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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

epartn nternal	Revenue Service	► Information a	bout Form 990 and its instr	uctions is at	www.irs.	gov/form990)	Inspec	tion	
Fo	or the 2013 ca	lendar year, or tax year begin			nd ending			, 20		
	neck if applicable	·					D Employe	er identification n	umber	
☐ Ad	dress change	Doing Business As		-				57-0931978		
Ù Na	ame change	Number and street (or P O bo	x if mail is not delivered to street	address)	Room/suit	e .	E Telephor	ne number		
] Ini	tial return	P O Box 820				Ì		843-726-5551		
] ⊤е	rminated	City or town, state or province	, country, and ZIP or foreign pos	tal code						
] An	nended return	Ridgeland SC 29936					G Gross re	ceipts \$		
] Ap	plication pendin		officer		·	H(a) Is this a gr	oup return for s	subordinates? Yes	. ✓ No	
•						L.		s included? 🔲 Yes		
Ta	x-exempt status	. V 501(c)(3))1(c) () ◀ (insert no)	4947(a)(1) or	527	If "No	o," attach a	list (see instruction	ons)	
W	ebsite. ►		· · · · · · · · · · · · · · · · · · ·			H(c) Group	exemption	number >		
Fo	rm of organization	Corporation Trust A	ssociation Other ►	L Yea	r of formation	on 1989	M State	of legal domicile	SC	
Par										
		describe the organization's	mission or most significal	nt activities	Charital	ole fund rais	ıng servi	ces for worthwi	nile	
გ	commu	nity activities by rounding up	electric bills to an even do	ollar amount,	with disb	ursement of	funds for	r charitable pur	poses	
Activities & Governance		ervice area of Palmetto Electr								
E		his box ▶□ if the organiza		rations or dis	sposed o	f more than	25% of	its net assets		
2		r of voting members of the					3		1	
8		r of independent voting me			line 1b)		4		1	
ß		imber of individuals employ					5			
[ımber of volunteers (estima	•	•			6			
Ž		nrelated business revenue f	• •	line 12			7a			
		elated business taxable inc					7b			
_		ar	Current Y	ear						
	8 Contrib	utions and grants (Part VIII,		334007		34895				
		n service revenue (Part VIII,			$ abla$					
ania a		ent income (Part VIII, column (A), tines 3, 4, and 7d)								
ž 1		evenue (Part VIII, column (A		and 11e)					148	
- 1		venue-add lines 8 through			ne 12)		335420		35044	
		and similar amounts paid (F					236732		26935	
- 1		s paid to or for members (P			<u> </u>					
د ا		, other compensation, emplo		ma (And lines !	5–10)					
Φ ∤		ional fundraising fees (Part			·					
per		ndraising expenses (Part IX								
ַ עַ		xpenses (Part IX, column (A		1			5346		734	
		penses Add lines 13-17 (r			, F		242078	.	27669	
		e less expenses. Subtract I	•		′		93342		7374	
					В	eginning of Cu		End of Ye		
lances	20 Total as	ssets (Part X, line 16)			.		433430		50717	
2 (0)		abilities (Part X, line 26)			F		100 100			
		ets or fund balances. Subti	act line 21 from line 20		` ·		433430		50717	
Par		ature Block					400400		- 00717	
		jury, I declare that I have examined	this return including accompa	nvina schedules	and statem	nents and to ti	ne hest of r	ny knowledge, and	d helief it	
		plete Declaration of preparer to the						ny momeoge am	a belief, it	
		mma /	- ()()				11/4/2	ON		
ign	Si	grature of officen	<u> </u>			Da	te 1/2			
lere		Mico Prosident	Finance							
	I I	pe or print name and title								
	Print/	Type preparer's name	Preparer's signature		Dat	te	T	PTIN		
Paid	1	• • •					Check self-emp	4		
	oarer	nama N		· · · · · · · · · · · · · · · · · · ·	L					
Jse	Cilly —	name >					n's EIN ▶			
Aav 1		ss this return with the prep	arer shown above? (see ii	nstructions)	•		пө по		s 🗆 No	
/ICIV	いっし いっし ひはしし	oo ano retuin with the bitb	a, 5, 5, 10 11 11 above : 1566					1 1 1 1 1 1 1	a i ino	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)

