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

OMB No 1545-1150

2011**Open to Public Inspection**Department 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.

A For the 2011 calendar year, or tax year beginning Jun 1 , 2011, **and ending** May 31 , 2012

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
Aiken Electric Trust
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 417
City or town, state or country, and ZIP + 4
Aiken SC 29802

D Employer identification number
57-1109736

E Telephone number
(803) 649-6245

F Group Exemption Number ►

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

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

I Website: ► N/A

J Tax-exempt status (ck only one) — ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization 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 ► \$ 46,381.

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 ☒

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	46,381.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	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	46,381.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	55,746.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	
	17 Total expenses. Add lines 10 through 16	17	55,746.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,365.	
ASSETS	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	98,207.
	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	88,842.

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

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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	78,347.	73,421.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) See L-24 Stmt	19,860.	15,421.
25 Total assets	98,207.	88,842.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	98,207.	88,842.

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? Charitable Community Distribution

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 Accumulated and distributed funds for charitable purposes for community assistance and individual assistance to 68 recipients in the service area of Aiken Electric Cooperative, Inc. (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	55,746.
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) <input type="checkbox"/>	32	55,746.

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
Phillip Bryan 693 Meeting Street Rd Edgefield SC 29824	Director 1.00	0.	0.	0.
Jimmy Painter 280 Meeting St Rd Edgefield, SC 29824	Vice Chairman 1.00	0.	0.	0.
Stu Maurice P.O. Box 1055 Aiken, SC 298021055	Director 1.00	0.	0.	0.
Patsy Bell 193 Hillcrest Drive North Augusta, SC 29841	Sec/Treas 1.00	0.	0.	0.
James Goodman PO Box 677 Jackson, SC 29831	Chairman 1.00	0.	0.	0.
Al Brodie PO Box 425 Wagener, SC 29164	Director 1.00	0.	0.	0.
Arthur Griffin 458 Duncan Road North Augusta, SC 29841	Director 1.00	0.	0.	0.
Brenda Steadman 515 Steadman Rd Williston, SC 29853	Director 1.00	0.	0.	0.
Ann Fairey P.O. Box 684 North SC 29112	Director 1.00	0.	0.	0.
Gene Roe PO Box 357 Montmorenci, SC 29839	Director 1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in 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		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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)?		X
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		
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		X
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?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed <input type="checkbox"/> South Carolina		

42a The organization's books are in care of ☐ Aiken Electric Cooperative, Inc. Telephone no. ☐ (803) 649-6245
 Located at ☐ P.O. Box 417 Aiken SC ZIP + 4 ☐ 29802

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country: ☐

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?
 If 'Yes,' enter the name of the foreign country: ☐

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**

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X
44b		X
44c		X
44d		
45a		X
45b		X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?

b 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)

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		X
49a		X
49b		

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

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

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

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 5-28-12
 Gary L. Stooksbury, CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name <input type="text"/>	Firm's EIN <input type="text"/>		Phone no <input type="text"/>	
Firm's address <input type="text"/>	Aiken SC 29802			

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

☐ Yes ☐ No
Form 990-EZ (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

Name of the organization

Aiken Electric Trust

Employer identification number

57-1109736

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(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?		

(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'.)	31,452.	27,119.	50,340.	55,514.	46,381.	210,806.
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	31,452.	27,119.	50,340.	55,514.	46,381.	210,806.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						210,806.

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	31,452.	27,119.	50,340.	55,514.	46,381.	210,806.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						210,806.
12 Gross receipts from related activities, etc (see instructions)					12	

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	100.00 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	100.00 %

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 ▶ ☐

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 lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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 a worksheet designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines across the entire width of the page. The background is plain white, providing a clear guide for letter formation and alignment. There are no margins, text, or other markings present.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

