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# SCANNED AUG 3 0 2012

Department of the Treasury

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

	10111010	The organization may have to			9 - 1 - 1 - 1 - 1	· : mspection
A F	or the	2011 calendar year, or tax year beginning	and	ending		
B	Check If	C Name of organization			D Employer identifi	cation number
_ 8	Check if applicable	garianis.				
	Addres	s Dalmotto Egonomia Dovol	opmont Corp			
<u> </u>	_jchang∈ ``]Name		opment corp.		^	000106
<u> </u>	change	Doing Business As			57-0	873176
	] Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone number	er
	Termin ated	1201 MAIN STREET		1710	803-	254-9211
	Amend		G Gross receipts \$	2,466,049.		
┌	Applica				H(a) Is this a group r	<del></del>
L	⊥tión pendin		OII II MIIOMAC		7	Yes X No
		F Name and address of principal officer.RALE			for affiliates?	
_		1201 MAIN ST. #1710, COI		01	H(b) Are all affiliates in	cluded? Yes No
١.	Тах∙ехе	mpt status: X 501(c)(3) 501(c)( )	<b>【</b> (insert no.)	or 527	If "No," attach a	list. (see instructions)
J 1	Websit	e: ► N/A			H(c) Group exemption	n number 🕨
			ociation Other	I Vear		M State of legal domicile: SC
		Summary		[   1001	oriormation. 2300 1	VI Citato et logal dominene.
4	aife àt		DATM	TIMMO I	TONOWIG DEV	THE ODMENIA
ø	1	Briefly describe the organization's mission or most	significant activities: PALM	ETTO	SCONOMIC DEA	ELOPMENT
Governance	1 .	CORPORATION ENCOURAGES ECC	NOMIC DEVELOPM	ENT TO	THE CITIZE	NS OF SC.
Ë	2	Check this box 🕨 🔲 if the organization discon	tinued its operations or dispo	sed of mor	e than 25% of its net a	ssets.
Ş	l .	Number of voting members of the governing body (			3	8
Ğ			•		4	8
ಳ		Number of independent voting members of the gov				8
<u>ë</u>	5	Total number of individuals employed in calendar y	ear 2011 (Part V, line 2a)		5	
Activities &	6	Total number of volunteers (estimate if necessary)			6	0
Ę	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7a	0.
٩	Ь	Net unrelated business taxable income from Form s	90 Taline 34.1		7b	0.
		Net unrelated business taxable income from Form's	KECEIVED		Prior Year	Current Year
	8	Contributions and grants (Bort VIII line 1b)	S		0.	0.
9		Contributions and grants (Part VIII, line 1h)	AUG 4 - 2042 10	¦ ⊢	2,670,000.	
ē		Program service revenue (Part VIII, line 2g)	AUG 1 3 2012 O	! <u> </u>		
Revenue		Investment income (Part VIII, column (A), lines 3, 4,		!	17,264.	16,049.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)	L	0.	
	12	Total revenue - add lines 8 through 11 (must equal	Park Gil Detumn (A) line 12)		2,687,264.	2,466,049.
		Grants and similar amounts paid (Part IX, column (A	***************************************		325,473.	198,984.
	1	Benefits paid to or for members (Part IX, column (A)	•		0.	<del></del>
	I	• • • • • • • • • • • • • • • • • • • •	•		1,176,839.	1,330,232.
Expenses	15	Salanes, other compensation, employee benefits (F	* * * * * * * * * * * * * * * * * * * *	<u> </u>		
Ĕ	16a	Professional fundraising fees (Part IX, column (A), lii	ne 11e)		0.	0.
ğ	Ь	Total fundraising expenses (Part IX, column (D), line	25) 🕨	0. 💇		THE SECOND
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		962,294.	1,016,091.
		Total expenses. Add lines 13-17 (must equal Part I)			2,464,606.	2,545,307.
		Revenue less expenses. Subtract line 18 from line			222,658.	
_ <u> </u>	19	nevenue less expenses. Subtract line 18 from line	12			<del></del>
Net Assets or Fund Balances				<u>                                    </u>	eginning of Current Year	End of Year
See	20	Total assets (Part X, line 16)		$\vdash$	220,232.	124,925.
Š	21	Total liabilities (Part X, line 26)			0.	0.
휲	22	Net assets or fund balances. Subtract line 21 from	line 20		220,232.	124,925.
ìP.	art II.	Signature Block				
		ties of perjury, Loeclare that I have examined this return,	including accompanying schedule	es and stater	nents, and to the hest of m	y knowledge and belief it is
		t, and complete. Declaration of prepare (other that disce				A SOLICITION OF THE SOLICITY IN 10
uue	, correc	t, and complete. Declaration of preparer to the map yince	7 is based bit all illioithation of w	ilicii prepare	i ilas aliy kilowieuge.	211
			//hd			7/2
Sig	חו	Signature of officer	, , ,		Date'	, , , , ,
He	re	RALPH U. THOMAS, PRESID	DENT & CEO		•	
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	I PTIN
Pai	,	Print/Type preparer's name	r roparor o olynature	]	If I	
				1	self-emplo	yed
	parer	Firm's name	·		Firm's EIN	
Use	Only	Firm's address				
		<u></u>			Phone no.	
Ma	v the IF	RS discuss this return with the preparer shown about	ve? (see instructions)			Yes X No
4000	201.01.0	2 12 LUA For Pananyork Reduction Act Notice		ions		Form 990 (2011)