Form 99			Page 2
Part			
	Check if Schedule O contains a response or note to any line in this Part III	· · ·	<u> </u>
1	Charitable fund raising services for worthwhile community activities by rounding up electric bills to an even dollar ar	nount wi	th
	disbursement of funds for charitable purposes in the service area of Palmetto Electric Cooperative, Inc		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
		☐ Yes	✓ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		
3		☐Yes	☑ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as meas	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to	others,
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code.) (Expenses \$ 269352 including grants of \$) (Revenue \$		
	To provide assistance for worthwhile community activities in the service area of Palmetto Electric Cooperative, Inc. b		
	up electric bills to an even dollar amount	·	
		·	
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
40	/ LEXPONDED &		
	,		
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
		· 	
		•	
		· · · · · · · · · · · · · · · · · · ·	
	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶ 269352		

Part	Checklist of nequired schedules			····
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	✓	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		✓
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	4		√
	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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.			
	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		1
	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		1
	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	1	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	446		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	14b 15		∀
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		▼
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	i —	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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	√	
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		1
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 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	,	√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	1	1

Part				
	Check if Schedule O contains a response or note to any line in this Part V	_::		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
20	Charles and filed for the charles are the charles and the charles are the char			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	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" to line 3b, provide an explanation in Schedule O	3b		· •
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	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			
7	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			
u	and services provided to the payor?	70		i
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	100			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
U	ni ree, has it med a richit rzo to report these payments? If INO, iprovide an explanation in Schedule ()	l 14b l		1

POIIII 99			,						
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI								
Conti	on A. Governing Body and Management	<u>. </u>							
Secu	on A. Governing body and Management		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 12								
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 12 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							
3									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1					
5	Did the organization make any significant changes to its governing documents since the prior rolling soo was med. Did the organization become aware during the year of a significant diversion of the organization's assets?	5		7					
6	Did the organization have members or stockholders?	6		1					
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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	✓_						
b	Each committee with authority to act on behalf of the governing body?	8b	✓						
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	- d - N	✓					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	oae) Yes	No					
40-	Did the organization have local chapters, branches, or affiliates?	10a	163	1					
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1						
13	Did the organization have a written whistleblower policy?	13		✓					
14 15	Did the organization have a written document retention and destruction policy? 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?	14		✓					
а	The organization's CEO, Executive Director, or top management official	15a							
b	Other officers or key employees of the organization	15b		1					
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								
	with a taxable entity during the year?	16a		1					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							
Secti	ion C. Disclosure	100	I	L					
17	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 of int financial statements available to the public during the tax year.	erest	polic	y, and					
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Tanya Trull, V.P., Finance, 4063 Grays Hwy, Ridgeland SC 29936	of the	=						

