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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**
- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 - ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection**A For the 2011 calendar year, or tax year beginning , 2011, and ending ,****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C
 Horry Electric Trust
 P.O. Box 119
 Conway, SC 29528

D Employer identification number

57-6148364

E Telephone number

843-369-2211

F Group Exemption Number**G** Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ N/A**J** Tax-exempt status (ck only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **54,089.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received	1	54,057.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	32.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	54,089.
10	Grants and similar amounts paid (list in Schedule O)	10	52,851.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,600.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	1,209.
17	Total expenses. Add lines 10 through 16	17	55,660.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,571.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19,903.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	18,332.

BAA For Paperwork Reduction Act Notice, see the separate instructions.Form **990-EZ** (2011)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	15,333.	22 13,890.
23 Land and buildings		23
24 Other assets (describe in Schedule O) See Schedule O	4,570.	24 4,442.
25 Total assets	19,903.	25 18,332.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,903.	27 18,332.

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

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 Horry Electric Trust was formed to provide financial assistance to individuals and organizations in need of such assistance.		
(Grants \$ 52,851.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	55,660.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	55,660.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARBARA H. TINDALL P.O. Box 119 CONWAY, SC 29528	Sec/Treas 2	0.	0.	0.
JAMES E. GERRALD P.O. Box 119 CONWAY, SC 29528	President 2	0.	0.	0.
DALE WILLOUGHBY P.O. Box 119 CONWAY, SC 29528	Trustee 2	0.	0.	0.
BERNICE HAMMOND P.O. Box 119 CONWAY, SC 29528	Trustee 2	0.	0.	0.
CLARENCE COX P.O. Box 119 CONWAY, SC 29528	Vice President 2	0.	0.	0.
DAPHINE HICKMAN P.O. Box 119 CONWAY, SC 29528	Trustee 2	0.	0.	0.
BETTY PARKER P.O. Box 119 CONWAY, SC 29528	Trustee 2	0.	0.	0.
RAMONA BASKIN P.O. Box 119 CONWAY, SC 29528	Trustee 2	0.	0.	0.
BRUCE JOHNSON P.O. Box 119 CONWAY, SC 29528	Trustee 2	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter.		
39a Initiation fees and capital contributions included on line 9 39a N/A		
39b Gross receipts, included on line 9, for public use of club facilities. 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a 0., section 4912 40a 0., section 4955 40a 0.		
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		<input checked="" type="checkbox"/>
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0.		
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed 41 SC		

42a The organization's books are in care of 42a Danny Shelley Telephone no 42a 843-369-2211 Located at 42a 2774 Cultra Road Conway SC ZIP + 4 42a 29526		
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. 42b		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country. 42c		<input checked="" type="checkbox"/>

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 <input type="checkbox"/> N/A <input type="checkbox"/> N/A		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a		<input checked="" type="checkbox"/>
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b		<input checked="" type="checkbox"/>
44c Did the organization receive any payments for indoor tanning services during the year? 44c		<input checked="" type="checkbox"/>
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a		<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
49b		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

e Total number of other employees paid over \$100,000

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

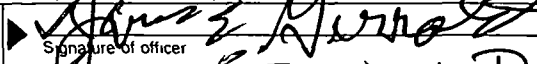
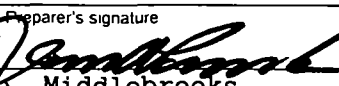
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

e Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	Signature of officer 	Date <u>5/14/12</u>			
	Type or print name and title <u>James E. Gerald, President</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>JASON A PEACOCK</u>	Preparer's signature 	Date <u>MAY 04 2012</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00978537</u>
	Firm's name <u>McNair, McLemore, Middlebrooks</u>				
	Firm's address <u>Post Office Box One</u>				
	<u>Macon, GA 31202-0001</u>	Firm's EIN <u>58-1094351</u>	Phone no <u>(478) 746-6277</u>		

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Horry Electric Trust

Employer identification number

57-6148364

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

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

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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'.)	56,523.	56,675.	55,380.	56,497.	54,057.	279,132.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	56,523.	56,675.	55,380.	56,497.	54,057.	279,132.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						279,132.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	56,523.	56,675.	55,380.	56,497.	54,057.	279,132.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	460.	194.	84.	80.	32.	850.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						279,982.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.70 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.57 %

16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒**b 33-1/3% support test – 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐**17a 10%-facts-and-circumstances test – 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 – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

BAA

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (Add 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)(3) 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 for 2011 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Horry Electric Trust

Employer identification number

57-6148364

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

Charitable Financial Assistance

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

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

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

2011

Schedule O - Supplemental Information

Page 2

Client 6721768T

Horry Electric Trust

57-6148364

5/04/12

02 03PM

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

Donee's Name: Individual Assistance
Cash Amount Given: \$ 52,851.

