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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

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

Dep: Inter	artment of nal Reven	f the Treasury lue Service	► The organization ma	ay have to us	e a copy of this	return to	satisfy s	state repo	rting require	ements.	Inspecti	
A	For the	2011 cale	dar year, or tax year begi	inning	January 1	, 20	011, and	lending	Decem	iber 31	, 20 11	
В	Check if	applicable.	C Name of organization Palm	netto Electri	c Trust					D Employe	r identification nu	mber
	Address		Doing Business As								57-0931978	
	Name ch	•	Number and street (or P O b	ox if mail is no	ot delivered to stre	et address) R	loom/suite	ite E Telephone number			
	Initial ret	•	P O Box 820						- 1		843-726-5551	
	Termina		City or town, state or country	, and ZIP + 4								
\exists	Amende		Ridgeland SC 29936							G Gross red	ceipts \$	334880
\exists			F Name and address of princip	al officer					_			
_	Applicat	ion pending	Traine and address of princip	ui 0111001						•	cluded? Yes	
_	T		✓ 501(c)(3)	F04/a\ /) 4 (moort no.) [4947(a)(1) [1507	1		list (see instruction	
누	•	mpt status	<u>(C)(3)</u>	501 <u>(c)</u> () ◀ (insert no) L	4947(a)(1) Or	527	ł		•	,
K	Website		7 Carrantina Trust	A	Other ▶		1 Voos s			exemption		sc
	art I			Association _	_ Other P		L Year C	of formation	1303	M State (of legal domicile	30
	_	Summ						Oharisah	la firmal and			
	1		scribe the organization's									
9			y activities by rounding u			dollar an	nount, w	vitn disbu	rsement o	r runas ro	r charitable pur	poses
ă	1	in the ser	vice area of Palmetto Elec	tric Cooper	ative, inc.							
Governance	_			:						050/	 	
Š	2		s box ▶ ☐ if the organiz								ts net assets.	
300	3		f voting members of the	•	• •					3		12
	4		of independent voting me							4	 	12
<u>``</u> ₹	5		ber of individuals emplo	-	-	I1 (Part V	/, line 2	a)		5		
Zactivities	6		ber of volunteers (estim		• •					6		
	7a		elated business revenue		· · ·	-				7a		
AWG	b	Net unrel	ated business taxable in	come from	Form 990-T,	line 34			<u></u>	7b		
₹								<u> </u>	Prior Ye	ar	Current Ye	ar
<u></u>	8		ons and grants (Part VII					·		372410		332574
캶	9	Program	service revenue (Part VII	I, line 2g)				·				
Zě	10	Investme	nt income (Part VIII, colu	ımn (A), line	es 3, 4, and 7c	d)				3590		2306
7	11	Other rev	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)									
	12	Total reve	nue-add lines 8 through	n 11 (must e	equal Part VIII,	column	(A), line	12)		376000		334880
Ñ	13	Grants ar	d sımılar amounts paid	(Part IX, co	lumn (A), lines	1–3) .				268804		325510
	14	Benefits	oald to or for members (I	Part IX, col	umn (A), line 4	١)						-
S	15	Salaries,	ther compensation, empl	loyee benef	its (Part IX, col	umn (A),	lines 5-	10)				
Expenses	16a		nal fundraisıng fees (Par	•	•							
ē	ь		Iraising expenses (Part I						. (C.			2.
Щ	17		enses (Part IX, column (4612		4868
	18		enses. Add lines 13-17 (ກົອີ 25)	, , 				
	19	Revenue	less expenses. Subtract	line 18 fro	m line-12		 (.] . —		273416		330378
≥ 8	1				1		15	Beg	ginning of Cu	 +	End of Ye	
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16) .	.	S AUG 1	6 20	12			335586		340088
Ass	21		lities (Part X, line 26) .		W) 496 -							
E Set	22		s or fund balances. Sub	tract line 2	1 from line 20		.,	=;;		335586		340088
_	art II		ure Block		<u> </u>	10 5	/					
			y, I declare that I have examine	ed this return	including accomp	nanving sch	nedules a	nd stateme	nts and to ti	ne hest of m	v knowledge and	belief it is
			Declaration of preparer (oth								,,	,
			Tryma / //	<u> </u>					······	8.10	2. 2012	
Sig	n	Sign	ture of officer	1410	<u> </u>				Da		2012	
He			MULA TRUIT	VP	Trance	,						
		Type	or print name and title	111.,1	mar co	<u> </u>						
		 	e preparer's name	Prena	arer's signature			Date		T	PTIN	
Pa			, .,							Check L self-emp	_ f	
	epare	1	b		1		-		1		,	
Us	e On							_		n's EIN ▶		
140	v tha I		dress ► this return with the prej	narer ehow	n above? (ecc	Inetruct	ione)		Pho	ne no	TYes	No
IVID	y are if	io discus	ans recorn with the pre	Parer SHOW	abover (Set	moudel	(6110)	· · ·	<u>· · · · · </u>		res	