	•	
Form	990	(2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

 Check this box if neither the organization no 	r any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any	officer and a director/tradice)					an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Highest compensated employee Key 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) Judy Tuten	2	1						0		
(3) Buddy Hiers, Chairman	2	1						0		
(4) Murray Christopher	2	1						0	,	
(5) Rita Jones	2	1					ŀ	0		
(6) David White, Vice Chairman	2	1						0		
(7) Deloris Stone, Treasurer	2	1						0		
(8) Ronald Leibel, Secretary	2	1						0		
(9) Coleman F Davis, Jr.	2	1						0		
(10) Douglas Smith	2	1						0		
(11) John E Kırkland	2	1						0		
(12) Mary Highsmith	2	1						0		
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(C) Position (D)								1					
	(A)	(B)			neck	more	than e		(D)	(E)	.		(F)	
	Name and title	Average hours per					is both or/trus		Reportable compensation	Reportabl compensation			mated ount of	
		week (list any						, -	from	related			ther	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-M			ensatio m the	n
		organizations below dotted	ctor	tion		mplo	st co	"	(W-2/1099-MISC)	•	1	-	nization related	
		line)	trus	alto		уве	m pe						ization	
			<u> </u>	uste			nsa				Ì			
							8	<u> </u>	ļ					
(15)			Į											
						ļ	ļ	_	 					
(16)														
44.50	*****			 		 	<u> </u>	-			-			
$\Omega\Omega$			1								-			
(18)								-	 					
119/														
(19)								<u> </u>						
1		†	1											
(20)					Ì									
(21)														
			<u> </u>			ļ			ļ					
(22)														
			ļ	<u> </u>	ļ	ļ		┞-	-					
(23)		 	ŀ											
			ļ					╫	 					
(24)		 									ł			
(25)			 											
3		 	1											
1b	Sub-total	٠.,	٠.,	•		•	1							
С	Total from continuation sheets to Part	VII, Section	n A					\blacktriangleright						
d	Total (add lines 1b and 1c)		<u></u>					▶						
2	Total number of individuals (including bu		d to th	1056	e list	ted	abov	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organ	ization ►												
•	Did the consciention led one former			4			المساء						Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete										nsated			
4											· am tha	3		✓
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	_										4		1
5	Did any person listed on line 1a receive of								related organiz	zation or inc	lıvidual			<u> </u>
	for services rendered to the organization											5	1	1
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Re	port compe	ensati	on f	or tl	he c	alend	dary	year ending wit	h or within	the org	janizatio	on's t	ах
	year.													
	(A) Name and business add	tress							(B) Description of s	ervices		(C) Compens	ation	
	Hamo and business aut							╁	200011011011011	J. 11003		Compens		
-								+		,				
		<u> </u>	. —					+						
	· · · · · · · · · · · · · · · · · · ·							+						
				-				1						
2	Total number of independent contractor							o th	nose listed ab	ove) who		_		
	received more than \$100,000 of compen	sation from	the o	rga	nıza	tion	>							

Part	VIII	Statement of Reve				·	D 43/00		
		Check if Schedule C	contains a	res	ponse or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns Membership dues	<u> </u>	1a 1b					
S, E	С	Fundraising events .		1c	<u> </u>	1 <u>.</u>			
ar /	d	Related organizations	_	1d		1		1	
S, C	е	Government grants (con) -	1e		1			
ion	f	All other contributions, g				j ""			
but		and similar amounts not inc		1f	348958	, -			
i di	g	Noncash contributions includ	ded in lines 1a-1	lf: \$		1 _			
Col	h	Total. Add lines 1a-1			•	348958			
e					Business Code				
len.	2a					1			
Re/	b								
<u>8</u>	c				# ****** *** ·				
Ξ	d						·		
ηS	e								
gran	f	All other program ser							
Program Service Revenue	g	Total. Add lines 2a-2			•				
	3	Investment income	(including d			-	-		
		and other similar amo				1483	1483		
	4	Income from investmen	-	nt be	ond proceeds ▶	1403	1403		
	5	Royalties	it of tax oxorr	٠,٠٠٠	• • • • • • • • • • • • • • • • • • •				
	•	rioyanioo	(i) Real	<u> </u>	(ii) Personal				
	6a	Gross rents				-			
	b	Less: rental expenses				1		•	
	C	Rental income or (loss)			 	-			
i	d	Net rental income or			•	-			
	7a	Gross amount from sales of	(i) Securitie	· ·s	(ii) Other	 		•	
	' "	assets other than inventory	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-,	┥.			
	ь	Less cost or other basis			 	-			-
		and sales expenses .				, '			
	١ ـ	Gain or (loss)				-			
	ار 2				_	 			
	d	Net gain or (loss) .	•	•		 			
venue	8a	Gross income from fuevents (not including \$	undraising					•	
Other Rev		of contributions reported See Part IV, line 18 .) a	ı				
돌	b	Less direct expenses	S	b)				
		Net income or (loss) f			events >				
	9a	Gross income from ga							
		See Part IV, line 19 .		а	1	<u> </u>			1
	b	Less: direct expenses	s	b] _			
	С	Net income or (loss) f	from gaming	act	ıvıtıes ▶]			
	10a	Gross sales of in	nventory, le	ess					
		returns and allowance	es	а					
	b	Less. cost of goods s	sold	b		1			
	С	Net income or (loss) f		f inv	entory .	1			
	_	Miscellaneous F			Business Code			<u>-</u>	
	11a					1			
	b								
	С								
	ď	All other revenue .							
	e	Total. Add lines 11a-				 		•	
	12	Total revenue See in	-	•				 	

