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990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 20**12**

Open to Public

Department of the Treasury Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Α 20 For the 2012 calendar year, or tax year beginning 2012, and ending D Employer Identification number C Name of organization Palmetto Electric Trust Check if applicable Doing Business As 57-0931978 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 843-726-5551 Initial return City, town or post office, state, and ZIP code Terminated G Gross receipts \$ Amended return Ridgeland SC 29936 F Name and address of principal officer H(a) is this a group return for affiliates? Yes Vo Application pending H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c)(3) 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Form of organization Corporation Trust L Year of formation M State of legal domicile Association ☐ Other ▶ Summary Part I Briefly describe the organization's mission or most significant activities: Charitable fund raising services for worthwhile community activities by rounding up electric bills to an even dollar amount, with disbursement of funds for charitable purposes Activities & Governance in the service area of Palmetto Electric Cooperative, Inc. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Current Year Contributions and grants (Part VIII, line 1h). 332574 334007 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 2306 1413 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 335420 334880 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 325510 236732 Benefits paid to or for members (Part IX, column (A), line 4) 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) U(3) 17 4868 5346 18 Total expenses, Add lines 13-17 (must equal Part IX: column-(A), line 25) 242078 330378 19 Revenue less expenses. Subtract line 18 from line 12 4502 93342 **Beginning of Current Year** End of Year 20 Total assets (Part X. line 16) 340088 433430 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 433430 Part II Signature Block 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 (other than officer) is based on all information of which preparer has any knowledge Declaration of prepargr Sign re of office Here

Preparer's signature



May the IRS discuss this return with the preparer shown above? (see instructions)

Type or print name and title Print/Type preparer's name

Firm's name

Firm's address ▶

Paid

Preparer

Use Only

Check [] If self-employed

Firm's EIN ▶

Phone no

ີ Yes 🌅 No Form 990 (2012)

) (Revenue \$

(Expenses \$

Total program service expenses ▶

including grants of \$

325510

Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	1 2	/	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	√	<u>√</u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		<u>·</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>·</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>√</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>·</u> ✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>·</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	,0045°
		Form	990	2012)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	_	<u>√</u> √
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>~</u>
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		- -
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
18	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		
		Form	990 (2	2012)

Par				_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a b c		1		
2a	reportable gaming (gambling) winnings to prize winners?	1c	✓	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a		4a ·		✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>√</u>
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T7	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	÷		
	and services provided to the payor?	7a		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7b 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь 0	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
1	Section 501(c)(12) organizations. Enter:		ſ	
a b	Gross income from members or shareholders		ŀ	
5	against amounts due or received from them.)			
2a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	-+	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	j	j	j
	<u></u>	14a		<u> </u>
		14b		
		Form ⁴	990 (2	2012)

Do	AVII Commence Management and Disclosure For each "Von" reported to lines 2 through 7h heleu	and	for	a "Nic
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	a ivo
	Check if Schedule O contains a response to any question in this Part VI			. [
Sec	tion A. Governing Body and Management		<u> </u>	<u></u>
	atorial deverting body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2	PISTER	
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			
b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct		 	+*
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	<u> </u>	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	_5	ļ	✓
6	Did the organization have members or stockholders?	6	!	✓.
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_ _		
	one or more members of the governing body?	7a	├	
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		
_	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u> </u>
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co		
		T 0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		\
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		
Ь	Other officers or key employees of the organization	15b		تحصور
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity during the year?	16a	#:-{z4	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		ja ve	1,7
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed Sc.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c	:)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	et n	olicy
. •	and financial statements available to the public during the tax year.	1111616	or h	oney,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the		
	organization: ► Tanya Trull, V.P., Finance, 4063 Grays Hwy, Ridgeland SC 29936			

Part VII	Compensation of Officers, Directors, Trustees, Ko	ey Employees, High	est Compensated Employees,	and
	Independent Contractors			