Form 990-EZ, Part I, Line 16
Other Expenses

Other Expenses	\$	1,124.
Supplies		85.
Total	\$	<u>1,209.</u>

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 4,570.	\$ 4,442.
Total	<u>\$ 4,570.</u>	<u>\$ 4,442.</u>

HORRY ELECTRIC TRUST
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED DECEMBER 31, 2011

Ada Brisbon	\$ 200
Akmal Henry	275
Allison Jordan	248
Alzata Alston	124
Amerlia B. Hough	250
Amy R. Shelton	200
Angel A. Amerson	75
Angela Allen	250
Angela M. Cooke	200
Angela Q. Mayes	250
Anne C. Ewin	100
Annie L. Tyler	249
Annie Montgomery	249
Annie R. Sumpter	150
Barbara J. Bellamy	199
Barbara K. Campbell	100
Bettie J. Davis	100
Betty A. McRae	250
Betty G. Hilburn	250
Beverly F. McCray	99
Beverly W. Lawson	249
Billy R. McClellan	150
Bobbie Snedegar	200
Bobby E. Evans	249
Bonita Mosley	175
Brandy Pringle	248
Brenda Davis	249
Brenda Freeman	99
Brett A. Jordan	150
Carl D. Hager	198
Carolyn Williams	242
Cassandra Gause	248
Cathy Scharff	150
Cathy W. Martin	100
Charlene V. Sumpter	300
Charliese C. Vereen	199
Cheron D. White	120
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Balance-Carried Forward	\$ 7,144

HORRY ELECTRIC TRUST
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED DECEMBER 31, 2011

Balance-Brought Forward	\$ 7,144
Cheryl Gause	200
Cheryl J. Morrison	249
Christina L. Doran	150
Christine Webb	100
Cilia McCray	200
Clara G. Lawson	300
Clifford W. Burkhart	249
Clorine Ladson	300
Contina Graham	250
Crystal R. Collins	50
Curlene Williams	165
Cynthia P. Holmes	125
Cynthia S. Scott	150
Cynthia W. Dewitt	200
Dan M. Doyle	150
Darlene Gamez	100
Darnell Brooks	100
Darrett J. Morgan	298
David Tisdale	250
Deborah A. Bellamy	99
Deborah Mitro	250
Debra A. Vereen	98
Debra L. Graham	299
Debra L. Hanley	300
Debra S. Powell	200
Delbra B. Hicks	150
Denese Bellamy-Esir	150
Denise A. Cook	250
Denise A. Ross	148
Diandra K. Jones	248
Dianne L. Russell	200
Dianne M. Gore	200
Dock Gasque	200
Donzelle E. Roberts	299
Doris Isaiah	250
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Balance-Carried Forward	\$ 14,071

HORRY ELECTRIC TRUST
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED DECEMBER 31, 2011

Balance-Brought Forward	\$ 14,071
Dorothy A. Walters	100
Dorothy M. Adgerson	100
Edward A. Graham	250
Edward Prohaska	197
Elizabeth A. Hannon	300
Ellen Graham	250
Elouise Collier	249
Elsa R. Richardson	200
Emery L. Herron	150
Erika R. Farewell	120
Ernest Brooks	300
Ernestine Williams	200
Ethel M. Lewis	249
Eula M. Cronk	250
Eve V. Miner	100
Evelyn A. Bellamy	250
Evettie L. Hemingway	100
Felecia H. Johnson	200
Felicia James	95
Fillis W. Wilson	299
Flora E. Bellamy	250
Florence Strong	175
Frank A. Sanford	195
Gail P. Mitchell	199
Gary C. Grainger	174
Gladys M. Smith	250
Gloria J. McLean	149
Harold L. Moores	198
Harry Grissett	150
Hazel L. Rabon	250
Henrietta Y. Gamble	150
Henry A. Lance	100
Henry B. Best	175
Inez R. Capps	199
Irene Grainger	200
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Balance-Carried Forward	\$ 20,844

HORRY ELECTRIC TRUST
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED DECEMBER 31, 2011

Balance-Brought Forward	\$ 20,844
Irma L. Bethea	350
Iseman Gilliard	150
James A. Smith	200
James M. Lammonds	150
James Zilinkas	175
Jamie K. Floyd	150
Jan M. Giusto	200
Janet Radford	59
Janie M. Macon	200
Jeanette Bellamy	249
Jennifer Graham	200
Jennifer M. Gasque	250
Jennifer M. Reyes	100
Jerome Davis	148
Jessie S. Robinson	250
Joann N. Pugh	149
John J. Bennett	99
Johnny Wilson	100
Joseph S. Rawls	150
Joyce Parker	150
Julia D. Nutter	249
Kantrese Wright	250
Karen A. Mccollum	250
Karen D. Spain	200
Kashamba Floyd	50
Kathy Betha	100
Kathy M. Edwards	199
Katrina Arnette	150
Kelly D. Hemingway	250
Kimberly A. Deese	250
Kimberly D. Richardson	175
Kisha Gause	249
Laquita J. Williams	200
Lawrence O. Chavis	197
Lena Wilson	248
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Balance-Carried Forward	\$ 27,340