	rage Z
<u>Part</u>	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Charitable fund raising services for worthwhile community activities by rounding up electric bills to an even dollar amount, with disbursement of funds for charitable purposes in the service area of Palmetto Electric Cooperative, Inc.
	uisbursement of funds for charitable purposes in the service area of Palmetto Electric Cooperative, inc.
	······
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	grams and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 325510 including grants of \$) (Revenue \$)
	To provide assistance for worthwhile community activities in the service area of Palmetto Electric Cooperative, Inc. by rounding
	up electric bills to an even dollar amount.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (in the second of the second

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 325510

Form **990** (2011)

	Checklist of hequired Schedules			
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	Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		√
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		√
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		√
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 .	11e 11f	√	✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	
	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		√
13 14 a b	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	13 14a		✓ ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	14b		▼
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		(201

Form 99	<u> </u>		F	Page 4
Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	103	√
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		1
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	37	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c	-	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	•		,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	٠., ١	_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	3		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-		\ '
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
Va	organization solicit any contributions that were not tax deductible?	6a		/
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-02		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. : - <u>:</u>		
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		· /
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		V
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			
9	organization, have excess business holdings at any time during the year?	8		-
э a	Sponsoring organizations maintaining donor advised funds. 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		1
10	Section 501(c)(7) organizations. Enter:	<u> </u>		<u> </u>
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 . 10b	1		
11	Section 501(c)(12) organizations. Enter:	, ·		
a	Gross income from members or shareholders	, ;		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	1.4		
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		ļ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	20.00		
_	the organization is licensed to issue qualified health plans	` .*		
C 140	Enter the amount of reserves on hand	-		_
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	-

:

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response to any question in this Part VI	ee ins	tructi	ons.					
Saction	on A. Governing Body and Management	<u> </u>	<u></u>	<u> </u>					
Section	TI A. Governing body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √					
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		<u>√</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
a b 9	The governing body?	8a 8b	✓						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 ue Ci	ode)	✓					
0000	on b.1 dudes (This decitor b requests information about policies het required by the internal never	<u> </u>	Yes	No					
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		√					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1.5 - 2.1							
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓						
13 14 15	Did the organization have a written whistleblower policy?	13		✓					
a b	The organization's CEO, Executive Director, or top management official	15a 15b							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-						
Secti	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed ► SC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ☑ Upon request	n 501	(c)(3)s	only)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inte	rest p	oolicy,					
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Tanya Trull V.P. Finance 4063 Grays Hwy. Pidgeland, SC 29936, 843-726-5551	of the	•						

Page	

Form 990 (2011)

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	, and
	Independent Contractors						

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week	box, i	unles er and	Pos neck is pe d a d	rson	than on the state of the state	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Coleman F. Davis, Jr.	2	√						0		
(2) Ronald C. Leibel	2	1						0		
(3) David L. White, Vice Chairman	2	1						0		
(4) Rita Jones	2	1						0		
(5) Carole A Howard	2	1						0		
(6) Deloris Stone, Treasurer	2	1						0		
(7) Judy Tuten	2	1						0		
(8) Buddy W. Hiers, Chairman	2	1						0		
(9) Murray Christopher	2	1						0		
(10) Robert J. Arundell, Secretary	2	1						0		
(11) W. Floyd Turner	2	1						0		
(12) Hugh D. Altman	2	1						o		
(13)										
(14)										