		78/31/6	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Bnefly describe the organization's mission		
	PALMETTO ECONOMIC DEVELOPMENT CORPORATION (PEDC) ENCOURAGES	ECONOMIC	•
	DEVELOPMENT THAT WILL PROVIDE ECONOMIC OPPORTUNITIES TO THE		
	OF SC.	CITION	<u>,                                     </u>
	OF SC.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Uvan I	X No
	·	165 (	140
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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	ad hy avnancae	
•			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants at	nd allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code ) (Expenses \$ 113,110. including grants of \$ 10,050.) (Revenue \$	123,3	302.)
	ENCOURAGES ECONOMIC DEVELOPMENT THAT WILL PROVIDE ECONOMIC		
	OPPORTUNITIES TO THE CITIZENS OF SOUTH CAROLINA.		
	OTTORIONITIES TO THE CITIZENE OF BOOTH CAROLINA.		
	<del></del>		
4b	(Code ) (Expenses \$ 1,198,971. including grants of \$ 105,876.) (Revenue \$	1,307,0	06.)
	STRATEGIC PLANNING INITIATIVE PROVIDES FUNDING FOR THE CREAT	TION OF	
	ECONOMIC DEVELOPMENT PLANS THROUGHOUT SOUTH CAROLINA.		
	BEOMORIC DEVELOPMENT FLAND TIMOGROUT BOOTH CANOLINA.		
		-	
4c	(Code ) (Expenses \$ 950, 127. including grants of \$ 83,058.) (Revenue \$	1,035,7	41.)
	CERTIFIED SITE INITIATIVE PROVIDES FUNDING TO EVALUATE INDUS		
	TO DETERMINE THOSE THAT CAN BE SITE CERTIFIED IN SOUTH CAROL		
	TO DETERMINE THOSE THAT CAN BE SITE CERTIFIED IN SOUTH CAROL	1TINW •	
	<u></u>		
4d	Other program services (Describe in Schedule O )		
70		,	
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶ 2,262,208.		
		Form <b>99</b>	0 (2011)

Pa	rt IV Checklist of Required Schedules			
<del></del>			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			٠
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		х
L	Part VI	11a		<u> </u>
O	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
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		<del></del> -
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			۱.,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<b> </b> ₩
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	46		х
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		┢┸
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del>-</del> -
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			- <u>-</u> -
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Pa	rt IV Checklist of Required Schedules (continued)			age -
_ `			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,		i	l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	5 The second sec			
	any tax-exempt bonds?	24c		
d	and the second s	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			١
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			٠,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		1	\ <b>.</b> .
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	Х
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b>₩</b>
	contributions? If "Yes," complete Schedule M	30	_	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<b>-</b>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			<sub>~</sub>
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
~~	If "Yes," complete Schedule R, Part V, line 2	36	<del>                                     </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	i	

Form **990** (2011)

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			age o
<del>rai</del>	Check if Schedule O contains a response to any question in this Part V			
	Chock in Contents a response to any question in this rack v		Yes	No
4	Enter the number reported in Box 3 of Form 1096. Enter .0. if not applicable		res	NO
_	and the number reported in box 6 of 1 of the 1000. Effect of infort applicable	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
С		10	х	İ
0-	(gambling) winnings to prize winners?			-
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a  8		İ	
_	into the fall field year critically want or want and year covering by and retain	2b	х	
U	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)	<del>20</del>	<del> </del>	ļ
20	· · · · · · · · · · · · · · · · · · ·	3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	┢	<del></del>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	<del>                                     </del>	
48	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
<b>.</b>	· ·	44		<del> </del>
D	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.	ŀ		
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	İ	х
		5b	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<del>                                     </del>	<del></del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<del>  ~</del>		-
ua	any contributions that were not tax deductible?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<del></del>		<del></del>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	55	<u> </u>	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>	<b></b> -	
·	to file Form 8282?	7c		X
d	1 - 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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	1	ļ	
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<b>!</b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	L	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<b>!</b>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	<del>                                     </del>		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2011) Palmetto Economic Development Corp. 57-0873176 Page
Part VI Governance, Management, and Disclosure For each "Yes" 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			X							
Sec	tion 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 1a 8										
	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.										
þ	Enter the number of voting members included in line 1a, above, who are independent  1b 8										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			7.7							
	officer, director, trustee, or key employee?	2		<u> </u>							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b> 5		$\frac{x}{x}$							
_	<ul> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Did the organization have members or stockholders?</li> </ul>										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х							
<i>,</i> a	more members of the governing body?	7a	j	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?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	x								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	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	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a_		<u> </u>							
ь	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?	10b		X							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		х							
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 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	120									
•	in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		Ì								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			<b>47</b>							
	taxable entity during the year?	16a		X							
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	401									
800	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ None	<del></del>									
17	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are consistent to make its Forms 1023 (or 1024 if applicable).	wailah	lo								
18	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial								
	statements available to the public during the tax year										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨	•								
	RALPH U. THOMAS - 803-254-9211										
	1201 MAIN ST. #1710, COLUMBIA, SC 29201										
132000		Lorm	$\Omega \Omega \Lambda \Lambda$	2011)							

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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.

