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50m 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 **2013**

Open to Public Inspection

Department of the Treasury

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

		side Service						
_			lar year, or tax year beginning $04/01/13$, and ending $03/31/14$	_		·		
_		applicable	C Name of organization	l D	Emplo	oyer identification number		
<u></u>	Address o	change						
<u> </u>	Name cha	ange ⊸``:	SOUTHERN RIVERS ENERGY TRUST		20-3769391			
	Initial retu	ım	Number and street (or PO box, if mail is not delivered to street address) Room/suite 1367 HWY 341 SOUTH	E	E Telephone number			
∐ .	Terminate	∍d		<u>77</u>	0-358-1383			
<u></u>	Amended	l retum	City or town, state or province, country, and ZIP or foreign postal code	F	Group	Exemption		
Ŀ	Applicatio	n pending	BARNESVILLE GA 30204		Numb			
		iting Method:		heck 🕨	×	if the organization is not		
1	Websit	te: ▶ <u>N/A</u>		equired	l to atta	ch Schedule B		
J .	Tax-exe	mpt status (ch		Form 9	90, 990)-EZ, or 990-PF).		
K	Form of	f organization	X Corporation Trust Association Other					
			o, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets					
(Part	II, colur		re \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	135,738		
P	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see the insti	ruction	ns for	Part I)		
		Check	f the organization used Schedule O to respond to any question in this Part I			107 000		
	1		gifts, grants, and similar amounts received		1	135,220		
	2	Program ser	vice revenue including government fees and contracts		2			
	3	Membership	dues and assessments		3	F4.6		
	4	Investment in	1 1		4	518		
	5a	Gross amou	nt from sale of assets other than inventory 5a					
	b		other basis and sales expenses					
<u>ଝ</u> ଥାକ୍ଷ	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		5¢	RECEIVED		
	6	•	fundraising events					
3 70	а		e from gaming (attach Schedule G if greater than		ge	AUG 0 1 2014		
AUG ⊥ Revenue		\$15,000)	<u> </u>		ା ଵ			
Ze.	b		e from fundraising events (not including \$ of contributions			OGDEN, UT		
₽ _Z			sing events reported on line 1) (attach Schedule G if the		L	999E10, 91		
			gross income and contributions exceeds \$15,000)		-			
	C		expenses from gaming and fundraising events		-			
2	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
ñ	_	line 6c)			6d	· · · · · · · · · · · · · · · · · · ·		
Ď	7a		of inventory, less returns and allowances		∤			
	b	Less: cost of						
	С	•	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c_			
	8		ue (describe in Schedule O)	_	8	135,738		
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	159,565		
	10		similar amounts paid (list in Schedule O)		10 ~11	139,365		
-	11,	•	10 of for Members	-	12			
es	12		er compensation, and employee benefits	•	13			
ens	13		fees and other payments to independent contractors		14			
Expenses	14		rent, utilities, and maintenance		15	<u> </u>		
ш	15		lications, postage, and shipping		16			
	16		ses (describe in Schedule O)	•	17	159,565		
_	17		ises. Add lines 10 through 16		18	-23,827		
\$	18		eficit) for the year (Subtract line 17 from line 9)		10	23,027		
Assets	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with		19	209,632		
τÀ	20	-	figure reported on prior year's return)		20			
Net	20	-	es in net assets or fund balances (explain in Schedule O)	•	21	185,805		
_	21	ivet assets o	r fund balances at end of year. Combine lines 18 through 20		41	5 000 F7 (0040)		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013