Form 99	0 (2013)				Page 10					
	IX Statement of Functional Expenses									
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete co	lumn (A)					
Check if Schedule O contains a response or note to any line in this Part IX										
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			_						
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	269352	269352	•						
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 10	Other employee benefits									
11 a	Fees for services (non-employees) Management	7347		7347						
b c	Legal									
d e	Lobbying									
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12 13 14 15	Advertising and promotion . Office expenses									
16	Occupancy									
17 18	Travel									
19 20	Conferences, conventions, and meetings 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)									
а										
b				-						
С										
d										
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	276699	269352	7347						
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)									

P	art X	Balance Sheet	-			
		Check if Schedule O contains a response or	note to any line in this Par	tX		
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		407310	1	480109
	2	Savings and temporary cash investments			2	
	3				3	
	4	Accounts receivable, net		26120	4	27063
	5	Loans and other receivables from current and f	former officers, directors,	ı		
		trustees, key employees, and highest co	mpensated employees.			
		Complete Part II of Schedule L .			5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), an	d contributing employers and			
ts		sponsoring organizations of section 501(c)(9) volun				•
		organizations (see instructions). Complete Part II of Sche	dule L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or		ŀ		
		other basis. Complete Part VI of Schedule D	10a			
	b	Less, accumulated depreciation .	10b		10c	
	11	1			11	
	12	Investments—other securities See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line	F=		13	. –
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11) -		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	433430	16	507172
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue	} -		19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	F		21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen				
Ē		disqualified persons Complete Part II of Schedu			22	
<u>=</u>	23	Secured mortgages and notes payable to unrela	-		23	
_	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax,			27	
	20	parties, and other liabilities not included on lines				
		of Schedule D	· · ·		25	
	26	Total liabilities. Add lines 17 through 25	La Carte de la Car		26	
		Organizations that follow SFAS 117 (ASC 958)				
Ses	ļ	complete lines 27 through 29, and lines 33 and				
aŭ	27	Unrestricted net assets			27	
3ag	28	Temporarily restricted net assets			28	
ᅙ	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117 (ASC 95	58), check here 🕨 🔲 🛚 and 🖟			
5		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-ın or capital surplus, or land, building, or ed			31	
ţ	32	Retained earnings, endowment, accumulated in	come, or other funds .		32	
Š	33				33	
	34	Total liabilities and net assets/fund balances .	<u></u> .	433430	34	507172
						Form 990 (2013)

Form 9	90 (2013)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	<u>50441</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	76699
3	Revenue less expenses. Subtract line 2 from line 1	3			73742
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	<u>33430</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			73742
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		5	07172
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Cash Counting Countin				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O		,		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		-	1	
b	Were the organization's financial statements audited by an independent accountant? .		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight	-		
	of the audit, review, or compilation of its financial statements and selection of an independent according	untant?	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain in			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		1	
	the Single Audit Act and OMB Circular A-133?		3a		1
b		ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		1
			For	m 99 0	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