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

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

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

☑ Check this box if neither the organization no	r any relate	ed org	aniz	zatio	on c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation from					Reportable	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Don Altman	2	1						0		
(2) Coleman F Davis, Jr	2	1				•		0		
(3) Murray Christopher	2	✓						0		
(4) Robert J Arundell, Secretary	2	✓						0		
(5) Judy Tuten	2	√						0		
(6) Carole Howard	2	1						0		
(7) David White, Vice Chairman	2	✓						0		
(8) Floyd Turner, Jr	2	1						0		
(9) Rita Jones	2	1						0		
(10) Deloris Stone, Treasurer	2	1						0		
(11) Ronald Leibel	2	1					\exists	0		
(12) Buddy W. Hiers, Chairman	2	1	_	7	7		7	0		
(13)			\uparrow			$\neg \uparrow$	7			
(14)			1	1	\top	\neg	\dashv			

Pai	t VII Section A. Officers, Directors, Trust	lees, Key E	mplo	yee:	s, a	nd l	lighe	st C	ompensated E	mployees	(contin	ued)
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	erson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individ or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-F	ons	other compensation from the organization and related organizations
(15)												
(16)										· <u>-</u> -		
(17)												
(18)												
(19)												
(20)												
(21)												
(22)				7			-					
(23)						\dashv				·-		,·
(24)				Ì								
(25)			$\neg \dagger$	\dashv	7	_		\dashv				
1b c d	Sub-total	/II, Section	A		l · · · ·	-	.]	•				
2	Total number of individuals (including but reportable compensation from the organiz	not limited						wh	o received mo	re than \$10	00,000	of
3	Did the organization list any former officemployee on line 1a? If "Yes," complete So							nplo	oyee, or highe	est comper	nsated	Yes No 3 ✓
4	For any individual listed on line 1a, is the sorganization and related organizations gindividual	reater than	n \$15	50,0	007	lf .	"Yes,	" c	omplete Sche			
5	Did any person listed on line 1a receive or for services rendered to the organization?									ition or indi		5 √
Section	n B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repoyear.											
	(A) Name and business addre	ss							(B) Description of ser	vices		(C) Compensation
				_				_				
					_	_	#					
2	Total number of independent contractors received more than \$100,000 of compensa							thos	se listed abov	e) who		

Par	t VIII	Statement of Revenue					_
		Check if Schedule O contains a respo	nse to any ques				<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
S, C	C	Fundraising events 1c					1
ia ii	d	Related organizations 1d					
ıs,	e	Government grants (contributions) 1e				1	1
er S	f	All other contributions, gifts, grants,			1		
혈美		and similar amounts not included above 1f	334007		1	1	
و م م	g	Noncash contributions included in lines 1a-1f: \$					
<u>3 g</u>	h	Total. Add lines 1a-1f	· · · • •	33400	7	 	
Program Service Revenue		}	Business Code			- 	
eve	2a				 	 	
ě	b				 		 -
.₹	C				 		
အီ	d				 -	 	
<u> </u>	e •	All other program consider revenue			 	 	
ည်	t g	All other program service revenue . [Total. Add lines 2a–2f	▶		 	ــــــــــــــــــــــــــــــــــــــ	
	3	Investment income (including divide			 	T	Ţ -
		and other similar amounts)		1413	141:	2	
	4	Income from investment of tax-exempt bor	L	141.	141.		
	5	Royalties	· · -		 	 	
		(i) Real	(ii) Personal		·	†	
- 1	6a	Gross rents				Ĭ	
	b	Less: rental expenses				1	
	C	Rental income or (loss)			1		
	d	Net rental income or (loss)	•		T	<u> </u>	
Ī	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory			į.	ļ	J
	b	Less: cost or other basis					
- 1		and sales expenses .	1				
	C	Gain or (loss)		_			
1	d	Net gain or (loss)	🕨				
une	8a	Gross income from fundraising					
Other Reve		events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
鲁一	L	Less: direct expenses b			1	1	1
0		Net income or (loss) from fundraising ev	vents . ▶		1		
	9a	Gross income from gaming activities. See Part IV, line 19 a	vents .				
		Less: direct expenses b			}	1	
		Net income or (loss) from gaming activities	tios			ļ	
- 1		Gross sales of inventory, less	iles P		<u> </u>		<u> </u>
		returns and allowances a	-				
- 1		Less: cost of goods sold b					
		Net income or (loss) from sales of inven	tory ▶				
H	<u> </u>		Business Code				
 	11a						L
İ	b						
	C				<u> </u>	 	
	ď	All other revenue					
	_	Total. Add lines 11a–11d	•		· · · · · · · · · · · · · · · · · · ·		
[.		Total revenue, See instructions	<u> </u>	335420	335420	-	

