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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

# 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)**

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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*

OMB No 1545-1150

**2010**

**Open to Public Inspection**

**A** For the 2010 calendar year, or tax year beginning , 2010, and ending ,

**B** Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

**C**
PEE DEE ELECTRIC TRUST
P. O. BOX 491
DARLINGTON, SC 29532

**D** Employer identification number
57-0966373

**E** Telephone number
843-665-4070

**F** Group Exemption Number ►

**G** Accounting Method [ ] Cash [X] Accrual Other (specify) ►

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

**I** **Website:** ► N/A

**J** Tax-exempt status (ck only one) – [X] 501(c)(3) [ ] 501(c) ( ) ◄ (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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 120,619.

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

Check if the organization used Schedule O to respond to any question in this Part I [X]





| | | | | |
|---|---|---|---|---|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 120,287. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 332. |
| | 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 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) 6a | | |
| | b | Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b | | |
| | c | Less direct expenses from gaming and fundraising events 6c | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | |
| | 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 in Schedule O) | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► | 9 | 120,619. |
| EXPENSES | 10 | Grants and similar amounts paid (list in Schedule O) See Schedule O | 10 | 145,725. |
| | 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 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe in Schedule O) | 16 | |
| | 17 | **Total expenses.** Add lines 10 through 16 ► | 17 | 145,725. |
| NET ASSETS | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -25,106. |
| | 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 | 141,518. |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 ► | 21 | 116,412. |

**BAA For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2010)



9

**Part II Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II [X]

| | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|
| 22 | Cash, savings, and investments | 131,601. | 22 | 106,239. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe in Schedule O) See Schedule O | 9,917. | 24 | 10,173. |
| 25 | **Total assets** | 141,518. | 25 | 116,412. |
| 26 | **Total liabilities** (describe in Schedule O) | 0. | 26 | 0. |
| 27 | **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 141,518. | 27 | 116,412. |

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [X]

What is the organization's primary exempt purpose? See Schedule O

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, and other relevant information for each program title

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28 TO ACCUMULATE AND DISBURSE FUNDS FOR CHARITABLE PURPOSES IN THE SERVICE AREA OF PEE DEE ELECTRIC COOPERATIVE.

(Grants $ ) If this amount includes foreign grants, check here ► [ ] 28a 145,725.

29

(Grants $ ) If this amount includes foreign grants, check here ► [ ] 29a

30

(Grants $ ) If this amount includes foreign grants, check here ► [ ] 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here ► [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 145,725.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

| (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 |
|---|---|---|---|---|
| Warren Jeffords<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Vice-Chairman<br>2.00 | 0. | 0. | 0. |
| Rupert Isgett<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Trustee<br>2.00 | 0. | 0. | 0. |
| Andrea McGill<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Secretary<br>2.00 | 0. | 0. | 0. |
| Carolyn Caine<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Trustee<br>2.00 | 0. | 0. | 0. |
| Elaine Atkinson<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Trustee<br>2.00 | 0. | 0. | 0. |
| Johnny Quick<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Trustee<br>2.00 | 0. | 0. | 0. |
| Nicki Spears<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Trustee<br>2.00 | 0. | 0. | 0. |
| Tommy Stephens<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Treasurer<br>2.00 | 0. | 0. | 0. |
| Luanne Nobles<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Trustee<br>2.00 | 0. | 0. | 0. |
| Elsie Byrd<br>1355 East McIver Rd.<br>Darlington, SC 29540 | Chairman<br>2.00 | 0. | 0. | 0. |

**Part V** **Other Information** (Note the statement requirements in the instructions for Part V.) See Schedule O

Check if the organization used Schedule O to respond to any question in this Part V [X]

| | | | Yes | No |
|---|---|---|---|---|
| **33** | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O | 33 | | X |
| **34** | Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| **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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| **b** | If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? | 35b | | |
| **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 | 36 | | X |
| **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? | 37b | | X |
| **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 tax year covered by this return? | 38a | | X |
| **b** | If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A | | | |
| **39** | Section 501(c)(7) organizations Enter | | | |
| **a** | Initiation fees and capital contributions included on line 9 39a N/A | | | |
| **b** | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | | |
| **40a** | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. , section 4955 ► 0. | | | |
| **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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 40b | | X |
| **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 ► 0. | | | |
| **d** | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0. | | | |
| **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 | | X |
| **41** | List the states with which a copy of this return is filed ► SC | | | |