Part	(A) Name and title .	(B) Average hours per week (describe hours for related organizations in Schedule O)	(do n box, office or directo	ot ch	Pos leck is pe	tion more	n oth the both Highest compensated employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensatior related organizatic (W-2/1099-N	le n from	(I Estin amoi otl compe from organ and re		
(15)		-					_							
(16)														
(17)									<u></u>					
(18)		<u> </u>												
(10)														
(20)					<u> </u>				<u> </u>					
						-								
(23)		1	_		_									
(24)				_										
(25)					<u>.</u>									
	0.1.4.4.1	-				<u> </u>	<u> </u>	Ļ						
1b c d 2	Sub-total	VII, Section	on A 	•	•		•	▶ e) w	/ho received m	ore than \$1	00,000	of		
3	Did the organization list any former of							emp	oloyee, or high	est compe	ensated		Yes	No
4	employee on line 1a? If "Yes," complete of For any individual listed on line 1a, is the	sum of re	porta	ble	con	npe	nsatio			ensation fr		3		✓
	organization and related organizations individual	greater th	an \$	150,	,000)? I 	f "Ye	s," ·	complete Sch	nedule J fo 	or such	4	-	/
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc		5		√
	on B. Independent Contractors											000 -1		
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	tress							(B) Description of s	services	c	(C) compens	ation	
								_						
	· · · · · · · · · · · · · · · · · · ·													
								\vdash						
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶									Salve are the salve are sa				

Pari	·VIII	Statement of Revenue					
		e district in the second	Military 1.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b	-	and the party of the	·		012, 010, 01014
λ, Aπ	С	Fundraising events 1c		*	3		
a Gif	d	Related organizations 1d					
ž, E	е	Government grants (contributions) 1e					
tion r	f	All other contributions, gifts, grants,					
₽ ¥		and similar amounts not included above 1f	332574		٤ ;		
4 d	g	Noncash contributions included in lines 1a-1f: \$					
S É	h	Total. Add lines 1a-1f	. ▶	332574			
ne		Busines		• • • • • • • • • • • • • • • • • • • •			
Program Service Revenue	2a						
쮼	b						
<u>.</u> 2	С						· · · · · · · · · · · · · · · · · · ·
ě	d						
E	е		-				<u> </u>
gra	f	All other program service revenue .	_				
5	g	Total. Add lines 2a-2f	. •				<u> </u>
	3	Investment income (including dividends, in	erest				
		and other similar amounts)		2306	2306		
	4	Income from investment of tax-exempt bond proce		2000	2500		
	5						
		Royalties	ional				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)		· -			
	d 7a	Net rental income or (loss)	. •				
	l 'a	assets other than inventory	101				
	ь	Less: cost or other basis and sales expenses .		,			,
				r - 1347"			
	C	Gain or (loss)					
	d	Net gain or (loss)	· P				
evenue	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line 1c).					
Other R		See Part IV, line 18 a			عه در		
Oth.	b	Less: direct expenses b		٠			
•	С	Net income or (loss) from fundraising events	. ▶		۱ ،		
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a			4. °	:	
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities .	. ▶				
	10a	Gross sales of inventory, less returns and allowances a	-				
	b	Less: cost of goods sold b		,			
	С	Net income or (loss) from sales of inventory .	. ▶				
		Miscellaneous Revenue Business					
	11a				· · · · · · · · · · · · · · · · · · ·		
	b					·	
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	. ▶	334880	334880		

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se to any question i	in this Part IX	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21			Χŗ	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	325510	325510		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	323310	323010	113	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
11 a	Fees for services (non-employees): Management	4868		4868	
b C	Legal				
d e	Lobbying				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13 14	Office expenses				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	_			
20 21	Interest				
22	Payments to affiliates				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If	·			
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	r in Flakkermik bildere i Neise i Vita angalishin hakar e i si s		ş	
а					
b					
c d					
e	All other expenses			_	-
25	Total functional expenses. Add lines 1 through 24e	330378	325510	4868	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Ŀ	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	309548	1	313662
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	·	3	
	4	Accounts receivable, net	26038	4	26426
	5	Receivables from current and former officers, directors, trustees, key	50		
		employees, and highest compensated employees. Complete Part II of	., "		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	1.2		
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	1 3 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		employers and sponsoring organizations of section 501(c)(9) voluntary	1.4 M. C. C. Mari		
ģ		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	7 ,		, , , , , , , , , , , , , , , , , , ,
		other basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	 - · · · ··
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	335586	16	340088
	17	Accounts payable and accrued expenses	333300	17	340000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Payables to current and former officers, directors, trustees, key		41	
Liabilities		employees, highest compensated employees, and disqualified persons.			
賣		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilitation And lines of Theorem Of		26	
_		Organizations that follow SFAS 117, check here ▶ □ and complete		20	
es	}	lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	·	27	
<u>a</u>	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Š		Organizations that do not follow SFAS 117, check here ▶ □ and	+. (-	25	
Ē		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ąŝ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
et	33	Total net assets or fund balances		33	
Z	34	Total liabilities and net assets/fund balances	335586		340088
			333300		340000