6622660 Form 990-EZ (2013) Page 2 SOUTHERN RIVERS ENERGY TRUST 20-3769391 2 Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 179,770 203,412 22 Cash, savings, and investments 22 23 23 Land and buildings 6,220 6,035 24 24 Other assets (describe in Schedule O) 209,632 185,805 25 25 Total assets 26 Total liabilities (describe in Schedule O) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 209,632 185 805 27 Statement of Program Service Accomplishments (see the instructions for Part III) Expenses Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) CHARITABLE DISBURSEMENTS organizations and section Describe the organization's program service accomplishments for each of its three largest program services, 4947(a)(1) trusts; optional as measured by expenses. In a clear and concise manner, describe the services provided, the number of for others) persons benefited, and other relevant information for each program title. TO ACCUMULATE AND DISBURSE FUNDS FOR CHARITY IN THE SERVICE AREA OF SOUTHERN RIVERS ENERGY. 155,805) If this amount includes foreign grants, check here 159,565 (Grants \$ 28a 29 If this amount includes foreign grants, check here 29a (Grants \$ 30) It this amount includes foreign grants, check here 30a . 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here 31a 159,565 32 32 Total program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Employees(list each one even if not compensated — see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Heath benefits, contributions to employee (b) Average compensation (Forms W-2/1099-MISC) (e) Estimated amount of (a) Name and title hours per week benefit plans, and deferred compensation other compensation devoted to position (if not paid, enter -0-) JACK FLOYD 2.00 0 0 0 DIRECTOR STEVE YERKES 0 0 2.00 0 VICE CHAIRMAN FRANK FOWLER 2.00 0 0 0 DIRECTOR BRENDA HUNICUTT 0 2.00 0 0 DIRECTOR BARBARA MINTER 2.00 0 0 0 DIRECTOR DALE SIMMS 2.00 0 0 DIRECTOR RUSTY LANIER 0 0 0.00 DIRECTOR **BOB WIGGINS** TREASURER 2.00 0 0 DON DIXON 0 0 0 2.00 DIRECTOR KELLY HUGHES 0 0 0 2.00 CHAIRMAN

0.00

0

0

0

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			37
24	detailed description of each activity in Schedule O	33	-	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
-	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u> </u>		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	ļ		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	┨		
b	Gross receipts, included on line 9, for public use of club facilities 39b	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
L	section 4911 ▶; section 4912 ▶; section 4955 ▶ Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
b	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
_	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	l		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization	ł		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? if "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed ▶ GA		^ -	200
42a	1115 - 13-111-111-111-111-111-111-111-111-11	-35	8-1	383
	1367 HWY 341 SOUTH Located at ▶ BARNESVILLE GA ZIP + 4 ▶ 302	004		
		.04	Yes	Na
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	No X
	If "Yes," enter the name of the foreign country.	420	H	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		X
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44-		X
	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44b		X
_	completed instead of Form 990-EZ	44c		X
ч С	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
d	explanation in Schedule O	44d		
45a		45a		х
45b				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		_X_

	•																	•		662266
Form	990-EZ (20	13)	SOU	THERN	RIV	ERS	EN	IERG	Y TF	RUST			20-37	693	91				P	age 4
	١									-									Yes	No
46		•	•	age, directly			•			activities o	on beha	lf of or 11	n oppositio	on					_	
				ffice? If "Ye					Part I									46		<u>x</u>
Pa	rt VI	All s	section 50 and 51.	1(c)(3) o i 01(c)(3) o organizat	rganiza	tions	mus	t ansv	•					·	the ta	bles fo	or line	es 		
47	Did the c	rganiz	zation enga	age in lobby	yıng activ	/ities o	r hav	e a sec	ction 501	I(h) electio	n in effe	ect durin	g the tax						Yes	No
	•			Schedule C														47	<u> </u>	<u>X</u> _
48		_		ool as desc									E					48	-	X
49a		-		e any trans						elated orga	ınızatıor	1?				•		49a	+	X
b				organizatio											_			49b	١	
50	-			e organizat		_														
	employe	es) wh	no each re	ceived more	e than \$	100,00	0 of c	comper			-									
		(a)	Name and	title of each	employee	•			hours	Average per week I to position	6	c) Report compensa s W-2/10		contrib	utions t	penefits, o employ ns, and opensation	yee	(e) Estimat other cor		
N	ONE																			
	-																			
	-				-															
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			<u> </u>				· · · · · ·				<u> </u>			<u> </u>			\dashv			
	Total nu	mbero	of other em	nployees pa	aid over	\$100.0	00													
51	Complet	e this	table for th	e organization from the	tion's five	e highe	st co	mpens e is noi	ated ind	lependent	contrac	tors who	each rec	eived n	nore tha	an				
	<u> </u>			isiness addre									(b) Typ	e of ser	vice			(c) Comp	ensation	
NC	NE			-				•												
											<u> </u>	Λ			-					
																				