(A) Name and Title	(B)		(C) Position (do not check more than one					(D) Reportable	<b>(E)</b> Reportable	(F) Estimated	
riame and title	Average hours per week	box	not c , unle	heck ss pe	more	than is bot or/trus	h an		compensation from related	amount of other	
	(describe hours for related organizations in Schedule O)	_	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) O.L. THOMPSON	2 00	,							0.	,	
BOARD CHAIRMAN	2.00	<u>^</u>	-	$\vdash$	_	┡	$\vdash$	0.	0.	С	
(2) GARY L. STOOKSBURY BOARD VICE CHAIRMAN	2.00	<sub>v</sub>						0.	0.	C	
(3) RONALD J. CALCATERRA	2.00	₽		$\vdash$		H			<u> </u>		
BOARD MEMBER	2.00	X						0.	0.	C	
(4) JAMES P. HOWLE						T					
BOARD MEMBER	2.00	X						0.	0.	C	
(5) DOUGLAS A. REEVES									_		
BOARD MEMBER	2.00	X		L_			$ldsymbol{ld}}}}}}$	0.	0.	C	
(6) LONNIE N. CARTER											
BOARD MEMBER	2.00	X	_			<u> </u>	<u> </u>	0.	0.	0	
(7) G. DIAL DUBOSE BOARD MEMBER	2.00	v						0.	0.	C	
(8) J. CALHOUN LAND IV	2.00	<del>  ^</del>		$\vdash$		┢	-				
BOARD MEMBER	2.00	$ _{\mathbf{X}}$						0.	0.	C	
(9) FRANKLIN M. LOOPER JR.											
BOARD MEMBER	2.00	X					L	0.	0.	C	
(10) W. LEIGHTON LORD, III		l									
BOARD MEMBER	2.00	X	ļ	ļ				0.	0.	C	
(11) RALPH U. THOMAS	40.00	1		۱,,		ŀ		220 110		00 063	
PRESIDENT & CEO	40.00	├_	_	Х	_	<u> </u>		230,118.	0.	98,863	
(12) FRED J. GASSAWAY EXECUTIVE VICE PRESIDENT	40.00	l		x				155,776.	0.	70,404	
(13) DONALD REED	40.00	├	$\vdash$	Λ	$\vdash$	┢	$\vdash$	133,770.		70,404	
VICE PRESIDENT-BUS. DEV.	40.00					x		104,072.	o.	84,878	
	20000					<u></u>				0 2 7 9 7 9	
		-			-		<del> </del>				
					<u> </u>						
					-	┢	_				
	1				1		ı	1	1		

Pai	t VII Section A. Officers, Directors, T	rustees, Key E	mpl	oyee	s, a	nd l	High	est	t Compensated Employ	rees (continued)	0 / 3	<u> </u>		aye o
(A) (B) (C)									(D)	(E)				
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable	•	Es	(F) stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	ar	nount	of
		week (describe	$\vdash$	T a	uau	u ecit	Jiraus	166)	- trom	from related			other	
		hours for	Individual trustee or director						the	organization			pensa	
		related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om th	
		organizations	ruste	institutional trustee		99/	mpeu		(***2/1033***********************************				anızat d relat	
		ın Schedule	dual	tion	<u>.</u>	Key employee	stco	ı					anızatı	
		O)	ing.	Instit	Officer	Key e	Highest compensated employee	Form						
_											-			
			_	L					<u> </u>					•
		<del>- </del>	⊢	⊢	Н	_	-			<u> </u>				
				Ι.										
				t			-							
		<del> </del>	<del> </del>	-	Н		$\vdash$		<u> </u>					
		<del>                                     </del>					Н	_						
		<u> </u>	<u>.</u>						100 055	_				
	Sub-total								489,966.		0	25	4,1	
	Total from continuation sheets to Part \	/II, Section A							489,966.		0.	25	4,1	<u>0.</u>
_ <u>u</u>	Total (add lines 1b and 1c)  Total number of individuals (including but	not limited to th	000	liete	nd ab	201/6	a) wh			000 of reportab		_4,5	<del>4</del> ,1	4).
_	compensation from the organization	not minica to ti	1036	liste	u al	JOVE	<i>5)</i> WI		eceived more man \$100	,000 or reportab	ile			3
							•						Yes	No
3	Did the organization list any former office	r, director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for								•			3		X
4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	tion	and	ot	her compensation from	the organization				
	and related organizations greater than \$15	50,000? If "Yes,	" со	mple	ete S	Sche	edule	J	for such individual			4	X	
5	Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unre	elat	ted organization or indivi	dual for services	;			
	rendered to the organization? If "Yes," con	nplete Schedul	e <i>J f</i>	or su	ıch j	oers	оп					5		X
	tion B. Independent Contractors									•				
1	Complete this table for your five highest c										npens	ation 1	rom	
	the organization Report compensation fo (A)	the calendar y	ear	enun	ig w	/1111	Or WI	<u>una</u>	(B)	/ear		(0	<u> </u>	
	Name and busines	s address							Description of s	ervices	С	ompe		n
	APHORE, INC.							$\neg$				_	-	
828	WOODROW ST., COLUMBI	A, SC 29	20	)5					MARKETING &	PRINTING		24	7,5	79.
			_					4						
	<del></del>	<del>-</del>						ᅥ						
								7						
2	Total number of independent contractors		ot iu	nite	d to	_		tec	d above) who received m	ore than				
	\$100,000 of compensation from the organ	ization					L		<u></u>				200	
												Form !	99U (2	2011)