_	4	^
Page	1	2

				
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	
_				4000
1	Total revenue (must equal Part VIII, column (A), line 12)			4880
2	Total expenses (must equal Part IX, column (A), line 25)			0378
3	Revenue less expenses. Subtract line 2 from line 1			4502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			5586
5	Other changes in net assets or fund balances (explain in Schedule O)			4502
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		34	8800
Part	· · ·			_
	Check if Schedule O contains a response to any question in this Part XII		. ;	ᆜ.
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	5 6		
	Schedule O.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_ 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in	٠ .		1
	Schedule O.	الم أوالية المرافقة على المؤ		i
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	\$ 1	; : ,	, 1
	issued on a separate basis, consolidated basis, or both:	1	4, 4, 2, 4,	٠ ا
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	· 1 ;	_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forn	n <mark>99</mark> 0	(2011)

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

2011

Open to Public Inspection

Vame	of the organization						E	mployer id	entification	number	
Palm	etto Electric Trust								57-093	31978	
			rity Status (All orga						nstructio	ns.	
1 2 3	☐ A church, cor☐ A school desc☐ A hospital or a	ivention of church cribed in section a cooperative hos	tion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza	churches h Schedu ition desc	describe ule E.) cribed in s	ed in sec section 1	tion 170(170(b)(1)(b)(1)(A)(i) A)(iii).		···· - · · ·	
4	hospital's nan	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the ospital's name, city, and state: on organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
5	section 170(t	o)(1)(A)(iv). (Com	plete Part II.)	-					/ernment	al unit described	חו נ
6 7	An organization	on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					it or from	n the general pul	blic
8 9	An organization receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that d to its exempt function ent income and unrelater June 30, 1975. Se	an 331/3% ions—sul lated bus	of its subject to desiness tax	upport fro certain ex xable inc	ceptions	s, and (2) ss section	no more	than 331/3% of	its
10 11	An organizati	on organized ar	l operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	e benefit described	t of, to p d in sect	perform to ion 509(a	the functi a)(1) or se	ions of, ection 509	9(a)(2). See sect	
е		this box, I certify undation manage	Type II c that the organization ers and other than one		ntrolled d	irectly or	indirectl		or more		ons
f		cation received a check this box	a written determination			that it is	a Type	I, Type I	l, or Typ	e III supporting	П
g	Since August following pers		he organization accer	oted any	gift or co	ontributio	n from a	ny of the	•		_
			ndirectly controls, eithody of the supported of							nd Yes I	No
			on described in (i) abo	-						11g(ii)	
		•	a person described in							11g(in)	
h		-	ion about the supporte								
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organiz	s the ion in col zed in the S ?	(vii) Amount of support	
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
		BELLEVIA	不得我就不 二十二	7	147		, , ,	, ,	1		

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.)

	on A. Public Support					···	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	328001	326753	330611	372410	332574	1690349
2	Tax revenues levied for the organization's benefit and either paid to 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	328001	326753	330611	372410	332574	1690349
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)		· 整理年 三級等(7) [3] (2) 《提)		·		
6	Public support. Subtract line 5 from line 4.	ST ASIA		1	· · · · ·		1690349
	on B. Total Support				L		10000 10
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	328001	326753	330611	372410	332574	1690349
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6845	5524	3678	3590	2306	21943
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						1712292
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	_			•		
	organization, check this box and stop he			<u></u>		· · · · ·	▶ □
	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line		•			14	98.7 %
15	Public support percentage from 2010 Scl					15	98.5 %
Ioa	331/3% support test—2011. If the organibox and stop here. The organization qua						
	331/3% support test—2010. If the organ	•	•	-			_
U	check this box and stop here . The organ						
47-	,	•	•	• • • • • • • • • • • • • • • • • • • •	-		_
17a	10%-facts-and-circumstances test—2011. 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—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the neets the "facts	facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check the he organization	nis box and st in qualifies as a	op here.
10	supported organization						
18	Private foundation. If the organization di 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.)