Sect	ion_501(c)(3) and 501(c)(4) organizations must con	nplete all colu <u>mn</u> s. A	All other organization	ons must complete o	column (A).
	Check if Schedule O contains a respon	se to any question	in this Part IX .		<u> </u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	236732	23673	2	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits			ļ	
10	Payroll taxes			ļ	
11	Fees for services (non-employees):				
а	Management	5346		5346	
þ	Legal			ļ	
C	Accounting				
đ	Lobbying		T "		<u> </u>
e	Professional fundraising services. See Part IV, line 17			<u> </u>	
f g	Investment management fees				
40				 	
12	Advertising and promotion			 	ļ
13	Office expenses				<u> </u>
14 15	Information technology			 	
16	Royalties				
17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	#			
	(A) amount, list line 24e expenses on Schedule O.)		- <u></u>		·
а					
b					
C					
d	An - 1				
	All other expenses		·		
25	Total functional expenses. Add lines 1 through 24e	242078	236732	5346	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

			_
Check if Schedule O contains a response to any question in this Part			,
	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	313662	1_	40731
Savings and temporary cash investments		2	
Pledges and grants receivable, net		3	
Accounts receivable, net	26426	4	2612
Loans and other receivables from current and former officers, directors,			
trustees, key employees, and highest compensated employees.			
·		5	
- · · · · · · · · · · · · · · · · · · ·			
		<u> </u>	
			
		9	
· · · · · · · · · · · · · · · · · · ·		100	<u> </u>
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· · · · · · · · · · · · · · · · · · ·		$\overline{}$	
	340088		433430
		17	
Part of the control o		18	
		19	
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Loans and other payables to current and former officers, directors,			
trustees, key employees, highest compensated employees, and			
disqualified persons. Complete Part II of Schedule L		22	
Secured mortgages and notes payable to unrelated third parties			
· · · · · · · · · · · · · · · · · · ·		24	
		ł	
		25	
Total liabilities. Add lines 17 through 25		26	
		07	
		-+	
		_	
Organizations that do not follow SFAS 117 (ASC 958) check here > \(\) and		28	
		-	
		30	
Total net assets or fund balances		33	
	Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), persons described in section 4958(n)(3)(8), and contributing employees and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—other securities. See Part IV, line 11 Investments—other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Intangible assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently restricted net assets Permanently restricted net assets Permanently restricted net assets Permanently restricted	Cash—non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958)(II), persons described in section 4958(IQ), and contributing employers and sponsoning organizations of section 501(s(P) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepard expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicity traded securities Investments—program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable. Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, fustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated thrird parties Unsecured notes and loans payable to unrelated thrird parties Unsecured notes and loans payable to unrelated thrird parties Unsecured notes and loans payable to unrelated thrird parties Unsecured notes and loans payable to unrelated thrird parties Unsecured notes and loans payable to unrelated thrird parties Other liabilities. Actions payable to unrelated thrird parties Other liabilities Actions payable to unrelated thrird partie	Cash—non-interest-bearing Savings and temporary cash investments 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 2 Cash—non-interest-bearing 3 Accounts receivable, net 2 Cash—son and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 2 Cans and other receivables from other disqualified persons (as defined under section 4958(I(I)), persons described in section 4958(I(I)), see instructions, complete Part II of Schedule L 3 Cans and other receivables from other disqualified persons (as defined under section 4958(I(I)), see instructions). Complete Part II of Schedule L 3 Cans and other receivables from other disqualified persons (as defined under section 4958(I(I)), see instructions). Complete Part II of Schedule L 4 Cash (Investments of sail or use 4 Prepard expenses and deferred charges 2 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 4 Less: accumulated depreciation 4 Investments—publicity traded securities 5 Investments—publicity traded securities 6 Investments—program-related. See Part IV, line 11 6 Intensity in the securities of

