) Penn Rogers Pirector Vice President | 1.00 | х | | | | | | 4,500 6,000 | | |
| (3) JT Walker III | | | | | | | | | | |
| Vice President Director | 1.00 | | | X | | | | 2.500 | | |
| (4) Wesley Harris | | | | | | | ļ | . وسر | | |
| Secretary/Treas | 30.00 | | | Х | | | | 53,000. | | |
| (5) William Stanley | | | | | | | | 9-1. | | |
| President | 10.00 | | | Х | | | | 22,500 | | |
| (6) Evelyn Smith | } | | | | | | | 0. /3 | | |
| Accountant | 30.00 | | | | Х | | | 24,150 | | |
| (7) Michael Crosby Director | 1.0 | | | | | | | 500 | | |
| (8) Philip Perry Director | 1.0 | | | | | | | 500 | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | <u> </u> |
| (14) | | | | | | | | | | |

Form 990 (2012)

| 1 art | Section A. Officers, Directors, Trustee | s, Key Emplo | yees, a | ana | Hig | nes | Com | pen | sated Employees | (continuea) | | | |
|-------------|--|--------------------------|--------------------------------------|--|--------------|--------------|--|--|---|------------------------------|---------|------------------------|-----------|
| • | (A) | | (C) | | | | | | (D) | (E) | (F) | | |
| | Name and title | Average hours per | Position (do not check more than one | | | | | | Reportable compensation | Reportable compensation from | 1 | stimated nount of | |
| | • | week (list any | any box, unless person is both an | | from | related | " | other | 1 | | | | |
| | | hours for | office | er and | direc | ctor/tr | ustee) | | the | organizations | | pensati | |
| | • | related organizations | l t d | | | K | Hce | F | organization (W-2/1099-MISC) | (W-2/1099-MISC) | 1 | from the ganization | |
| | | below dotted | dur ı s e | s u | ı f | У | g mp h p l | L W | (** = ********************************* | | an | nd relate | od |
| | | line) | vtc | l t | C | e m | e e o s n y | e | | | org | anızatıo | ins |
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| (25) | | | \vdash | | | | | İ | | | | | |
| ` , | | | | | | | | | | | | | |
| 1b | Sub-total | | | • | ٠. | ٠. | • • • | • | | | | | |
| С | Total from continuation sheets to Part VII, Sec | ion A - | | | | | | • | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | • | 113,6500 | 0 | | | 0 |
| 2 | Total number of individuals (including but not limite | d to those list | ed abo | ve) | who | rece | eived n | nore | , , | | | | |
| | reportable compensation from the organization | • | | | | | | | | 0 | | | |
| | · · · · · · · · · · · · · · · · · · · | | | - | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, direct | or, or trustee, | key en | nplo | yee, | orl | nighesi | t con | npensated | | | | |
| | employee on line 1a? If "Yes," complete Schedule | J for such indi | ıvıdual | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of re | eportable com | pensati | ion a | and (| othe | r comp | ens | ation from the | | | | |
| | organization and related organizations greater that | | | | | | | | | | | | |
| | individual | | | | | | | | | | 4 | <u> </u> | X |
| 5 | Did any person listed on line 1a receive or accrue | - | | - | | | - | | ion or individual | | | | |
| | for services rendered to the organization? If "Yes," | complete Sch | nedule | J for | rsuc | h pe | erson | | · · · · · · · · · · · · · · · · · · · | | 5 | <u> </u> | X |
| | on B. Independent Contractors | | | | | | | | ···· | | | | |
| 1 | Complete this table for your five highest compensation | | | | | | | | | | | | |
| | compensation from the organization Report comp | ensation for th | ne cale | ndaı | r yea | ır er | iding w | nth o | r within the organiz | ation's tax | | | |
| | year | | | | | | | | | · | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business addres | s | | | | | | | Description of | services | Comp | pensatio | <u>in</u> |
| | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Total number of independent contractors (including | hut not limite | d to th | 000 | hete | d a- | ,0V0) :- | ha | | | | | |
| _ | received more than \$100,000 of compensation fro | | | | 11316 | u ali | ove, w | 110 | | | | | |