1 Gifts, grants, combubotors, and membershy fess received, (bo not include any hursest grants.) 2 Gross receipts from admissions, merchandses sold or services performed, or facilities furnished in any activity that is related to the organization's tax-essempt purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 unrelated business trade or the organization without change. 5 Total. Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. 5 Amounts included on lines 1, 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 79 and 75. 8 Public support (Subtract line 76 from line 6). 9 Public support (Subtract line 76 from line 6). 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. 5 Unrelated business taxable income (less section 511 taxee) from businesses activities not included on line 10b, whether or not the business is regularly carried on 10 loss from the sale of capital assets (Explain In Part IV). 13 Total support (Add lines 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)IC soft may be a section of the support percentage for 2010 Schedule A, Part II, line 17. 15 Public support percentage for 2010 Schedule A, Part II, line 17. 18 Investment income percentage for 2010 Schedule A, Part II, line 17. 19a 331% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331%, check this box and stop here.		ii tile organization falls to quality	, under the te	ists listed beit	ow, piease co	Jilipiete Fait	<u> </u>	
1 Gifts, grants, contributions, and membership fees received, (port on include any humanus grants.) 2 Gross receipts from admissions, merchandse sold or servees performed, or facilities furnished in any activity that is related to the organization's benefit and exhibits that are not an unrelated rate or business under section 513 4 Tax revenues levided for the organization is accessing the description of the organization's benefit and either paid to or expended on its behalf 5 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 disequalified 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) . 9 Public support (Subtract line 7c from line 6) . 9 Amounts from line 6 . 10 Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975 . 2 Add lines 10 and 10b . 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 10c of the rincome. Do not include gain or loss from the sale of capital assets (Explain line 7th V) . 13 Total support (Add lines 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)(Explain line 7th V) . 15 Public support percentage from 2010 Schedule A, Part III, line 17 . 16 Public support percentage from 2010 Schedule A, Part III, line 17 . 17 Investment income percentage from 2010 Schedule A, Part III, line 17 . 18 Soction D. Computation of investment income Percentage . 17 Investment income percentage from 2010 Schedule A, Part III, line 17 . 18 Soction D. Computation of investment lineome Percentage . 18 Public support percentage from 2010 Schedule A, Part III,								
received (Do not include any 'unusual granta'). Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. Gross receipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide 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. 7 A Amounts included on lines 2 and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 79 and 70. 8 Public support (Subtract line 7c from line 6.) 10a Gross income from interest, dividends, payments received from line 6.) 10a Gross income from interest, dividends, payments received on milling sources. b Unrelated business taxable moorine (less section 511 taxes) from businesses activities not included pain or loss from the sale of capital assets (Explain Part IV). 11 Net income from unrelated businesses activities not included gain or loss from the sale of capital assets (Explain Part IV). 13 Total support. (Add lines 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)(c) from the sale of capital assets (Explain Part IV). 15 Total support. (Add lines 9, 10c, 11, and 12). 16 Public support percentage for 2010 Schedule A, Part III, line 17. 17 Investment income percentage for 2011 Schedule A, Part III, line 17. 18 Public support percentage for 2011 of the organization of not check the box on line 14, and line 15 is more than 331/8%, check this box and stop here. The organization qualifies as a publicly supported organization. In 18 in line 18 is not men than 331/8%, check this box and stop here. The organizati	Calen		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2 Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any advivity that is related to the organization's bare-exempt propose. 3 Gross receipts from activities that are rot an unrelated trade or business under section 513 4 Tax revenues levided for the organization without charge. 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). 9 Public support (Subtract line 7c from line 6). 9 Amounts from line 6 10 Gross income from interest dividends, payments received on securities loars, rents, royalbes and income from similar sources. b Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975. c Add lines 10 and 100. 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 lines 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)(Explain In Part IV). 15 Total support. (Add lines 9, 10c, 11, and 12.) 16 Public support percentage from 2010 Schedule A, Part III, line 17. 17 Investment income percentage from 2010 Schedule A, Part III, line 17. 18 39 33% support tests—2011. If the organization did not check the box on line 14 or line 18a, and line 18 is more than 337-6%, check this box and stop here. The organization qualifies as a publicly supported organization. In 17 is not more than 337-6%, check this box and stop here. The organiza	1							
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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	Secti					1		
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	Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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 loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 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)(c) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2010 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2010 Schedule A, Part III, line 17 18 18 31/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization of line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization of line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization of line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization organization line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		payments received on securities loans, rents,						
section 511 taxes) from businesses acquired after June 30, 1975		royalties and income from similar sources .	1			1		
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C Add lines 10a and 10b								
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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.)	С	Add lines 10a and 10b						
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Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		activities not included in line 10b, whether		1				
loss from the sale of capital assets (Explain in Part IV.)								
loss from the sale of capital assets (Explain in Part IV.)	12	Other income. Do not include gain or						
(Explain in Part IV.)								
and 12.) 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)(c) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2010 Schedule A, Part III, line 15 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 19 Investment income percentage from 2010 Schedule A, Part III, line 19 Investment income percentage from 2010 Schedule A, Part III, line 19 Investment income percentage from 2010 Schedule A, Part III, line 19 Investment income percentage from 2010 Schedule A, Part III, line 19 Investment income percentage from 2010 Schedule A, Part III, line 19 Investment income percentage from 2010 Schedule A, Part III, line 19 Investment income pe								
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)(c) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2010 Schedule A, Part III, line 15 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 17 Investment income percentage from 2010 Schedule A, Part III, line 15 Investment income percentage from 2010 Schedule A, Part III, line 15 Investment income percentage from 2010 Schedule A, Part III, line 15 Investment income percentage f	13	Total support. (Add lines 9, 10c, 11,					-	
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))		and 12.)						
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	14	First five years. If the Form 990 is for the	he organizatio	n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))			_			•		
Public support percentage from 2010 Schedule A, Part III, line 15	Secti	on C. Computation of Public Suppo	rt Percentag	je				
Public support percentage from 2010 Schedule A, Part III, line 15	15	Public support percentage for 2011 (line	8, column (f) d	livided by line 1	3, column (f))		15	9
Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	16							(
Investment income percentage from 2010 Schedule A, Part III, line 17								
Investment income percentage from 2010 Schedule A, Part III, line 17	17	Investment income percentage for 2011	(line 10c, colur	mn (f) divided b	y line 13, colu	mn (f))	17	ç
 33½% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization. 33½% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization. 		•	•	, ,	•			
17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization b 33½% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization	19a							
b 331/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.								
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	b			-	-		=	
	-							
	20		-	_	•	•	• •	