**42a** The organization's books are in care of ► Debbie Osterberg Telephone no ► 843-292-4355

Located at ► P.O.BOX 491 DARLINGTON SC ZIP + 4 ► 29532

| | | | Yes | No |
|---|---|---|---|---|
| **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)? | 42b | | X |
| | If 'Yes,' enter the name of the foreign country. ► | | | |
| | See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of 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 ? | 42c | | X |
| | If 'Yes,' enter the name of the foreign country. ► | | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| **44a** | Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44a | | X |
| **b** | Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| **c** | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| **d** | If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O* | 44d | | |

| | | Yes | No |
|---|---|---|---|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | | X |
| a 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst ) | 45a | | X |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | 46 | | 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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

| | | Yes | No |
|---|---|---|---|
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If 'Yes,' was the related organization a section 527 organization? | 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 |
|---|---|---|---|---|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over $100,000 ►

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► [X] Yes ☐ No

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 of officer — Date: May 10, 2011

► E. LeRoy Nettles Jr.
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| BRYAN A ISGETT | | MAY 03 2011 | | P01441928 |

Firm's name ► McNair, McLemore, Middlebrooks
Firm's address ► Post Office Box One
Macon, GA 31202-0001
Firm's EIN ► 58-1094351
Phone no (478) 746-6277

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes ☐ No

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| PEE DEE ELECTRIC TRUST | 57-0966373 |

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) | A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g (i) | | |
| (ii) | A family member of a person described in (i) above? | 11g (ii) | | |
| (iii) | A 35% controlled entity of a person described in (i) or (ii) above? | 11g (iii) | | |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? | | (v) Did you notify the organization in column (i) of your support? | | (vi) Is the organization in column (i) organized in the U S ? | | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ') | 115,012. | 116,377. | 124,645. | 109,374. | 120,287. | 585,695. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 **Total.** Add lines 1 through 3 | 115,012. | 116,377. | 124,645. | 109,374. | 120,287. | 585,695. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 585,695. |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 115,012. | 116,377. | 124,645. | 109,374. | 120,287. | 585,695. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,450. | 4,195. | 4,356. | 4,546. | 332. | 16,879. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | 0. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 602,574. |

12 Gross receipts from related activities, etc (see instructions) **12** 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | **14** | 97.2 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | **15** | 97.2 % |

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

### Section A. Public Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ') | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support.** (Add lns 9, 10c, 11, and 12 ) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

### Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 | Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 | % |

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury
Internal Revenue Service

# 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.**
► **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization
PEE DEE ELECTRIC TRUST

Employer identification number
57-0966373

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

CHARITABLE COMMUNITY DEVELOPMENT

**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

**Form 990-EZ, Part I, Line 10**
**Grants and Similar Amounts Paid In Excess of $5,000**

| | | |
|---|---|---|
| Donee's Name: | SEE ATTACHED | |
| Cash Amount Given: | | $ 145,725. |

**Form 990-EZ, Part II, Line 24**
**Other Assets**

| | Beginning | Ending |
|---|---|---|
| Accounts Receivable | $ 9,917. | $ 10,173. |
| Total | $ 9,917. | $ 10,173. |

**PEE DEE ELECTRIC TRUST**
**PAGE 1, PART I, LINE 10-SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | |
|---|---|
| Albert Wilson | 713 |
| Alice Bethea | 745 |
| Alicia Steen | 60 |
| Allen Knotts | 328 |
| Alma Jean Blakney | 60 |
| Alva Williamson | 1,532 |
| Amanda Ward | 843 |
| Amanda Witherspoon | 1,560 |
| Ann Marie Collins | 330 |
| Anna Brisk | 877 |
| Annie Blanton | 332 |
| Annie Stevenson | 296 |
| Annie Verner | 830 |
| Antonio Soto-Mendoza | 1,000 |
| April Vos | 560 |
| Ashley Griggs | 560 |
| Bambi Davis | 625 |
| Barbara Davis | 286 |
| Barbara Murray | 505 |
| Barbara Spradlin | 480 |
| Beatrice Jacobs | 194 |
| Bernetta Sabb | 355 |
| Bernice Johnson | 990 |
| Bertha Tumblin | 20 |
| Betty Jenkins | 245 |
| Betty Reaves | 533 |
| Billy Lee | 360 |
| Billy Page | 30 |
| Bo Gough | 597 |
| Bonnie Hubbard | 30 |
| Boyd Larrimore | 530 |
| Brandy Boone | 154 |
| Brenda McRae | 178 |
| Brenda Nixon | 250 |
| Calvin Altman | 280 |
| Carla Nixon | 486 |
| Carolyn Bethea | 77 |
| Carolyn McAllister | 457 |
| | $ 18,288 |