Form 9	990 (2012)	_		Pa	age 12
Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	<u>35420</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	42078
3	Revenue less expenses. Subtract line 2 from line 1	3			93342
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	<u>40088</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		!	93342
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	ĺ			
	33, column (B))	10		4:	<u>33430</u>
Par	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII	· · ·	 	· · ·	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:			{	
	Separate basis Consolidated basis Both consolidated and separate basis			إ.	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a		1	
	separate basis, consolidated basis, or both:			-	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			ļ	,
	of the audit, review, or compilation of its financial statements and selection of an independent accour		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in			
_	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Ast and OMB Circular A 1333	orth in	1_	- 1	
_	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	uits	3b		
			Form 9	99U (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number 570931978 **Palmetto Electric Trust** Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). 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). 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.) ☑ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% 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 331/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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. c Type III-Functionally integrated d Type III-Non-functionally integrated a 🔲 Type I b Type II 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in (vii) Amount of monetary (ii) FIN (vi) Is the in col (I) listed in your organization (described on lines 1-9 organization in col support col. (1) of your governing document? (I) organized in the above or IRC section support? US? (see instructions)) No Yes Yes Yes (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						,
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	326753	330611	372410	332574	334007	169635
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	326753	330611	372410	332574	334007	1696355
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.						1696355
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	326753	330611	372410	332574	334007	1696355
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5524	3678	3590	2306	1413	16511
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						1712866
12	Gross receipts from related activities, etc.					12	5044 1/0
13	First five years. If the Form 990 is for th organization, check this box and stop her	e	<u> </u>			ear as a section	
	on C. Computation of Public Suppor			1 1 (0)	·	44	
14	Public support percentage for 2012 (line 6		-		-	14	99.0 %
15 16a	a 331/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this						
b	box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ts the "facts-a	nd-circumstan	ces" test, chec	k this box and	stop here. Ex	plain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	on meets the ets the "facts-	"facts-and-circ and-circumsta	cumstances" to inces" test. The	est, check this	s box and stop	and line p here .
18	Private foundation. If the organization did				or 17b, check	this box and si	_
	ınstructions		•		•		_

							D
Part	(Complete only if you checked the If the organization fails to qualify	e box on line	9 of Part I o	r if the organ	ization failed	to qualify und	Pag der Part II.
	ion A. Public Support	(-) 0000	(h) 0000	(2) 2010	(4) 2011	(e) 2012	(f) Total
Calei 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(6) 2012	(i) Total
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)			y The state of the	The state of the s	» » «	
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
с 11	Add lines 10a and 10b 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, check this box and stop her	re	<u> </u>				
	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8		-			15	%
16	Public support percentage from 2011 Schoon D. Computation of Investment Inc					16	%
<u> </u>	Investment income percentage for 2012 (I			line 13 colum	up (fl)	17	<u></u> %
18	Investment income percentage from 2011		• • •			18	%
19a	331/3% support tests – 2012. If the organia 17 is not more than 331/3%, check this box a	zation did not o	check the box	on line 14, and	d line 15 is mo	ore than 33	1/3%, and line
b	331/3% support tests – 2011. If the organizatine 18 is not more than 331/3%, check this b						