Page	4

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).						
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	······································						

SCHEDULE D (Form 990)

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 2011

Inspection

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

raimi	tto Electric Trust		57-0931978
Pai		or Advised Funds or Other Similar F	unds or Accounts. Complete if the
	organization answered "Yes" to F		
		(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 funds are the organization's property, subje	ct to the organization's exclusive legal co	ntrol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?	e benefit of the donor or donor advisor, of	or for any other purpose
Par	Conservation Easements. Comp	plete if the organization answered "Ye	s" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	by the organization (check all that apply).	
	☐ Preservation of land for public use (e.g.,	recreation or education) Preservation	n of an historically important land area
	☐ Protection of natural habitat	☐ Preservation	n of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	ation held a qualified conservation contrib	ution in the form of a conservation
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	sements	2b
С	Number of conservation easements on a ce		
d	Number of conservation easements include historic structure listed in the National Regis	ded in (c) acquired after 8/17/06, and in	ot on a
3	Number of conservation easements modifie tax year ▶		
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written poviolations, and enforcement of the conserva	licy regarding the periodic monitoring,	inspection, handling of
6	Staff and volunteer hours devoted to monito		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation e	asements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(II)?		
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation experiences.	e text of the footnote to the organization's easements.	s financial statements that describes the
Part	Complete if the organization answ	ections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line	8.
1a	If the organization elected, as permitted un works of art, historical treasures, or other public service, provide, in Part XIV, the text	similar assets held for public exhibition,	education, or research in furtherance o
b	If the organization elected, as permitted u works of art, historical treasures, or other public service, provide the following amount	nder SFAS 116 (ASC 958), to report in similar assets held for public exhibition, ts relating to these items:	its revenue statement and balance shee education, or research in furtherance o
2	(i) Revenues included in Form 990, Part VIII (ii) Assets included in Form 990, Part X . If the organization received or held works		▶ \$
_	following amounts required to be reported u	inder SFAS 116 (ASC 958) relating to thes	se items:
a h	Revenues included in Form 990, Part VIII, III	ne 1	· · · · · • • • • • • • • • • • • • • •