Ра	IL VI	ii Statement of Rever	lue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 8	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	t	Membership dues	1b		]			
S,E	(	Fundraising events	1c		1			
# i		Related organizations	1d		1.			
O.E		Government grants (contributi	<b>⊢</b>		1`			
Sig		All other contributions, gifts, grant			1			
돌힐	•	similar amounts not included above	· I I					
중	_				-			
[달	_	Noncash contributions included in lines	1a-1f \$					
2"		Total. Add lines 1a-1f			<u> </u>			<del> </del>
_	_	DIRECT DIDITO	TIDDOD#	Business Code		12 AED DOD		
ļ ģ	2 8	·	OPPORT	341300	2,450,000.	2,450,000.		
E e	t	·						-
en S	(	<u> </u>						<del> </del>
Re	(							
Program Service Revenue	€		<del></del>					
-	f	, ,	nue		0.450.000	ļ <u> </u>		
$\rightarrow$		Total. Add lines 2a-2f			2,450,000.			
l	3	Investment income (including	dividends, inter	est, and	16 020	16 000		
		other similar amounts)		<b>&gt;</b>	16,038.	16,038.		ļ
	4	Income from investment of tax	k-exempt bond p	proceeds				
	5	Royalties	<sub>-</sub>	<u> </u>			<u>-</u>	
			(i) Real	(ii) Personal				
	6 a				ł			
l	t	Less rental expenses						
		Rental income or (loss)		l <u>.</u>	ļ			
ŀ	C	Net rental income or (loss)		<u> </u>				
	7 8	Gross amount from sales of	(i) Securities	(II) Other				İ
		assets other than inventory	11.					
	t	Less cost or other basis						
-		and sales expenses			]			
- 1	c	Gain or (loss)	. 11.					
	C	Net gain or (loss)			11.	11.		<u> </u>
ge	8 a	Gross income from fundraising	g events (not					
ē		including \$	of					
Other Reve		contributions reported on line	1c) See			İ		
-		Part IV, line 18	а			İ		
훗	t	Less: direct expenses	b					
~	c	: Net income or (loss) from fund	Iraising events					L
	9 a	Gross income from gaming ac	tivities See	_				
ı		Part IV, line 19	а					
	b	Less direct expenses	b					
	c	Net income or (loss) from gam	ing activities					<u> </u>
	10 a	Gross sales of inventory, less	returns					
1		and allowances	а					
	b	Less cost of goods sold	b					
Į		Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	e	<b>Business Code</b>				
	11 a							
	b	<u> </u>						
	c							ļ
	d	All other revenue		<u> </u>				<u> </u>
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
1888	12	Total revenue. See instructions.			2,466,049 <b>.</b>	2,466,049.	0	
13200	9							Earm <b>QQQ</b> (2011)

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

	Check if Schodulo C contains a record	ee to any guesties in the	e Dart IV		
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	188,934.	188,934.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	10,050.	10,050.		
3	Grants and other assistance to governments,	·			
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	608,184.	516,957.	91,227.	
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 salanes and wages	399,841.	359,857.	39,984.	
8	Pension plan accruals and contributions (include		_		
	section 401(k) and section 403(b) employer contributions)	80,468.	72,421.	8,047.	<u> </u>
9	Other employee benefits	189,174.	170,257.	18,917.	
10	Payroll taxes	52,565.	47,309.	5,256.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	21,901.		21,901.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	342,565.	342,565.		
13	Office expenses	117,641.	98,502.	19,139.	
14	Information technology	11,075.	5,537.	5,538.	
15	Royalties				
16	Occupancy	84,719.	76,247.	8,472.	
17	Travel	214,330.	166,937.	47,393.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,528.	10,528.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	17,225.		17,225.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	SPECIAL PROJECTS	107,834.	107,834.		
b	DUES & MEMBERSHIPS	88,273.	88,273.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,545,307.	2,262,208.	283,099.	0.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 01-23-12				Form <b>990</b> (2011)

•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		220,232.	1	124,925.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key	<del></del>		
		employees, and highest compensated employee				
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru			6	
ets	7	Notes and loans receivable, net	<b>,</b>		7	
Assets	8	inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	<del>-</del>
	10a	Land, buildings, and equipment cost or other	l I			
		basis Complete Part VI of Schedule D	10a		li	
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	<del> </del>
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	220,232.	16	124,925.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
ģ	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key employees,			
abi		highest compensated employees, and disqualific	ed persons. Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of		1	
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	_	0.	26	0.
		Organizations that follow SFAS 117, check he	re 🕨 🗓 and complete			
es		lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		220,232.	27	124,925.
ä	28	Temporarily restricted net assets			28	
Ĕ	29	Permanently restricted net assets			29	-
Ξ		Organizations that do not follow SFAS 117, ch	eck here 🕨 📖 and			
6		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds		32	
Z	33	Total net assets or fund balances		220,232.	33	124,925.
	34	Total liabilities and net assets/fund balances		220,232.	34	124,925.
			-	-		Form <b>990</b> (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2011)

# SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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

Open to Public Inspection

Employer identification number

I Down	Pessen	Palmett	o Economic D	evelo	pment	Corp	•		57	7-0873	176		
Part I			ity Status (All organiz			· · · · · · · · · · · · · · · · · · ·		tructions					
The organ		•	because it is. (For lines 1			•	•						
-1  =			s, or association of chur			ection 170	(b)(1)(A)(i)	).					
2 ├┤			'0(b)(1)(A)(ii). (Attach Sc	-									
3 ├┤	· ·	•	tal service organization of										
4 📖			operated in conjunction	with a hos	spital desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter ti	he hospital	's nam	ıe,	
	city, and sta												
5 📖			benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental un	t describe	ed in			
_	section 170	( <b>b)(1)(A)(iv).</b> (Comple	ete Part II)										
6	A federal, sta	ate, or local governm	ent or governmental unr	t describe	d in sectio	n 170(b)(1	I)(A)(v).						
7 📖	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic desc	nbed i	n	
	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 <u>X</u>	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
	activities rela	ited to its exempt fur	nctions - subject to certa	aın excepti	ons, and (	2) no more	than 33 1	1/3% of its	support	from gross	ınvest	ment	
	income and	unrelated business to	axable income (less sect	tion 511 ta	ex) from bu	isinesses a	acquired b	y the orga	ınızatıon a	ifter June 3	0, 197	<b>′</b> 5	
		<b>509(a)(2)</b> . (Complete	•										
10	An organizat	ion organized and or	perated exclusively to te	st for publ	lic safety S	See <b>sectio</b>	n 509(a)(4	4).					
11 📖	_	•	perated exclusively for the						-			or	
			ations described in secti				2) See <b>se</b> o	ction 509(	<b>a)(3).</b> Che	ck the box	that		
			organization and comple		-								
	a L Type		· · ·		e III - Fund	•	_		d∐	Type III - C			
еШ		•	it the organization is not		•	•	•		•			ın	
			han one or more publicly		-				9(a)(1) or s	section 509	(a)(2)		
f	If the organiz	ation received a writ	ten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				_	
	supporting o	rganization, check th	nis box									L	
9	•	·	organization accepted ar			•		•					
	(i) A perso	n who directly or ind	irectly controls, either al	lone or tog	ether with	persons o	iescnbed	ın (ıı) and (	III) below,		Yes	No	
	_	• •	upported organization?							11g(i)	<u> </u>	<u> </u>	
		•	n described in (i) above?							11g(ii)	<u> </u>	<u> </u>	
		•	person described in (i) o							11g(iii)			
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).								
			Città Turno of	I		T		[ (.:) I=	4h.a.				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		notify the	Torganizatio	on in col. L	(vii) Am		f	
orga	anızatıon		(described on lines 1-9	. ,,	document?	(i) of your		(i) organiz U.S	ed in the	sup	port		
			above or IRC section			,,,,,							
			(see instructions))	Yes	No	Yes	No	Yes	No				
					i		]						
				<u> </u>				-	1				
									•				
				-				ļ	-				
				<del>                                     </del>				ļ					
				-				<del>                                     </del>	<del>                                     </del>				
						-		<del>                                     </del>	<del>  </del> -				
Total													
Total	· · · · · · · · · · · · · · · · · · ·		4	<u> </u>	L	l		0-1	. 4 (5 - :	. 000 - : 00		0011	
THA LOL L	-aperwork Re	uuction ACT NOTICE,	, see the Instructions fo	Of .				ocneaul	e A (FOIN	1 990 or 99	U-EZ)	∠U11	

132021 01-24-12

Form 990 or 990-EZ.

### 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.)

Sec	ction A. Public Support	······································					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")			1			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	or expended on its behalf				]		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4					, ,	
8	Gross income from interest,		-			·	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			, , ,			
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						ightharpoonup
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (	ine 6, column (f) d	livided by line 11,	column (f))	•	14	%
15	Public support percentage from 2010	Schedule A, Part	il, line 14			15	%
16a	33 1/3% support test - 2011. If the c	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			<b>&gt;</b>
b	33 1/3% support test - 2010. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check to	nis box
	and stop here. The organization qual	fies as a publicly	supported organi	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2011. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check	this box and stop I	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"						ightharpoons
b	10% -facts-and-circumstances tes	-			=	17a, and line 15 is	10% or
	more, and if the organization meets the	-	•				
	organization meets the "facts-and-circ		•				ightharpoons
18	Private foundation. If the organization		-	•			is •
						edule A (Form 990	