HORRY ELECTRIC TRUST
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED DECEMBER 31, 2011

Balance-Brought Forward	\$ 27,340
Lenora Harrelson	150
Leslie H. Lewis	300
Letha Tucker	250
Lillie M. Kelley	200
Lina K. Nichols	250
Linda A. Wilson	250
Linda Caulder	142
Linda Cook	249
Linda M. Parker	198
Linda Myers	250
Lisa C. Petitt	150
Lois P. Grate	200
Loretta Johnson	75
Louie L. Stevens	445
Lucille C. Skipper	150
Lucille S. James	299
Lynette Goodson	100
Marelene A. Mcleod	248
Marian T. Huggins	148
Martha M. Gerald	100
Martha M. Gerald	100
Mary A. Greene	100
Mary A. Strickland	350
Melissa C. Doyle	175
Melissa H. Dingle	250
Melody T. Bellamy	200
Melton D. Hilburn	175
Melvin D. Blakely	150
Mercane Davis	100
Michael L. Bellamy	249
Michelle G. Richardson	300
Michelle Jackson	200
Minnie P. Smith	199
Naresta L. Dozier	200
Nettie M. Floyd	250
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Balance-Carried Forward	\$ 34,492

HORRY ELECTRIC TRUST
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED DECEMBER 31, 2011

Balance-Brought Forward	\$ 34,492
Nicholas Dresch	235
Nicole L. Yates	248
Nicole S. Weaver	249
Oddie M. Hinds	199
Olease Boyd	300
Paige Pate	249
Pamela L. Oliver	96
Pamela M. Bellamy	300
Pamela Simmons	150
Patricia A. Stephens	250
Patricia Ann Kirt	150
Patricia Z. Glover	248
Patsy P. Cox	300
Phillip E. Simmons	200
Phyllis L. Grissett	150
Phyllis W. Gause	150
Portia M. Stephens	249
Randy C. Compton	300
Raymond M. Pugh	200
Reba K. McCollum	100
Rebecca A. Richburg	150
Rebekah J. Whittaker	150
Renita D. Jordan	249
Rhinelda T. Cox	150
Rita E. Taylor	325
Robert Cox	250
Robert W. Barrington	250
Rosa C. Wilson	300
Roxanne Jefferson	150
Ruby M. Reeves	250
Rufus Bellamy	248
Ruth H. Carter	200
Ruth Hyppolite	100
Sally Moody	150
Samantha Bethea	100
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Balance-Carried Forward	\$ 41,837

HORRY ELECTRIC TRUST
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED DECEMBER 31, 2011

Balance-Brought Forward	\$ 41,837
Samantha R. Jackson	250
Sandra Herring	250
Sandra M. Fowler	150
Saundra E. Pryor	200
Scarborough Bellamy	200
Scherrie E. Johnson	100
Selina Johnson	250
Seymour Davis	75
Seymour Davis	75
Shalonda T. Crawford	295
Sharon Claridy	199
Shelley Small	250
Sherena L. Phillips	200
Sherina Dunn	250
Sheryl L. Osborne	250
Shirley M. Collier	250
Shirley M. Gause	250
Shirley Spach	295
Shyesha L. Miller	296
Stephanie Poxtan	198
Steve Christopher	195
Steven Lane	200
Stevie N. Roberts	150
Suzette Jackson	150
Sylvenia Dixon	200
Sylvester Johnson	200
Sylvia A. Davis	200
Tangela Isaiah	250
Tawni C. Cornell	250
Tess Green	100
Theresa P. Hassett	200
Tiffany Black	250
Tiffany Davis	100
Tina M. Gillispie	150
Tony Conner	50
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Balance-Carried Forward	\$ 48,765

HORRY ELECTRIC TRUST
SCHEDULE OF FAMILY AND INDIVIDUAL ASSISTANCE
FOR THE YEAR ENDED DECEMBER 31, 2011

Balance-Brought Forward	\$ 48,765
Tracey Holloway	244
Travis Johnson	200
Valarie F. Funnye	100
Venice S. Mack	250
Veronica Webb	250
Vickie L. Clardy	199
Walter Stanley, Jr.	200
Wanda W. McDowell	50
William D. Cooke	150
William J. Holloway	248
William Vanhouten	249
William Vereen	200
Willie C. Bryant	250
Willie E. Cook	100
Willie M. Wilson	299
Willie P. Conyers	250
Wilson W. Cotney	248
Yolanda Johnson	149
Yolanda M. Grace	150
Yonkisha McCray	50
Zoe Norris	250
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	\$ 52,851