Page	2

Part	III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther recor	ds, chec	k any of the	e follow	ing that are a	significant use of its
а	☐ Public exhibition		d		or exchange			
b	☐ Scholarly research	•	е	Other				
C	☐ Preservation for future generations							_
4	Provide a description of the organizat XIV.	ion's collections	and expla	iin how th	hey further t	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather				-			☐ Yes ☐ No
Part		•	•	_	anization a	answei	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amoun							
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIV and comp	lete the fo	llowing to	able:			Amount
	Designation to be a second					4-		
C	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun		art X, line	217 .				☐ Yes ☐ No
	If "Yes," explain the arrangement in P				40.7 - 11.1 - 15		00 D-+N/ I'-	- 10
Part	V Endowment Funds. Comple						90, Paπ IV, III (d) Three years ba	
		(a) Current year	(B) Pri	or year	(c) Two years	s Dack	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance		ļ					```
b	Contributions							
С	Net investment earnings, gains, and		1					
_	losses				ļ			4.
d	Grants or scholarships		 					#5
е	Other expenditures for facilities and programs) 5) 5
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1g	, column (a))) held a	as:	-
а	Board designated or quasi-endowment		%					
b	Permanent endowment ▶	<u>"</u>						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	c should equal 1	00%.					
За	Are there endowment funds not in the	e possession of t	he organi	zation tha	at are held	and ad	ministered for t	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(ii), are the related organ	zations listed as	required o	n Sched	ule R? .			. 3b
4	Describe in Part XIV the intended use							
Part	VI Land, Buildings, and Equip	ment. See For	m 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or o			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land	•				5 10	1- 1- 4 E- 4	
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	990, Part 2	X, columi	n (B), line 10)(c).)	▶	

21 +11 ==

Part VII Investments—Other Securities	s. See Form 990. Part X	(. line 12.	. age o
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market valu	е
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	-	<u> </u>	
(A)			
(B)			
(C)			
(D) (E)	 		
(F)		<u> </u>	
(G)		+	
(H)			
(1)	· -	- 	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	•		
Part VIII Investments—Program Relate	ed. See Form 990. Part	X. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(,, p	(4, 222)	Cost or end-of-year market valu	ie
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, F			
	(a) Description	(E	o) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)	····		,
<u>(6)</u> <u>(7)</u>			
(8)			
(9)	••		
(10)			
Total. (Column (b) must equal Form 990, Part X,	col. (B) line 15.)		
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		· ·	
(2)			
(3)			
(4)			
(5)		• • • • • • • • • • • • • • • • • • • •	
(6)			
(7)			
(8)		_	
(9)			
(10)	<u> </u>		
(11)	 	⊣	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

Schedul	e D (Form 990) 2011				Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Financial Stater	nents	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	334880
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	330378
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	4502
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine			10	4502
Part	XII Reconciliation of Revenue per Audited Financial Statem	nents	With Revenue pe	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	·		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-27	
а	Net unrealized gains on investments	2a			· **
ь	Donated services and use of facilities	2b		A STATE OF THE PARTY OF THE PAR	
С	Recoveries of prior year grants	2c			्रों ।
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			. 2	е
3	Subtract line 2e from line 1		· · · · · · ·	. 3	334880
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)				
C	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line				
Part			<u>-</u>		-
1	Total expenses and losses per audited financial statements			· _1	330378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _	ŀ		
a	Donated services and use of facilities	_	ļ	·	
ь	Prior year adjustments			\dashv	
C	Other losses		· · · · · · · · · · · · · · · · · · ·	^	
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			. 2	
3	Subtract line 2e from line 1	i ·		· <u> 3</u>	330378
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.		144	·
a	Investment expenses not included on Form 990, Part VIII, line 7b				,
b	Other (Describe in Part XIV.)	4b			_
င				· 4	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	ne 18.)	. 5	330378
Part					0.4.4.4.1.0.
	ete this part to provide the descriptions required for Part II, lines 3, 5, and				
	line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII	ii, iines	s 2d and 4b. Also co	mpiei	e this part to provide
•	ditional information.				
ine ii	ust files Form 990 "Return of Organization Exempt From Income Tax" annua	iliy. In	is return is subject to	exan	ination by rederal taxing
	ising. The Tours is an Island such as the superioration but fordered have subbracking	- 6	io- to 2000 Al	A b a a	h the auteems of tou
autrio	ities. The Trust is no longer subject to examination by federal tax authorities	S for ye	ears prior to 2006. At	inoug	
	is always are action the Toront ballouse there are no significant approached to	au liabi	ilisiaa es Dagambar 21	2011	or 2010
audits	is always uncertain, the Trust believes there are no significant unrecorded to	ax nab	indes at December 3		
	1 (
	······································				