(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

80	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part I <u>I</u> )				·
	endar year (or fiscal year beginning in)	(a) 2007	(F) 2008	(a) 2000	(4) 2010	(a) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	membership fees received (Do not include any "unusual grants")						
	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	2390000.	2890000.	2450000.	2670000.	2450000.	12850000.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5	2390000.	2890000.	2450000.	2670000.	2450000.	12850000.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ı	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						0.
•	Add lines 7a and 7b						0.
_8	Public support (Subtract line 7c from line 6.)						12850000.
	ction B. Total Support	<del></del>					1
	endar year (or fiscal year beginning in)	(a) 2007 2390000.	(b) 2008 2890000.	(c) 2009 2450000.	(d) 2010 2670000.	(e) 2011	(f) Total 12850000.
	Amounts from line 6	2390000.	4690000.	Z450000.	26/0000.	2450000.	12050000.
108	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,088.	27,952.	20,353.	17,264.	16,049.	96,706.
k	Unrelated business taxable income	, ,					
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b	15,088.	27,952.	20,353.	17,264.	16,049.	96,706.
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)						
	Total support (Add lines 9, 10c, 11, and 12)	2405088.	2917952.				12946706.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organı	zation,
60	check this box and stop here	is Support De					
	ction C. Computation of Public	• • • • • • • • • • • • • • • • • • • •		-1 (6)		45	99.25 %
	Public support percentage for 2011 (I		=	column (t))		16	99.25 %
	Public support percentage from 2010 etion D. Computation of Inves					110	JJ • J ± 76
	Investment income percentage for 20			ne 13 column (fl)		17	.75 %
	Investment income percentage from 2			ie 10, column (i))		18	.69 %
	33 1/3% support tests - 2011. If the			on line 14. and line	ا 15 s more than 3 د		<del></del>
	more than 33 1/3%, check this box are 33 1/3% support tests - 2010. If the	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	$\triangleright$ X
٠	line 18 is not more than 33 1/3%, che	-					. $\Box$
20	Private foundation. If the organization		-	•		=	

### **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 Open to Public Inspection

Name of the organization

**Employer identification number** 

<u> </u>	Palmetto Economic			57-08/31/6
Pa			milar Funds or A	CCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	·		
		(a) Donor advised	funds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held	d in donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	rnng
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes"	to Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preser	vation of an historical	ly important land area
	Protection of natural habitat	Preser	vation of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribut	tion in the form of a co	onservation easement on the last
	day of the tax year			F
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a	historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or te	rminated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per	<u> </u>	on, handling of	
_	violations, and enforcement of the conservation easements i			└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	_	· ———
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above	e satisty the requirements	of section 1/U(n)(4)(E	
_	and section 170(h)(4)(B)(ii)?			└ Yes └ No
9	In Part XIV, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organizar	tion's financial statements	that describes the or	ganization's accounting for
Pai	t III   Organizations Maintaining Collections o	f Art Historical Tres	sures or Other	Similar Assets
	Complete if the organization answered "Yes" to Form		isarcs, or other	51111111 A35013.
12	If the organization elected, as permitted under SFAS 116 (AS		revenue statement a	nd halance sheet works of art
	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri		arch in furtherance of	public service, provide, irr art XIV,
b	If the organization elected, as permitted under SFAS 116 (AS		enue statement and h	alance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed	**		
	relating to these items	ducation, or research in ful	therance or public se	rvice, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1			<b>•</b> •
	(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of art, historical tre	actires or other similar ass	sets for financial dain	
-	the following amounts required to be reported under SFAS 1	•		provide
а	Revenues included in Form 990, Part VIII, line 1	TO VICE GOO, Telating to th	.ccc nome	<b>▶</b> \$
	Assets included in Form 990, Part X			► \$ ► \$
~				*

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Schedule D (Form 990) 2011

Sche	dule'D (Form 990) 2011 Palmett	o Economic	Dev	elopme	nt Cor	p.		<u>57-08</u>	73176	Page 2
Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	ts (contir	nued)
3.	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at are a s	ignificant	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition	d			hange progr	ams				
b	Scholarly research	e	لـا ؛	Other					-	
С	Preservation for future generations									
4	Provide a description of the organization's co							ose ın Paı	t XIV.	
5	During the year, did the organization solicit of					ner sımıla	r assets	_	٦.,	г—
Da	to be sold to raise funds rather than to be mi								<u> Yes</u>	No_
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ii thi	e organizatio	n answered	"Yes" to	Form 990	), Part IV,	line 9, or	
12			tiani for	contribution	o or other or	seate not	unaludad			
Ia	Is the organization an agent, trustee, custod on Form 990, Part X?	ian or other intermet	Jiaty 101	Contribution	is or other as	SSEIS NOI	. Iriciuueu		Yes	□ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowna	table					_ 162	NO
	ii res, explain the arrangement ii r art XIV	and complete the it	mowing	lable					Amount	
С	Beginning balance						1c		Anount	
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	212						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	t IV, line 1	10			
		(a) Current year	(b) F	nor year	(c) Two yea	ırs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									·
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses								<u> </u>	<del></del>
9	End of year balance				<u> </u>				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as					
a	Board designated or quasi-endowment		<b>-</b> %							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
20	The percentages in lines 2a, 2b, and 2c should be there and symmetric funds not in the peace.	•	ation th	at ara bald a	nd administr	arad for t	ho organi	zation		
Sa	Are there endowment funds not in the posse	ssion of the organiz	auon un	at ale lielu a	na aaniinst	ereu ioi i	ne organi	Zation	[·	Yes No
	by: (i) unrelated organizations								3a(i)	140
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b	<del></del>
4	Describe in Part XIV the intended uses of the	•							<u> </u>	
Par	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o			or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)		(other)	1	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
đ	Equipment									
e	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c) )					0.
								Schedule	D (Form	990) 2011