lame	of the or	ganization						Į E	mployer id	entification	n number		
alm		ctric Coopei									31978		
				rity Status (All organ						nstructio	ons		
The 1 2	☐ A c	hurch, con chool desc	vention of church ribed in section	tion because it is. (Fo nes, or association of 170(b)(1)(A)(ii). (Attac	churches h Schedu	describe ule E.)	ed in sec	tion 170(b)(1)(A)(i)) .			
3 4	□ A m	nedical rese		spital service organiza on operated in conjunc e:)(b)(1)(A)	(iii). Enter	the	
5	sec	ction 170(b)(1)(A)(iv). (Comp							vernmen	tal unit de	escrib	ed in
6 7	☐ An	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.)											
8	✓ A c	ommunity t	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II)						
9	rec sup	eipts from	activities related gross investme	receives (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ons-sub ated bus	oject to d siness tax	ertain ex kable inc	ceptions ome (les	, and (2) is section	no more	e than 33	1/3%	of its
10 11	An pur	organization organization	on organized an ine or more pub	operated exclusively doperated exclusive licly supported organ describes the type of second exclusive.	ely for th	e benefit described	of, to p	perform to on 509(a	the funct (1) or se	ions of, ection 50	9(a)(2). Se		
		☐ Type I	b ☐ Type								tionally int	egrat	ed
f	oth or s	er than fou section 509	ndation manage (a)(2).	that the organization irs and other than one written determination	e or more	publicly	supporte	ed organı	zations d	lescribed	l in sectio	n 509)(a)(1)
•		_	check this box	· · ·	, ,		inat it is	u 1990	i, i,pc i	, 0, ,,,	20 III 04P	p 01 1	
ç	•			ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			
		owing pers		-									
	(i)			ndirectly controls, eithody of the supported of			her with	persons .	described	d in (ii) a	nd 11g(i)	Yes	No
	(ii)	A family m	ember of a perso	on described in (i) abo	ve? .						11g(n)		
	(iii)	A 35% cor	ntrolled entity of	a person described in	(I) or (II) a	above? .					11g(ııı)		
ŀ	n Pro	ovide the fo	llowing informati	on about the support	ed organı	zation(s).			,				
(1)	Name of organi	supported zation	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		rganization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the sion in col zed in the S?	(vii) Amoun su	it of ma pport	netary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)										_			
(D)													
(E)													
]					1				

Part		tions Descri	bed in Secti	ons 170(b)(1))(A)(iv) and 1	70(b)(1)(A)(vi)	1.6
	(Complete only if you checked the Part III. If the organization fails to						lity under
Section	on A. Public Support	quality unde	THE LEGIS III	ted below, pi	odoo compi <u>o</u>	to r art iii.,	
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	330611	372410	332574	334007	348958	1718560
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	330611	372410	332574	334007	348958	1718560
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.				•		1718560
	on B. Total Support	r					
Calen 7	dar year (or fiscal year beginning in)	(a) 2009 330611	(b) 2010 372410	(c) 2011 332574	(d) 2012 334007	(e) 2013 348958	(f) Total 1718560
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3678	3590	2306	1413	1483	12470
9	Net income from unrelated business activities, whether or not the business is regularly carried on	33.0					
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						1731030
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor	rt Percentage	e				
14	Public support percentage for 2013 (line	6, column (f) dı	vided by line 1	1, column (f))		14	99 0 %
15	Public support percentage from 2012 Sch					15	99 0 %
16a	331/3% support test—2013. If the organi				d line 14 is 331	/3% or more, ch	
b	box and stop here. The organization qua 331/3% support test—2012. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or			► ☑ or more, ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f organization	ets the "facts-a	and-circumsta	nces" test, che	eck this box ar	nd stop here . E	ıne 14 ıs xplaın in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the	facts-and-ci a-and-circums	rcumstances" tances" test T	test, check th	ns box and sto	and line op here

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III	oupport concad	le for Organizations	Described in oc	