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

20

Schedule A (F	Form 990 or 990-EZ) 2012	Page
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)	<u>_</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

0MB No. 1545-0047 20 **1 2**

ZUTZ

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection
Employer Identification number

Palm	etto Electric Trust	<u> </u>	570931978
Pa	ort I Organizations Maintaining Donor Advised Funds or Other Similar Fu	nds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets I		
	funds are the organization's property, subject to the organization's exclusive legal control		
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or		
	conferring impermissible private benefit?	· · ·	· · · · · · · · · · · · · · No
Pa	Conservation Easements. Complete if the organization answered "Yes"	to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education) Preservation of		
		of a cert	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in th	ie form of a conservation
	easement on the last day of the tax year.	1	Held at the End of the Tax Year
	T . 1 () ()		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
Ç	Number of conservation easements on a certified historic structure included in (a)		2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr		
3	tax year ►	IIIIateu	by the organization during the
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, ins	nection	handling of
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation		
•	b	0450111	one caming the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ements	during the year
•	▶ \$		com,g and your
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of section	on 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · □ Yes □ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue	and ex	opense statement, and
_	balance sheet, and include, if applicable, the text of the footnote to the organization's fin		
	organization's accounting for conservation easements.		
Part	Organizations Maintaining Collections of Art, Historical Treasures, or	Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenu	e statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, ed		
	public service, provide, in Part XIII, the text of the footnote to its financial statements that	descri	bes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its i	revenue	e statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, ed	ucation	, or research in furtherance of
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. > \$
	(ii) Assets included in Form 990, Part X		. > \$
2	If the organization received or held works of art, historical treasures, or other similar		for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	ems:	
а	Revenues included in Form 990, Part VIII, line 1		. > \$
b	Assets included in Form 990, Part X		. > \$

Pa	rt III Organizations Maintaining	Collections of	f Art, H	istorical	Treasure	s, or O	ther Simila	r Ass	s ets (conti	inued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and o	other rec	ords, che	ck any of	the follo	wing that are	a si	gnificant us	e of it
а	Public exhibition		d	☐ Loai	n or exchar	nge prog	grams			
b	Scholarly research		е	☐ Othe	er					
c		s								
4	Provide a description of the organiza XIII.	tion's collections	and exp	olain how	they furthe	er the or	ganization's	exem	pt purpose	in Par
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be main	e donation de	ons of art, part of th	historical ne organiza	treasure ation's c	es, or other sollection?	ımılar 	r □ Yes	☐ No
Pa	rt IV Escrow and Custodial Arra									
	line 9, or reported an amour	nt on Form 990,	Part X,	line 21.	_					
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or ot							t □ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comp	lete the t	following t	table:	Γ		An	nount	
С	Beginning balance					10	c			
d						10	b			
е	Distributions during the year					16	9			
f	Ending balance					11	f			
2a	Did the organization include an amour	nt on Form 990, F	art X, lin	e 21? .				•	☐ Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check he	re if the e	explanatio	n has beer	n provid	ed in Part XIII	<u> </u>	<u> </u>	
Pai	rt V Endowment Funds. Comple	ete if the organi:	zation a	nswered						
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three years	back	(e) Four year	's back
1a	Beginning of year balance								L	
b	Contributions									
С	Net investment earnings, gains, and	-								
	losses		İ							
d	Grants or scholarships		Ī							
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses				i — — —					
g	End of year balance .							$\neg \neg$		
2	Provide the estimated percentage of the	ne current year er	nd baland	ce (line 1g	, column (a	a)) held a	as:			
а	Board designated or quasi-endowmen	t 🕨	%		·					
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2		00%.							
3a	Are there endowment funds not in the	possession of th	ne organi	zation tha	at are held	and adi	ministered fo	r the		
	organization by								Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations .								3a(ii)	
b	If "Yes" to 3a(II), are the related organiz								3b	
4	Describe in Part XIII the intended uses	of the organization	on's endo	wment fu	ınds.					
Part	VI Land, Buildings, and Equipr	nent. See Form	1 990, P	art X, line	e 10.					
	Description of property	(a) Cost or oth (investme			r other basis her)		Accumulated preciation		(d) Book valu	е
1a	Land					* .	· 1			
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									
Total.	Add lines 1a through 1e (Column (d) mu	st equal Form 99	00, Part X	, column	(B), line 10)(c).) .				