**PEE DEE ELECTRIC TRUST**
**PAGE 1, PART I, LINE 10-SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | | |
|---|---|---|
| Balance-Brought Forward | $ | 18,288 |
| | | |
| Carolyn Tyndall | | 964 |
| Caryle Lesane | | 500 |
| Charlen Privette | | 1,387 |
| Charlene Ross | | 201 |
| Charles Page | | 1,077 |
| Charmane Bethea | | 30 |
| Cherry Worley | | 360 |
| Chichura Teshima | | 863 |
| Christine Lord | | 673 |
| Clara Dunham | | 1,865 |
| Clarence Ings | | 1,500 |
| Clarissa Bethea | | 77 |
| Connie Rowell | | 461 |
| Crumber Gause | | 700 |
| Cynthia Dykes | | 373 |
| Cynthia Palentin | | 330 |
| Cythina Carter | | 20 |
| Dana Perry | | 572 |
| Daniel Steen | | 1,500 |
| Darius Maples | | 350 |
| Deborah Sims | | 30 |
| Debra Berry | | 1,033 |
| Debra Tyner | | 200 |
| Delia Carmichael | | 577 |
| Dewey Miller | | 1,530 |
| Dexter Morrison | | 400 |
| Donald Graham | | 20 |
| Donna Jean Campbell | | 844 |
| Dorothy Lambert | | 1,190 |
| Ebony Johnson | | 440 |
| Eddie Floyd | | 755 |
| Elizabeth Allen | | 20 |
| Elizabeth Godbolt | | 360 |
| Elizabeth Stokes | | 560 |
| Ernestine Worrell | | 421 |
| Ernie Johnson | | 500 |
| | $ | 40,971 |

**PEE DEE ELECTRIC TRUST**
**PAGE 1, PART I, LINE 10-SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | | |
|---|---|---|
| Balance-Brought Forward | $ | 40,971 |
| Ervin Harness | | 506 |
| Esther Short | | 467 |
| Fannie Stevenson | | 609 |
| Frances Kelly | | 881 |
| Gayle Moore | | 367 |
| Geanne Blackmon | | 50 |
| Geneva Bethea | | 107 |
| George Allen | | 599 |
| George Massey | | 541 |
| Georgia Turner | | 1,461 |
| Gil & Norma Jean Blakney | | 1,412 |
| Glenda Ellerbe | | 30 |
| Gloria & Trina Wright | | 500 |
| Gloria Thomas | | 658 |
| Hannah Brown | | 742 |
| Hasker Thomas | | 739 |
| Helen Perkins | | 30 |
| Herbert Campbell | | 415 |
| Hester Small | | 742 |
| Jacqueline Young | | 20 |
| James Allen | | 20 |
| James Davis | | 952 |
| James Lee Gainey | | 350 |
| James Truett | | 782 |
| James Wheeler | | 1,500 |
| Janice Edwards | | 379 |
| Janice Sevenx | | 77 |
| Jeanette Ervin | | 30 |
| Jeanette Nolan | | 458 |
| Jeanne Blackmon | | 327 |
| Jenny Brown Smith | | 250 |
| Jerry Flemming | | 20 |
| Joan Williams | | 330 |
| Joel Moore | | 715 |
| Joey James | | 509 |
| John Kye Williamson | | 20 |
| John Thomas Avant | | 260 |
| | $ | 58,826 |

**PEE DEE ELECTRIC TRUST**
**PAGE 1, PART I, LINE 10-SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | | |
|---|---|---|
| Balance-Brought Forward | $ | 58,826 |
| Johnnie McCoy | | 30 |
| Joseph Cleo Hucks | | 280 |
| Josephine & Linwood Eason | | 514 |
| Joyce O'Neal | | 1,000 |
| Jozette Wright | | 30 |
| Judy Hammond | | 30 |
| Karla McCall | | 430 |
| Kathy Teal | | 30 |
| Katrena McKay | | 600 |
| Kay Frances Richburg | | 489 |
| Keisha Moore | | 326 |
| Kimberly Dudley | | 77 |
| Kyle Williamson | | 686 |
| Larry Graham | | 1,566 |
| Latasha Brown | | 77 |
| Lavern Gibson | | 360 |
| Lavern Ham | | 360 |
| Lee Gainey | | 77 |
| Leon Gibbs | | 777 |
| Leona Eaddy | | 309 |
| Levon Washington | | 77 |
| Lillie Mae Dundy | | 1,225 |
| Lillie Mitchell | | 636 |
| Linda Edwards | | 227 |
| Linda Jones | | 60 |
| Linda Little | | 30 |
| Lisa Berry | | 255 |
| Lisa Hough | | 30 |
| Lisa Lee | | 525 |
| Lora Thomas | | 502 |
| Loretta Lanier | | 30 |
| Louie Carter | | 863 |
| Louise Muldrow | | 1,500 |
| Louise Williams | | 929 |
| Lucius Dykes | | 577 |
| Lucy Eddy | | 557 |
| Mae Cooper | | 727 |
| Margaret McCall | | 398 |
| | $ | 76,022 |