chedule D (Form 990) 2011 Page 5						
ed)	Supplemental Information (contin	Part XIV				
		••••				
		·				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047
2011
Open to Public Inspection

to Form 990. Employer identification numb

Name of the organization					Employer identification number				
Palmetto Electric Trust						57-	-0931978		
Part I General Information									
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or the selection criteria used to award the grants or assistance?						or the grants or as		☑Yes □N	No.
2 Describe in Part IV the organ	nization's procedu	res for monitoring	the use of grant fu	nds in the United	States				
Part II Grants and Other A to Form 990, Part IV	, line 21, for any	recipient that re	ceived more than						r
Part II can be duplic					(f) Method of valuation		· · · · ·	. •	
1 (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	(book, FMV, appraisal, other)	(g) Description non-cash assiste		(h) Purpose of grant or assistance	
(1) Second Helpings, Inc Hilton Head Isl, SC	570938469	3	20000				Maint	/Gas(Food deliv)	
(2)	-								
(3)	-								
(4)	-		_						
(5)	_								
(6)									
(7)									
(8)	-	-							
	-								
(9)	-								
(10)	-								
(11)	-					· 			
(12)	-	 							
2 Enter total number of section	= F01/=\/0\ ==	<u> </u>		las 4 Ashla	ļl				
2 Enter total number of section3 Enter total number of other				mie i table			-	<u> </u> 0	

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

Cat No 50055P

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) Part III Grants and Other Assistance			plete if the organiz	ation answered "Yes" to	Page 2 Form 990, Part IV, line 22.
Part III can be duplicated if a				1	(0.0
(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
1 Cash Assistance for Individuals	495	305510			
2					
3				-	
4					i
5					
6					
7					
Part IV Supplemental Information.	Complete this part to pro	vide the informatio	n required in Part I	, line 2, and any other ad	ditional information.
Organizations and individuals within the Palme	etto Electric Cooperative, Inc	service area may appl	y to Palmetto Electric	Trust for assistance Applica	itions are reviewed and assigned
for field contact and verification. The applicati	ions are reviewed monthly by	the Board of Directors	and determinations f	or award are made based on	need.
		***************************************	•••••		
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Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or 990-EZ.

Palmetto Electric Trust	57-0931978			
Form 990, Part VI, Line 11b - Organization's Process Used to Review Form 990				
A draft copy of the Form 990 is made available to the Board of Directors at the regular board meeting prior to the due date of the return				
being filed for their review.				
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy				
Each year the Board of Directors shall review whether any current or former Officer, Trustee, or Key E	mployee:			
1. Has a direct business relationship with the Trust or an indirect business relationship with the Trust	t requiring disclosure on			
Sch. L of the Form 990.				
2. Has a family member who had a direct or indirect business relationship with the Trust requiring dis	sclosure on Sch. L of the Form 990, or			
3. Serves as an Officer, Trustee, or Key Employee, Partner or member of an entity (or shareholder of	a professional corporation) doing			
business with the Trust, such that disclosure is required on Sch. L of the Form 990.				
Form 990, Part IV, Line 19 - Governing Documents Disclosure Explanation				
Governing documents, conflict of interest policy, and financial statements are available to the public	upon request at 4063 Grays Hwy,			
Ridgeland SC 29936				
·				

Schedule O (Form 990 or 990-EZ) (2011)	Page ∠
Name of the organization	Employer Identification number
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