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (D) (B) Related or exempt function Unrelated business Revenue excluded from tax Total revenue revenue under sections 512, 513, or 514 revenue 1a Federated campaigns 1b 1c d Related organizations 1d e Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ **Business Code** Program Service Revenue 2a Interest on Loans 525990 1,010,119 1,010,119 f All other program service revenue g Total. Add lines 2a-2f 1,010,119 3 Investment income (including dividends, interest, 57 57 Income from investment of tax-exempt bond proceeds (i) Real (n) Personal 6a Gross rents b Less rental expenses · · · · c Rental income or (loss) · · · (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 · · · · · · a **b** Less direct expenses **b** c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less cost of goods sold **b** c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a 1,010,176 1,010,176

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) Do not include amounts reported on lines 6b, 7b, (A) Management and Fundraising Total expenses Program service 8b, 9b, and 10b of Part VIII. general expenses expenses expenses 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 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 5 Compensation of current officers, directors, trustees, and key employees 26,000 26,000 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 21,912 87,650 65,738 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 7,647 5,735 1,912 11 Fees for services (non-employees) Legal Accounting 5,010 5,010 Lobbying Professional fundraising services See Part IV, line 17 . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) · · 12 13 3,734 3,734 14 15 16 4,354 4,354 17 3,999 3,999 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11,860 11,860 20 32,777 32,777 21 22 Depreciation, depletion, and amortization 23 Insurance 962 962 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) 2,983 Telephone and Internet 2,983 Utilities 992 992 78,000 78,000 Scholarships 150 Dues 150 All other expenses 25 Total functional expenses. Add lines 1 through 24e · 0 266,118 237,284 28,834 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 ► □ if following SOP 98-2 (ASC 958-720)

Balance Sheet

Part X

Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1 119,914 647,975 2 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 318,448 407,597 5 Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4985(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) Complete Part II of Schedule L 6 7 7 14,840,955 14,779,303 Assets Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 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 15 16 16 15,279,317 15,834,875 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 755,000 566,500 24 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 25 26 26 755,000 566,500 Organizations that follow SFAS 117 (ASC 958), check here ► 🛛 and Net Assets of Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 14,524,317 15,268,375 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 14,524,317 33 15,268,375 34 34 15,279,317 15,834,875

| | Form 990 (2012) South Carolina Rural Rehabilitation 57-60057 | | | | | |
|----------|---|-----|------|------------------|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| <u> </u> | 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) | 1 | 1,0 | 10,176 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 | 66,118 | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 7 | 44,058 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 14,5 | 24,317 | | |
| 5 | Net unrealized gains (losses) on investments | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | . 7 | | | | |
| 8 | Pnor period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | . 9 | | 0 | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | 15,2 | 68,375 | | |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | <u> </u> | | |
| | | | | Yes No | | |
| 1 | Accounting method used to prepare the Form 990 | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | İ | | |
| | Schedule O | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . 2a | X | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed on separate basis, consolidated basis, or both | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both | | | | | |
| | | | | | | |
| 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 | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | |
| | Schedule O | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | . 3a | X | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | |
| | | | . Зь | | | |
| EEA | | | Form | 990 (2012) | | |

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number 57-6005725 South Carolina Rural Rehabilitation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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) Preservation of an historically important land area 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 Total acreage restricted by conservation easements 2b 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? | Yes | No In Part XIII, 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. 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 XIII, the text of the footnote to its financial statements that describes these items 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 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:

| Pa | rt III Organizations Maintaining (| Collect | ions | of Art, Histo | rical Tr | easures, | or Oth | er Similar Ass | ets (continued)_ | |
|-----------|---|-----------|-----------|----------------------|--|----------------|-----------|------------------------|---------------------|--|
| ٠3 | Using the organization's acquisition, accession, | and other | r recor | rds, check any o | f the follow | ing that are a | significa | ant use of its | | |
| | collection items (check all that apply) | | | | | | | | | |
| а | Public exhibition | | d 🗌 | Loan or excha | nge progra | ıms | | | | |
| b | Scholarly research | | • 🗍 | | | | | | | |
| С | Preservation for future generations | | _ | | | | - | | ** | |
| 4 | Provide a description of the organization's collection | ctions an | d expla | ain how they furt | ner the ora | anization's ex | cempt pu | rnose in Part | | |
| | XIII | | u onpio | and the transfer and | | aza | .cp. p. | ., poso | | |
| 5 | During the year, did the organization solicit or re | ceive do | nations | s of art historica | tressures | or other sim | ılar | | | |
| • | | | | | | | | | Yes No | |
| Pa | assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | |
| | line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | |
| 40 | | | | | | 45 | -4 | | | |
| 1a | Is the organization an agent, trustee, custodian | | | • | | | | | П у П ы- | |
| L | | | | | | | | • • • • • • • • • | · · ∐ Yes ∐ No | |
| b | If "Yes," explain the arrangement in Part XIII and | comple | te the 1 | following table | | | | | | |
| | Beginning balance | | | | | | - | | ount | |
| C | 0 | | | | | | | - | | |
| d | Additions during the year | | | | | | | | | |
| 8 | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| 2a | Did the organization include an amount on Form | • | | | | | | | | |
| <u> b</u> | If "Yes," explain the arrangement in Part XIII CI | | | | | | | | | |
| Pa | rt V Endowment Funds. Complet | e if the | orga | nization ansv | vered "Y | es" to For | m 990 | , Part IV, line 1 | 0. | |
| | | (a) C | urrent ye | ear (b) Pri | or year | (c) Two years | s back | (d) Three years back | (e) Four years back | |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | | | |
| | losses $\cdots \cdots | | | | | | | | | |
| d | Grants or scholarships | - | | | | | | | | |
| 0 | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | 1 | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the current | t vear en | d balar | nce (line 1a. colu | mn (a)) he | ld as | | | | |
| а | Board designated or quasi-endowment | ., | | 6 | (-// | | | | | |
| b | Permanent endowment > % | | | | | | | | | |
| С | Temporarily restricted endowment | | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | egual 10 | • | | | | | | | |
| 3a | Are there endowment funds not in the possessi | | | zation that are h | eld and add | ministered fo | r the | | | |
| | organization by. | | o. ga | | | | | | Yes No | |
| | (i) unrelated organizations · · · · · · · | | | | | | | | . 3a(i) | |
| | (ii) related organizations · · · · · · · · | | | | | | | | 3a(ii) | |
| ь | If "Yes" to 3a(ii), are the related organizations lis | ted se re | nured | I on Schedule B' | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the or | | • | | | | | | . 001 | |
| Pa | rt VI Land, Buildings, and Equip | <u> </u> | | | rt X line | 10 | | <u>-</u> - | | |
| | Description of property | | | st or other basis | · · | r other basis | (0) | Accumulated | (d) Pook value | |
| | Description of property | 1 | | nvestment) | 1 | other) | | epreciation | (d) Book value | |
| 10 | Land | | | | | | | | | |
| 1a h | Land | ⊢ | | | | | | | | |
| b | Buildings | ⊢ | | | | | | | | |
| C | Leasehold improvements | ⊦ | | | - | | | | | |
| d | Equipment | ⊢ | | | | | _ | | | |
| <u>e</u> | Other | | | | <u> </u> | | | | _ | |
| Tota | . Add lines 1a through 1e (Column (d) must ed | ual Form | 1 990, I | Part X, column (| B), line 10 | (c)) · · | | | | |