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D) (E)		
(F)		
(G)		
(H)		
(1)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII Investments – Program Rela		(, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
		1
		
0)	>	
0) htal. (Column (b) must equal Form 990, Part X, col (B) line 13)		
0)		(b) Book value
o) hal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990,	Part X, line 15.	(b) Book value
O) Atal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990,	Part X, line 15.	(b) Book value
O) Atal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, 1)	Part X, line 15.	(b) Book value
O) Atal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3)	Part X, line 15.	(b) Book value
O) Atal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3)	Part X, line 15.	(b) Book value
o) htal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4)	Part X, line 15.	(b) Book value
O) Ital. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5)	Part X, line 15.	(b) Book value
O) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5)	Part X, line 15.	(b) Book value
D) tal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6)	Part X, line 15.	(b) Book value
D) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 7)	Part X, line 15.	(b) Book value
O) Intal. (Column (b) must equal Form 990, Part X, col. (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 7) 9)	Part X, line 15. (a) Description	
O) Intal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 7) 9) Part IX Other Assets. See Form 990, 10 11 22 33 41 50 60 60 60 60 60 60 60 60 60	Part X, line 15. (a) Description col. (B) line 15.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Liabilities. See Form 990,	Part X, line 15. (a) Description col. (B) line 15.)	
Part IX Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 7) 9) 1) 1) 1) 1) 1) 1) 1) 1) 1	Part X, line 15. (a) Description col. (B) line 15.)	
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, (a) Description of liability (b) Federal income taxes	Part X, line 15. (a) Description col. (B) line 15.)	
Part IX Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 7) 9) Part X Other Liabilities. See Form 990, Part X, Quant X Other Liabilities. See Form 990, Part X, (a) Description of liability) Federal income taxes	Part X, line 15. (a) Description col. (B) line 15.)	
Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 7) 10 11 22 33 41 50 63 7) 64 70 71 72 73 74 75 76 77 76 77 77 78 79 79 79 79 79 79 79	Part X, line 15. (a) Description col. (B) line 15.)	
Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Liabilities. See Form 990, Other Liabilities. See Form 990, Other Assets. See Form 990, Other Liabilities. See Form 990, Other Assets. See Form 990, Other Liabilities. See Form 990, Other Assets. See Fo	Part X, line 15. (a) Description col. (B) line 15.)	
Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Assets. See Form 990, Other Liabilities. See Form 991, (a) Description of liability Federal income taxes Other Liabilities.	Part X, line 15. (a) Description col. (B) line 15.)	
O) Intal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) Other Liabilities. See Form 990, (a) Description of liability) Federal income taxes) (b) (c) (d) (d) (e) (e) (e) (f) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h	Part X, line 15. (a) Description col. (B) line 15.)	
Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Other Asset	Part X, line 15. (a) Description col. (B) line 15.)	
Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Other Asset	Part X, line 15. (a) Description col. (B) line 15.)	
Part IX Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 7) 9) 10 11 12 13 14 15 15 16 17 17 18 19 19 10 11 11 12 12 13 14 15 15 16 17 17 18 19 19 10 10 11 11 12 13 14 15 15 16 17 17 18 19 19 19 10 10 10 11 11 12 13 14 15 15 16 17 17 18 18 18 18 18 18 18 18	Part X, line 15. (a) Description col. (B) line 15.)	
Other Assets. See Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) Other Assets. See Form 990, 2) 1) Part IX Other Assets. See Form 990, (a) Description of liability (b) Federal income taxes (c) (d) (e) (e) (f) (f) (f) (h) (h) (h) (h) (h	Part X, line 15. (a) Description col. (B) line 15.)	
tal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, 1) 2) 3) 4) 5) 6) 7) 1) 1) 1) 1) 1) 1) 1) 1) 1	Part X, line 15. (a) Description col. (B) line 15.)	