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

Secti	on A. Public Support					- 	
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						<u> </u>
	received (Do not include any "unusual grants ")				İ		
2	Gross receipts from admissions, merchandise	-					
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
3	organization's tax-exempt purpose. Gross receipts from activities that are not an				-		
3	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 .						ļ.
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						
_	Add lines 7a and 7b		 		 	 	
с 8	Public support (Subtract line 7c from				-	 	
o	• • • •						-
C4:			<u> </u>	<u> </u>	<u> </u>	l	<u> </u>
	on B. Total Support	(-) 0000	(1-) 0010	(-) 0011	(-1) 0040	T (-) 0010	(D. T+-!
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						j
	royalties and income from similar sources		_				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether			ľ		ļ	
	or not the business is regularly carried on						
12	Other income Do not include gain or						
-	loss from the sale of capital assets			1	1	1	
	(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	l ne organization	l n's first secon	d third fourth	or fifth tax v	l ear as a sectu	n 501(c)(3)
14	organization, check this box and stop he	-				ear as a section	511 30 1(c)(5) ► □
Cooti				• • • •	• •	• •	·
	on C. Computation of Public Suppor			2	-	45	
15	Public support percentage for 2013 (line 8	. ,,	•	. , , , ,		15	<u>%</u>
16	Public support percentage from 2012 Sch			<u> </u>	•	16	%
-	on D. Computation of Investment In			1 40 1	(0)	1.5	
17	Investment income percentage for 2013 (-		17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/29%, check this box					=	
b	331/3% support tests – 2012. If the organiz						
	line 18 is not more than 331/3%, check this		_				_
20	Private foundation If the organization de	d not check a	hay on line 14	10a or 10h	chack this hav	and coo inetri	ictions -

Part IV	Supplemental Information. 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).
	·
	•
-	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

2013

Open to Public Inspection

	ent of the Treasury	▶ Information about Schodul	► Attach to Form 990. • D (Form 990) and its instructions is at www.	irs any/form	1990. Inspection
	Revenue Service If the organization	- information about Schedul	e D (r Offin 990) and its monuctions is at www.		dentification number
	to Electric Trust				57-0931978
Par			r Advised Funds or Other Similar Fu	nds or Ac	
			ered "Yes" to Form 990, Part IV, line 6		
	<u>'</u>		(a) Donor advised funds		funds and other accounts
1	Total number a	at end of year			
2		tributions to (during year)			
3	Aggregate grai	nts from (during year)			
4	Aggregate valu	ue at end of year			
5			donor advisors in writing that the assets		
		• • • • •	t to the organization's exclusive legal cont		· Yes No
6	Did the organia	zation inform all grantees, dor	nors, and donor advisors in writing that grabenefit of the donor or donor advisor, or	ant tunds ca	an be used
					□ Yes □ No
Dar		rvation Easements.		<u> </u>	
rai			ered "Yes" to Form 990, Part IV, line 7		
1			by the organization (check all that apply)	·	
•			recreation or education) Preservation	of an histori	ically important land area
	===	of natural habitat			d historic structure
		on of open space			
2			tion held a qualified conservation contribut	tion in the fo	
		he last day of the tax year			Held at the End of the Tax Year
а				2	
b		restricted by conservation eas		. 2t	
C			tified historic structure included in (a) .	20	<u> </u>
d		onservation easements includ ure listed in the National Regis	ed in (c) acquired after 8/17/06, and noter	1	
3			d, transferred, released, extinguished, or te	rminated by	
3	tax year ►	iservation casements modified	, transferred, released, extinguished, or to	iiiiiiatoa by	, the organization daring the
4		tes where property subject to	conservation easement is located ▶		
5			icy regarding the periodic monitoring, in	spection, h	nandling of
			ion easements it holds?		· · 🔲 Yes 🗌 No
6	Staff and volur	nteer hours devoted to monito	ring, inspecting, and enforcing conservatio	n easement	ts during the year
	>				
7	•	penses incurred in monitoring,	inspecting, and enforcing conservation eas	sements du	ring the year
	▶\$,			170// 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1
8			on line 2(d) above satisfy the requirements	s of section	
_	**	170(h)(4)(B)(ii)?			Yes No
9			ports conservation easements in its revenue text of the footnote to the organization's f		
		accounting for conservation e		illialiciai sta	tements that describes the
Par	•	•	ctions of Art, Historical Treasures, o	or Other S	imilar Assets.
			ered "Yes" to Form 990, Part IV, line 8		
1a	If the organiza	ition elected, as permitted und	der SFAS 116 (ASC 958), not to report in i	ts revenue	statement and balance shee
			similar assets held for public exhibition, o		
	•	•	of the footnote to its financial statements th		
b			nder SFAS 116 (ASC 958), to report in its		
			similar assets held for public exhibition,	education, (or research in furtherance o
	•	, provide the following amount	*		
			, line 1		\$
^	(ii) Assets incl	uded in Form 990, Part X	of art historical transures, or other similar	ar genete f	or financial care provide the
2			of art, historical treasures, or other simil nder SFAS 116 (ASC 958) relating to these		or miancial gain, provide the
	_	,	e 1		> \$
a b					► \$ ► \$
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			*