South Carolina Rural Rehabilitation

Schedule D (Form 990) 2012

Page 2

57-6005725

| Part VII | investments - Other Securities. | see Form 990, Part A, line | ‡ IZ. | |
|-----------------|---|---------------------------------------|--|----------------|
| • — | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market | |
| (1) Financial d | lerivatives | • | | |
| | ld equity interests | - | | |
| (3) Other, | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) (E) | | | | |
| (F) | - | | | |
| (G) | | | | |
| (H) | | | | |
| (I) | | | | |
| |) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII | Investments - Program Related. | See Form 990, Part X, lin | e 13. | |
| | (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | _ | |
| | | | | |
| (8) | | | <u> </u> | |
| (9) | | | | |
| (10) | A must equal Form 990. Part V cel (P) line 12.) | | | |
| Part IX |) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part | X line 15 | | |
| 1 410 21 | | Description | | (b) Book value |
| (1) | | Description. | | (2) Book taide |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | · · · · · · · · · · · · · · · · · · · | | <u></u> |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | n (b) must equal Form 990, Part X, col (B) line | 45) | | |
| Part X | Other Liabilities. See Form 990, Pa | nt X. line 25. | | |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federal | income taxes | , , | | |
| (2) | | | | |
| (3) | | | _ | |
| (4) | | | | |
| _(5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | - | |
| (9) | | | _ | |
| (10) (11) | | | \dashv | |
| | Amust aqual Form 990, Part X, col. (R) line 25.) | | - | |
| | must equal Form 990, Part X, col (B) line 25) C 740) Footnote In Part XIII, provide the text of | 1 | financial statements that reports the or | manization's |
| | ertain tax positions under FIN 48 (ASC 740). Che | | | |

| Par | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per | Retur | n |
|---------|--|-----------------|----------------------------|
| •1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,010,176 |
| 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 | 7 | |
| С | Recoveries of prior year grants | 7 | |
| d | Other (Describe in Part XIII) | | |
| ө | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | 2e | |
| 3 | Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · · | 3 | _1,010,176 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII) | ⊣ | |
| C | Add lines 4a and 4b · · · · · · · · · · · · · · · · · · | ┥ _{4c} | |
| | | 5 | 1 010 176 |
| 5 Da | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 1,010,176 |
| Ь | | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 266,118 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | - | |
| b | Prior year adjustments | | |
| С | Other losses · · · · · · · · · · · · · · · · · · | . | |
| d | Other (Describe in Part XIII) | _ | |
| θ | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | 2е | |
| 3 | Subtract line 2e from line 1 | 3 | 266,118 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a | _ | |
| b | Other (Describe in Part XIII) | 7 | |
| C | Add lines 4a and 4b · · · · · · · · · · · · · · · · · · | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 | 266,118 |
| Pa | rt XIII Supplemental Information | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and | 2b. | |
| | V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any addit | | |
| | nation. | | |
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| EEA | | | Schedule D (Form 990) 2012 |

57-6005725

Page 4

South Carolina Rural Rehabilitation

Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

| Name of the organization Employer identification number | | | | | | | | |
|---|-----------------------------|-----------------------|--------------|--|--|--|--|--|
| South Carolina Rural Reh | abilitation | | 57-6005725 | | | | | |
| 1. Form 990 governing body review (Part VI, line 11) | | | | | | | | |
| Governing body reviews h | efore filed | | | | | | | |
| | | | | | | | | |
| 02 Conflict of in | | as (Death III 14m) | . 10-) | | | | | |
| UZ. CONFILET OF IN | terest policy complian | ce (Part VI, line | e 12C) | | | | | |
| The company does have a | conflict of interest policy | which is monitored by | the board. | | | | | |
| 03 CEO avacutina | | | r 1 15-) | | | | | |
| 03. CEO, executive | director, top managem | ent comp (Part V. | i, line isa) | | | | | |
| Small organization so ma | nagement is involved in day | to day operations | | | | | | |
| 04 011 55: | | | | | | | | |
| 04. Other officer o | or key employee compen | sation (Part VI, | line 15b | | | | | |
| All compensation is revi | ewed by all directors. | | | | | | | |
| | | | | | | | | |
| 05. Governing docum | ments, etc, available | to public (Part ' | VI, line 19) | | | | | |
| Documents are available | upon request. | | | | | | | |
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