	<u>Palmetto Economic Dev</u>			<u> 57-</u>	<u>0873176</u>	Page 4
Part XI Reconciliation of	Change in Net Assets from For	m 990 to Audited Fin	ancial S	Statemen		
1 Total revenue (Form 990, Part	VIII, column (A), line 12)		1		2,466	,049.
2 Total expenses (Form 990, Par			2		2,545	,307.
3 Excess or (deficit) for the year			3		-79	,258.
4 Net unrealized gains (losses) or			4			
5 Donated services and use of fa			5	-		
6 Investment expenses			6			
7 Prior period adjustments			7			
8 Other (Describe in Part XIV)			8		-16	,049.
9 Total adjustments (net) Add lin	nes 4 through 8		9		-16	,049.
10 Excess or (deficit) for the year	per audited financial statements. Combin	ne lines 3 and 9	10		-95	,307.
Part XII Reconciliation of	Revenue per Audited Financial	Statements With Re	venue p	er Retur	n	
1 Total revenue, gains, and other	r support per audited financial statement	·\$		1	2,450	<u>,000.</u>
	t not on Form 990, Part VIII, line 12:					
a Net unrealized gains on investr		2a				
<b>b</b> Donated services and use of fa		2b				
c Recoveries of prior year grants		2c				
d Other (Describe in Part XIV)		2d				
e Add lines 2a through 2d		<u> </u>	<del>-</del>	2e		0.
3 Subtract line 2e from line 1				3	2,450	,000.
	0, Part VIII, line 12, but not on line 1					·
	ded on Form 990, Part VIII, line 7b	4a				
<b>b</b> Other (Describe in Part XIV)	,,	4b	16,0	49.		
c Add lines 4a and 4b		L		4c	16	,049.
	4c. (This must equal Form 990, Part I, line	e 12.)		5	2,466	
Part XIII Reconciliation of	Expenses per Audited Financia	I Statements With Ex	penses	per Retu		·
1 Total expenses and losses per	·			1	2,545	,307.
·	t not on Form 990, Part IX, line 25					
a Donated services and use of fa	·	2a				
<b>b</b> Prior year adjustments		2b				
c Other losses		2c		•••	1	
d Other (Describe in Part XIV)		2d				
e Add lines 2a through 2d				2e		0.
3 Subtract line 2e from line 1				3	2,545	,307.
	0, Part IX, line 25, but not on line 1				1	
	ded on Form 990, Part VIII, line 7b	4a				
<b>b</b> Other (Describe in Part XIV.)	,,,, ,, ,,	4b				
c Add lines 4a and 4b				4c		0.
	d <b>4c</b> . (This must equal Form 990, Part I, I	ine 18)		5	2,545	,307.
Part XIV Supplemental Info				•		
	scnptions required for Part II, lines 3, 5, a 2d and 4b, and Part XIII, lines 2d and 4b					4, Part
Part XI, Line 8 - 0	Other Adjustments:					
PEDC RETIREE WELFA	RE BENEFIT TRUST #22-	-6987698			-16	,049.
Part XII, Line 4b	- Other Adjustments:					
PEDC RETIREE WELFA	RE BENEFIT TRUST #22-	-6987698				
16,049						
<del>-</del>						

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2011 Open to Public Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 

▶ Attach to Form 990.

**Employer identification number** နိ | 57-0873176 (h) Purpose of grant SITE CERTIFICATION SITE CERTIFICATION STRATEGIC PLANNING STRATEGIC PLANNING or assistance SITE CERTIFICATION SITE CERTIFICATION STRATEGIC PLANNING X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of valuation (book, FMV, appraisal, other) ٥. 。 。 。 ö ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 5,354. 6 188 25,000, (d) Amount of 25,000 26,870 25,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Palmetto Economic Development Corp. (c) IRC section if applicable STATE OF SC STATE OF SC STATE OF SC STATE OF SC STATE OF SC STATE OF SC Enter total number of other organizations listed in the line 1 table 57-6000412 03-0445313 57-6000405 57-6000353 57-6000917 57-0998125 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Sumter County Development Board Williamsburg County Development 2050 HWY 501 E. BUILDING 900 Georgetown County Economic Laurens County Development Myrtle Beach Regional Ec or government MONCKS CORNER, SC 29461 GEORGETOWN, SC 29442 ONE RIVERWOOD DRIVE Name of the organization LAURENS, SC 29360 32 E. CALHOUN ST. SUMTER, SC 29150 CONWAY, SC 29526 KINGSTREE, SC Santee Cooper PO BOX 1132 PO BOX 1515 PO BOX 427 Part

20

Schedule I (Form 990) (2011)

