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Form **990-EZ**

Short Form
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 1150

2009

Department of the Treasury
 Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning Oct 1, 2009, **and ending** Sep 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Pee Dee Regional Development Corporation Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 5719 City or town, state or country, and ZIP + 4 Florence SC 29502-5719	D Employer identification number 57-0813495
		E Telephone number (843) 669-3139
		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
 Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

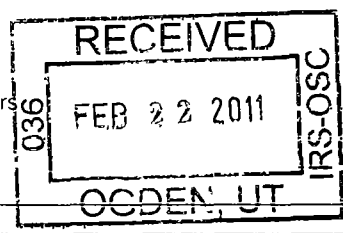
J Tax-exempt status (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **64,650.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	257.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>Marley Electric Lease Inc</u>)	8	64,393.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	64,650.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	450.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ <u>See Other Expenses Statement</u>)	16	64,735.
	17 Total expenses. Add lines 10 through 16	17	65,185.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-535.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	59,182.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	58,647.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	59,182.	58,647.
23 Land and buildings	0.	0.
24 Other assets (describe ▶ <u>See L-24 Stmt</u>)	1,371,926.	1,170,788.
25 Total assets	1,431,108.	1,229,435.
26 Total liabilities (describe ▶ <u>See L-26 Stmt</u>)	1,371,926.	1,170,788.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,182.	58,647.

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

Form 990-EZ (2009)

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Part III. Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? Provide financial assistance and service loans for local development		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	Financial assistance was provided and one loan was serviced.		
	(Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	65,185.
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	65,185.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
John O. Atkinson PO Box 1140 Marion SC 29571	Secretary/Treasurer 1.00	0.	0.	
Jasper Eaddy PO Box 581 Marion SC 29571	President 1.00	0.	0.	
G. O'Neal Hamilton 706 Lakeshore Drive Bennettsville SC 29512	Director 1.00	0.	0.	
K.G. Rusty Smith, Jr. PO Box 369 Lake City SC 29560	Director 1.00	0.	0.	
Tracy Kea, Jr. PO Box 637 Bennettsville SC 29512	Director 1.00	0.	0.	
J. Ronald Ward 104 Orange Street Darlington SC 29532	Vice President 1.00	0.	0.	
Anne C. Warr PO Box 828 Lamar SC 29069	Director 1.00	0.	0.	
Macio Williamson 1601 McNeil Street Dillon SC 29536	Director 1.00	0.	0.	
Joseph H. Witherspoon, Jr. 423 Third Street Cheraw SC 29520	Director 1.00	0.	0.	
Corrie H. Plato 1311 Redhill Road Bennettsville SC 29512	Director 1.00	0.	0.	
Lenora Powe 6730 Highway 1 Patrick SC 29584	Director 1.00	0.	0.	

Part V Other Information (Note the statement requirements in the instrs for Part V.)

- 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
- 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes
- 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990 T, attach a statement explaining why the organization did not report the income on Form 990-T
 - a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
 - b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** | 0 |
 - b Did the organization file **Form 1120-POL** for this year?
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?
 - b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b**
- 39 Section 501(c)(7) organizations Enter
 - a Initiation fees and capital contributions included on line 9 **39a**
 - b Gross receipts, included on line 9, for public use of club facilities **39b**
- 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____
 - b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**
 - c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ **40c**
 - d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ **40d**
 - e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40e**
- 41 List the states with which a copy of this return is filed ▶ _____

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37b		X
38a		X
38b		
39a		
39b		
40b		X
40c		
40d		
40e		X

42a The organization's books are in care of Pam Watts Telephone no (843) 669-3735 ³¹³⁸
 Located at 2314 Pisgah Road Florence SC ZIP + 4 29501 (pw)

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country ▶ _____
- See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of a Foreign Bank and Financial Accounts
- c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If 'Yes,' enter the name of the foreign country ▶ _____

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** |

	Yes	No
44		X
45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 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
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ *[Signature]* Date 12-14-11
 Signature of officer
 ▶ President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature [Signature] Date 02/03/11 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 LUNDIN & BROGDON, CPA'S, P.A.
PO BOX 626
BENNETTSVILLE SC 29512 Preparer's Identifying Number (See instructions) PO1003218
 EIN 57-1142605 Phone no (843) 479-4422

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Name as Shown on Return Pee Dee Regional Development Corporation		Employer Identification No 57-0813495
Line 24 - Other Assets:	Beginning of Year	End of Year
Lease Payments Receivable	1,371,926.	1,170,788.
Office Furnishings	614.	614.
Accumulated Depreciation	-614.	-614.
Totals to Form 990-EZ, Part II, line 24	1,371,926.	1,170,788.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Notes Payable - Carolina	1,371,926.	1,170,788.
Totals to Form 990-EZ, Part II, line 26	1,371,926.	1,170,788.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Misc Bank Charges	<u>342.</u>
Interest Expense	<u>64,393.</u>

Total	<u><u>64,735.</u></u>
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