**PEE DEE ELECTRIC TRUST**
**PAGE 1, PART I, LINE 10-SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | | |
|---|---|---|
| Balance-Brought Forward | $ | 76,022 |
| Marie Davis | | 77 |
| Marquita McClellan | | 508 |
| Martha Hay | | 296 |
| Mary Brown | | 77 |
| Mary Fling | | 685 |
| Mary Hough | | 472 |
| Mary Muir | | 227 |
| Mary Stoddard | | 500 |
| Mary Strickland | | 500 |
| Mary Sweat | | 721 |
| Maxie/Marguarite Williams | | 30 |
| Melinda James | | 289 |
| Melinda Nobles | | 695 |
| Michael Sawyer | | 405 |
| Michael Turberville | | 1,029 |
| Michelle Hamilton | | 752 |
| Moses and Gladys Scipio | | 570 |
| Nancy Mae Hooks | | 396 |
| Natasha Knight | | 891 |
| Natasha Washington | | 77 |
| Patricia McDaniel | | 742 |
| Patsy Kelly | | 805 |
| Philip McAllister | | 1,317 |
| Preston Davis | | 577 |
| Rainesha Hunter | | 60 |
| Raymond Sansbury | | 547 |
| Rebekah Herndon | | 780 |
| Regina Jacobs | | 1,535 |
| Renada Manning | | 77 |
| Renee Hamilton | | 154 |
| Renee Mazique | | 77 |
| Renee McDaniel | | 1,547 |
| Retha Waiters | | 270 |
| | $ | 93,707 |

**PEE DEE ELECTRIC TRUST**
**PAGE 1, PART I, LINE 10-SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | | |
|---|---|---|
| Balance-Brought Forward | $ | 93,707 |
| Rhonda Graham | | 1,448 |
| Robert Barden | | 980 |
| Robert Bryan | | 303 |
| Robert Simpson | | 1,055 |
| Robin McCluney | | 77 |
| Roger Turner | | 30 |
| Ronald Alford | | 77 |
| Rosa Slater | | 222 |
| Rosa Thomas | | 688 |
| Rose Haynesworth | | 159 |
| Ruby Garner | | 581 |
| Ruby McArthur | | 630 |
| Russell Martin | | 673 |
| Russell White | | 1,122 |
| Samantha Betha | | 510 |
| Samantha Hardy | | 77 |
| Sandra Welch | | 20 |
| Sarah Reddick | | 20 |
| Selese Bethea-Davis | | 77 |
| Sharon Andrews | | 678 |
| Shauna Curry | | 383 |
| Sheila McAllister | | 1,191 |
| Sheila Walker | | 995 |
| Sherry Bryant | | 550 |
| Sherry McBride | | 280 |
| Sheryl Lewis | | 413 |
| Stacey Bryant | | 1,140 |
| Stephen Windham | | 77 |
| Suzanne Livingston | | 724 |
| Tammie Lovette | | 593 |
| Tammy Israel | | 520 |
| Tanesha Leonard | | 375 |
| Tasha Gibson | | 983 |
| Tashekia Williams | | 1,410 |
| | $ | 112,768 |

**PEE DEE ELECTRIC TRUST**
**PAGE 1, PART I, LINE 10-SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | | |
|---|---|---|
| Balance-Brought Forward | $ | 112,768 |
| Teresa Hammonds | | 433 |
| Teresa Price | | 568 |
| Thomasena Hickman | | 380 |
| Thomasena Robinson | | 1,141 |
| Tia Miles | | 491 |
| Tommy C. Parrott, Jr. | | 30 |
| Tracy Cottingham | | 77 |
| Tyrone Sansbury | | 135 |
| Velma Smith | | 325 |
| Vickie Morrison | | 450 |
| Viola Morgan | | 60 |
| William Outlaw | | 422 |
| William Smith | | 20 |
| Zereadi Simon | | 430 |
| | | 117,730 |

**PEE DEE ELECTRIC TRUST**
**PAGE 1, PART I, LINE 10-SCHEDULE OF COMMUNITY ASSISTANCE**
**FOR THE YEAR ENDED DECEMBER 31, 2010**

| | |
|---|---|
| American Red Cross | 1,000 |
| Angel Food | 576 |
| Camp Rae | 1,900 |
| Christmas in April | 2,587 |
| Department of Social Services of South Carolina | 6,444 |
| Free Medical Clinic of Darlington County | 1,000 |
| Housing Authority of Florence - Parkview | 2,501 |
| Mercy Medicine Clinic | 1,000 |
| Patterson Dental Supply | 1,487 |
| Santahatchie | 1,000 |
| The Manna House | 1,500 |
| Toys for Tots | 7,000 |
| | $ 27,995 |