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Page 1

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zations in the
to Governments and Organizations in the Ur
Assistance to Gr
tion of Grants and Other Assistance t
Part II   Continuation

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	overnments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	t II )	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
York County Economic Dev. 1830 SECOND BAXTER CROSSING FT. MILL, SC 29708	57-6000418	STATE OF SC	14,100.	0			STRATEGIC PLANNING STRATEGIC PLANNING
Chester County 3200 COMMERCE DR., SUITE B RICHBURG, SC 29729	57-6000331	STATE OF SC	12,422.	0			STRATEGIC PLANNING
Dorchester County Economic 402 N. MAIN ST. SUMMERVILLE, SC 29483	57-6000344	STATE OF SC	24,000.	0.			STRATEGIC PLANNING
Lowcountry Economic Alliance 917 BAY ST., SUITE 207 BEAUFORT, SC 29902	57-0920680	STATE OF SC	25,000.	0.			STRATEGIC PLANNING
							Schedule I (Form 990)

57-0873176

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP-TUITION FOR ECONOMIC DEVELOPMENT	6	10,050.	.0		
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I,	line 2, and any other	additional information.	
וכו	TAS DOCUM	DOCUMENTED RULE	RULES TO BE USED	ED IN THE	
DETERMINATION OF THE RECIPIENTS OF	GRANTS.	USE OF F	USE OF FUNDS IS MONITORED	NITORED	
THROUGH CERTIFICATES OF COMPLETION		NOMIC DEVE	FOR ECONOMIC DEVELOPMENT CLASSES,	ASSES, SITE	
CERTIFICATIONS (SITE CERTIFICATION GRANS) AND THE REVIEW OF	GRANS)	AND THE RE		PROPOSED	
ECONOMIC PLANS (STRATEGIC PLANNING	(G GRANTS)	).			

Schedule I (Form 990) (2011)

### SCHEDULE J (Form 990)

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury Internal Revenue Service

Palmetto Economic Development Corp.

Employer identification number 57-0873176

	_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			•
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III		·	
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization		1	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		ļ	
	contingent on the revenues of			
а	The organization?	5a	<u> </u>	X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a	ļ	X
b	Any related organization?	6b	ļ	Х
	If "Yes" to line 6a or 6b, describe in Part III			]
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			l
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		L

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

Schedule J (Form 990) 2011

Palmetto Economic Development Corp.

57-0873176

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) on the list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-{iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	Ĺ	0		,	1	1		
1	Ξ	22I,39	4,50	4,216.	75,996.	77,867	328,981.	0
1 RALPH U. THOMAS	(ii)			0.				0.
	(I)	153,25	751.	1,767.	49,348.	21,056.	226,180.	0.
2 FRED J. GASSAWAY	(ii)			0	0		0.	0.
	(i)	107,23	802.	-3,965.	. 65, 603	19,275.	188,950.	0
3 DONALD REED	(ii)	0	0	0.	0.	0.	0.	0
	€							
+	1							
ų	3							
C	ॏ							
	Θ							
9	(ii)							
	(i)							
7	(ii)							
	(1)							
8	(ii)							
	(i)							
6	(ii)							
	Θ							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	Θ							
13	(ii)							
	(i)							
14	(ii)							
	Θ							
15	⊞							
	Θ							
16	(ii)							
				7			Schedul	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011	Palmetto	Economic	Palmetto Economic Development Corp.	Corp.	57-0873176	Page
Part III Supplemental Information						
Complete this part to provide the information, explanation, or descripti	rmation, explanati	ion, or descriptions	required for Part I, line	s 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	tions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any	,
additional information.						

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line la: PEDC PROVIDES CERTAIN EMPLOYEES WITH MEMBERSHIPS AT
THE CAPITAL CITY CLUB AND COLUMBIA COUNTRY CLUB TO BE USED PRIMARILY FOR
BUSINESS PURPOSES. ANY PERSONAL USE IS RECORDED AS INCOME IN THE EMPLOYEES
W-2.

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i					
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# SCHEDULE O

### Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

2011
Open to Public Inspection

Name of the organization

Palmetto Economic Development Corp.

Employer identification number 57 – 0.873176

Form 990, Part VI, Section B, line 11: ALL BOARD MEMBERS WERE NOTIFIED
THAT THE FORM 990 HAD BEEN PREPARED AND OFFERED A COPY UPON A REQUEST OF
THE CHIEF EXECUTIVE OFFICER.
Form 990, Part VI, Section B, line 12: PEDC DOES NOT HAVE A CONFLICT OF
INTEREST POLICY.
Form 990, Part VI, Section B, Line 15a: PART VI 15A:
THE BOARD OF DIRECTORS DETERMINES THE PAY OF THE CHIEF EXECUTIVE OFFICER.
PART VI 15B:
THE CHIEF EXECUTIVE OFFICER DETERMINES THE PAY OF OTHER OFFICERS.
Form 990, Part VI, Section C, Line 19: PEDC'S GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
OF THE CHIEF EXECUTIVE OFFICER.
•
Form 990, Part XI, line 5, Changes in Net Assets:
PEDC RETIREE WELFARE BENEFIT TRUST #22-6987698 -16,049.
There has been no change from prior year.