Aiken Electric Trust

57-1109736

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

TEEA4901 07/14/11

Schedule O (Form 990 or 990-EZ) 2011

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Alexis Dunaway</u>	<u>N/A</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Amin Soukeyna</u>		<u>1,500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Antonio Wiley</u>		<u>400.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Barbara Rouse</u>		
			569.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Becky Ouzts</u>		
			773.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Belinda Cooper</u>		
			800.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Betty Oliver</u>		
			<u>300.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Bruce Boatwright</u>		
			<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Celena Snipes</u>		
			<u>753.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Charles Toole</u>		
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Chris Warren</u>		
			1,140.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Christian Felton</u>		
			1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Corinthian Butler</u>		
			400.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Cynthia Nathaniel</u>		
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Cynthia Patterson</u>		
			300.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Danny Cain</u>		
			1,325.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Darien Odom</u>		
			1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Deidra Curry</u>		
			450.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Delinda Menefee</u>		
			1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Devra Sasser</u>		
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Donna Manzo</u>		
			700.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Ebbie Stevens</u>		
			<u>633.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Eva Pinwell</u>		
			<u>1,291.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Gene Easler</u>		
			<u>606.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>George Allen</u>		
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined
	3

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>George Stabler</u>		
			1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Geln Evans</u>		
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Gloria Patterson</u>		
			300.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Hazel Thomas</u>		
			448.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>James Brown</u>		
			183.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>James Purdue</u>		
			<u>1,350.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Josh Caughman</u>		
			<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Joyce King</u>		
			<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Karis Brackett</u>		
			<u>600.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Kasey Dunbar</u>		
			<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Katherine Gregory</u>		
			<u>425.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Kerthedral Robinson</u>		
			300.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Kimberly Bullard</u>		
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Larry Hart</u>		
			500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Lillie Prince</u>		
			<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Lisa Bridges</u>		
			<u>650.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Lisa Yonce</u>		
			<u>835.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Lois Smith</u>		
			<u>350.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Lori Jackson</u>		
			<u>300.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Lucy Reed</u>		
			<u>581.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Marie Ryans</u>		
			2,139.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Matthew Moseley</u>		
			1,860.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift . _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Michael Prothman</u>		
			950.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Naomi McMichael</u>		
			<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Patricia Smith</u>		
			<u>350.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Rebecca Staley</u>		
			<u>350.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Rether Thurmond</u>		
			<u>800.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Rick Bragg</u>		
			<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Robert Dansby</u>		
			<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Russell Calliham</u>		
			<u>1,058.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Samuel Merriweather</u>		
			<u>450.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Sheila Story</u>		
			<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

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Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Tabatha Metcalf</u>		
			<u>1,295.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Tiffany Toole</u>		
			<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>		
	<u>Tomeka Tolen</u>		
			<u>484.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Tony Thompson</u>		
			448.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Family & Individual</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Vera Wells</u>		
			300.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Community Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>J.E.T. Camp Salkahatchie</u> <u>334 Woodridge Road</u> <u>Edgefield SC 29841</u>	N/A	
			1,250.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment .. Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Community Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Churches Changing Communities</u> <u>985 Highway 25 N</u> <u>Edgefield SC 29824</u>	<u>N/A</u>	<u>3,750.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Community Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Autism Ability Advocates, Inc.</u> <u>470 Timberchase Lane</u> <u>Aiken SC 29803</u>	<u>N/A</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift .. _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Community Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Edward Scott Richardson's Children's Fund</u> <u>407 Silver Bluff Rd., SW</u> <u>Aiken SC 29803</u>	<u>N/A</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Community Assistance</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Davey Reeves Fund - Finding a Cure</u>		
			1,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Charitable

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Community Assistance</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Edgefield County Salkahatchie</u>	N/A	
	<u>334 Woodridge Road</u>		
	<u>Edgefield SC 29824</u>		2,500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>Contributions Receivable</u>	19,860.	15,421.
Total	<u>19,860.</u>	<u>15,421.</u>

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
Direct Public Support	46,381.
Total	<u>46,381.</u>

Supporting Statement of:

Form 990-EZ/Line 28, Expenses

Description	Amount
Family And Individual Assistance	45,246.
Community Assistance	10,500.
Total	<u>55,746.</u>