Part	III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures, c	or Oth	ner Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and oth	ner record	ds, checi	k any of the	follow	ing that are a s	significant use of its
а	☐ Public exhibition		d [Loan	or exchange	progra	ams	
b	Scholarly research					_		
С	Preservation for future generations	3						
4	Provide a description of the organizat XIII.	tion's collections a	nd expla	in how th	ney further th	e orga	anızatıon's exer	mpt purpose in Part
5	During the year, did the organization	solicit or receive of	donations	of art, 1	historical trea	asures	, or other similar	ar
	assets to be sold to raise funds rather	than to be maintai	ined as p	art of the	e organization	n's col	lection?	☐ Yes ☐ No
Part				<u> </u>				
	Complete if the organization	answered "Yes"	to Form	1 990, P	art IV, line 9	, or re	eported an am	nount on Form
	990, Part X, line 21.						 	
1a	Is the organization an agent, trustee	, custodian or othe	er interm	ediary fo	or contributio	ns or	other assets n	
	included on Form 990, Part X? .							☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fol	lowing ta	able		,	
							A	mount
С	Beginning balance					1c		
d	Additions during the year					1d	<u> </u>	
е	Distributions during the year					1e		
f						1f	<u></u>	
2a	Did the organization include an amount					•		☐ Yes ☐ No
	If "Yes," explain the arrangement in P	art XIII. Check here	of the ex	planatior	n has been p	rovide	d in Part XIII	
Pari		1 (() / - 1)		- 000 D				
	Complete if the organization				(c) Two years		(d) Three years bac	k (e) Four years back
	5	(a) Current year	(b) Prio	ryear	(c) I wo years	Qack	(u) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance				L			
2	Provide the estimated percentage of	•		e (line 1g	, column (a))	held a	S	
а	Board designated or quasi-endowme		%					
Ь	Permanent endowment >	%						-
С	Temporarily restricted endowment		004					
٥-	The percentages in lines 2a, 2b, and 2			otion the	at are hold o	ad ada	ministered for th	
Зa	Are there endowment funds not in thorganization by:	e possession or in	e organiz	auon ma	at are nelu ar	iu aui	ministered for ti	
	•							
	.,						• '	3a(i) 3a(ii)
h	(ii) related organizations		auirad a	n Schadi	· · ·	• •		3b
ь 4	Describe in Part XIII the intended use:					•	•	OD
Part			0 000					
T. C.	Complete if the organization		' to Forn	n 990. P	Part IV. line 1	11a S	ee Form 990.	Part X. line 10
	Description of property	(a) Cost or other			or other basis		Accumulated	(d) Book value
	Wiles & E. CE - 14	(investme			ther)		preciation	. ,
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e (Column (d) r	nust equal Form 99	90, Part >	(, column	n (B), line 10(d	c).) .	>	