Sched	ule D (Form 990) 2012		Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	33542
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	
а	Net unrealized gains on investments	1	
b	Donated services and use of facilities	1- 1	
C	Recoveries of prior year grants	•	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	335420
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
þ	Other (Describe in Part XIII)		
¢	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	335420
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Retur	
1	Total expenses and losses per audited financial statements	1	242078
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
þ	Prior year adjustments	y	
C	Other losses	•	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	242078
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
_	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	242078
	XIII Supplemental Information		
Part V, nform		provide	any additional
he Tru	ust files Form 990 "Return of Organization Exempt From Income Tax" annually. This return is subject to exa	mination	by federal taxing
uthori	ities. The Trust is no longer subject to examination by federal tax authorities for years prior to 2009. Althou	gh the o	utcome of tax
udite i	is always uncertain, the Trust believes there are no significant unrecorded tax liabilities at December 31, 20	12 or 201	1
	is always uncertain, the first believes there are no significant an acoustic tax nationals at 2000mist of 20		
,			

Schedule D (For		Page :
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection 2012

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance Employer identification number ✓ Yes 57-0931978 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government Palmetto Electric Trust
Part | General (5) **a** 6 (12) E € 9 5 Ξ ପ୍ର 9 E <u>@</u>

Schedule I (Form 990) (2012)

Cat. No. 50055P

Schedule I (Fo	Schedule I (Form 990) (2012) Part III Grants and Other Assistance to Individuals in Part III can be duplicated if additional space is	viduals in the Un space is needed.	iited States. Comp	elete if the organiza	ation answered "Yes" to I	Page 2 in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. needed.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Cash	1 Cash Assistance for Individuals	306	236732			
2						
က						
4		_				
2						
မှ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	e this part to prov	ide the information	required in Part I,	line 2, Part III, column (b	, and any other additional
Organization	Organizations and individuals within the Palmetto Electric Cooperative, Inc. service area may apply to Palmetto Electric Trust for assistance. Applications are reviewed and assigned	: Cooperative, Inc. se	ervice area may apply	to Palmetto Electric T	rust for assistance. Applicat	ions are reviewed and assigned
for field co	for field contact and verification. The applications are reviewed monthly by the Board of Directors and determinations for award are made based on need.	iewed monthly by th	ne Board of Directors a	ind determinations fo	r award are made based on n	eed.
				1		
į						Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

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.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 570931978 Palmetto Electric Trust Form 990, Part VI, Line 11b - Organization's Process Used to Review Form 990 A draft copy of the Form 990 is made available to the Board of Directors at the regular board meeting prior to the due date of the return being filed for their review. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Each year the Board of Directors shall review whether any current or former Officer, Trustee, or Key Employee: 1. Has a direct business relationship with the Trust or an indirect business relationship with the Trust requiring disclosure on Sch. L of the Form 990. 2. Has a family member who had a direct or indirect business relationship with the Trust requiring disclosure on Sch. L of the Form 990; or 3. Serves as an Officer, Trustee, or Key Employee, Partner or member of an entity (or shareholder of a professional corporation) doing business with the Trust, such that disclosure is required on Sch. L of the Form 990. Form 990, Part IV, Line 19 - Governing Documents Disclosure Explanation Governing documents, conflict of interest policy, and financial statements are available to the public upon request at 4063 Grays Hwy, Ridgeland SC 29936

Schedule O (Form 990 or 990-EZ) (2012)	Page 7
Name of the organization	Employer Identification number