Complete if the organization answered "Yes" to Form 990, Part IX, line 11b. See Form 990, Part X, line 12. (b) Description description allowers (b) Book value (b) Book value (c) Method of valuation Cost or end-of-syst market value (c) Method of valuation (c) Part IX, line 13, c) Part IX, line 13, c) Part IX, line 15, c) Part IX, line 16, c) Part IX, line 17, c) Part IX, line 18, c) Part IX, line 19, c) Part IX, c) Part IX	Part VII	Investments—Other Securities.	5 000 Bart IV Ima	11h Con Farm 000 Dark V line 10
Triancial derivatives				
		(including name of security)	(b) Book value	
3) Other				
(B) (C)		neld equity interests		
G G G G G G G G				
Col. Column				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15 (a) Description of investment (b) Book value (c) Method of valuation (c) must equal form 990, Part X, or (B) line 13)				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 Cost or end-of-year market value Cost or				
Col.				
Gi Gi Gi Gi Gi Gi Gi Gi				
(p)				
Total (Column (b) must equal Form 990, Part X, col. (B) ine 12.) Part XI Investments — Program Related.				
Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (e) Method of valuation Cost or end-of-year market value		h) must equal Form 990. Part X. col. (B) line 12.) ▶		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (e) Bescription of investment (p) Book value (c) Method of valuation Cost or end-of-year market value (c) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				
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er classify for encourage tax positions in hart Ain, provide the text of the footnote has been provided in Rect VIII.			ootnote to the organization	n'e financial etatements that canada the
	organization	's liability for uncertain tax positions under FIN 48 (ASC 740).	Check here if the text of the	r a imanicial atatements that reports the he footnote has been provided in Part YIII

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Pag	e	4

Part	Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" to Form 990, F		e per Return.	
	Total revenue, gains, and other support per audited financial statements		1	350441
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		-	350441
2	Net unrealized gains on investments	2a	`	
a b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	350441
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		330111
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	350441
Part	··· • · · · · · · · · · · · · · · · · ·		es per Return.	
	Complete if the organization answered "Yes" to Form 990, F		·	
1	Total expenses and losses per audited financial statements		1	276699
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	276699
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18)	5	276699
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part ust files Form 990 "Return of Organization Exempt From Income Tax" annually ities. The Trust is no longer subject to examination by federal tax authorities files always uncertain, the Trust believes there are no significant unrecorded tax	to provide any additi This return is subjector Tor years prior to 2010	onal information. It to examination by Although the outco	federal taxing

Schedule D (For	rm 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULEI (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.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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(SA)	

OMB No 1545-0047

Employer identification number

80600 00 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Truck Maintenance & Gas **%** □ **Educational Endowment** (h) Purpose of grant or assistance √ Yes 57-0931978 Lab expenses 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 grant 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 10000 00 20600.00 50000.00 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. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 501(c)(3) 501(c)(3) 501(c)(3) 57-0938469 57-6017985 32-0298086 (B) EIN (1) Bluffton-Jasper County (2) Second Helpings, Inc 1 (a) Name and address of organization (3) USC Educational Foundation or government Volunteers in Medicine Palmetto Electric Trust Part II Part I Ξ (12) ₹ Ð 9 E 8 9 9

Schedule ! (Form 990) (2013)

Cat No 50055P

Schedule I (Fo	Schedule I (Form 990) (2013) Part III Grants and Other Assistance to Individuals in Part III can be duplicated if additional space is		nited States. Com	plete if the organiz	ation answered "Yes" to	Page 2 Page 2 Page 2 Page 2 Page 2 Page 3 Part IV, line 22. Page 3 Part IV, line 22. Page 4 Page 5 Part IV, line 22. Page 6 Part IV, line 22. Page 6 Part IV, line 22. Page 6 Page 10 Page 10
	(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	141	188751 69			
7						
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Part IV Organizatio	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Organizations and individuals within the Palmetto Electric Cooperative, Inc. service area may apply to Palmetto Electric Trust for assistance. Applications are reviewed and assigned	he information re-	quired in Part I, Ime	e 2, Part III, columr to Palmetto Electric 1	(b), and any other additi rust for assistance. Applicat	ional information.
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	newed monthly by th	ne Board of Directors	and determinations fo	r award are made based on n	рәә
						Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number			
Palmetto Electric Cooperative, Inc	570931978			
Form 990, Part VI, Line 11b - Organization's Process Used to Review Form 990				
20000000000000000000000000000000000000				
A draft copy of the Form 990 is made available to the Board of Directors at the regular board meeting p	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				
Each year the Board of Directors Shall review whether any current of 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) (2014)	Page Z
Name of the organization	Employer identification number
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