																				
	··· ·																			
d				dependent								>		-				_		
52		_		plete Sche						organizati	ons and	d 4947(a	1)(1)					X Ye		N.
Unde	r penalties	of peril	urv. I declar	ists must at e that I have ation of prep	examine	d this re	turn, i	includin	g accomp	panying sch	edules a	nd stater	nents, and	to the be	est of my	knowle	dge a			<u>No</u>
(rue,	correct, and	comp	LOII.	ation of prep	A A)	JIIICET,) is base	ou on all	momation	OI WINCH	preparer	V			: 20	14			
Sig Her	,		gnature of offi	y Hu	NGH.	£5°				· · V	CA	AIRN	ÄAN	ate	J					

Preparer's signature

MCLEMORE,

31202-0001

POST OFFICE BOX ONE

GA

MIDDLEBROOKS & CO,

Date

JUN 2 0 2014

LLC

Check

Firm's EIN

Phone no

self-employed

P00347246

58-1094351

► X Yes No

Form **990-EZ** (2013)

478-746-6277

`Paid

Preparer

Use Only

Print/Type preparer's name

Firm's name ▶

Firm's address

J. RANDOLPH NICHOLS

MCNAIR

MACON,

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

SCHEDULE A

(Form 990 er 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

			SOUTHERN R	TAEKS	ENERGY	TRUST	Ľ				20-	<u>-3/6</u>	939T		
P	art I	Reas	on for Public Chari	ty Statu	ıs (All organ	nizations r	nust coi	mplete t	his par	t.) See	instru	ictions	3.		
Γhe	orga	nization is not	a private foundation beca	iuse it is: (For lines 1 thro	ugh 11, che	ck only or	ne box.)							
1		A church, cor	nvention of churches, or a	association	of churches d	escribed in	section 1	70(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)	(1)(A)(ii).(Attach Schedu	le E.)									
3	П	A hospital or	a cooperative hospital se	rvice orga	nızatıon descril	bed in secti	on 170(b)(1)(A)(iii).						
4	П	•	search organization opera	•					•)(A)(iii).	Enter th	ne hospi	ıtal's name,		
	لـــا	city, and state	•		•	•			` ^			•			
5		•	on operated for the bene	fit of a coll	eae or universi	tv owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	ın			
Ĭ	ш		(b)(1)(A)(iv).(Complete F			.,		-, - 5		,,,,					
6	Γ		ite, or local government o	•	ental unit desc	rihed in sec	tion 170/	h\/1\/A\/\	Δ						
7	X		•	•			•		•	the ge	neral nu	blic			
•															
8	Γ	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.)													
9	H	-				-	•	sterbuitions	momb	robin fo	aa and	aroco			
9	L	•	on that normally receives							•		_			
		•	activities related to its ex	•	•		-					ııs			
		• •	gross investment income				,		i i tax) ir	om busii	nesses				
			he organization after June						(=\(A\						
10	\mathbb{H}	•	on organized and operate		•	-					.4 41				
11	Ш	_	on organized and operate		•	-				-		4!			
	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														
		<u> </u>	[···-]			_			. 1	¬-					
		a Type				II–Functiona			d [ionally integ	rated	
0			this box, I certify that the	•		•		• •		-	-				
			undation managers and o	iner than o	one or more pu	blicly suppo	rted organ	ilzations (iescribe	ın seci	ion 509	(a)(1)			
_		or section 50			f 4h - 1D(3.46.54.4.5	Toward To				_				
f		•	ation received a written d	eterminati	on from the IK	s that it is a	iype i, iy	pe II, or I	уре ні ѕ	ирропил	9				_
		-	check this box					• • •							
g			t 17, 2006, has the organi	ization acc	epted any gift	or contributi	on from a	ny of the							
		following per												<u> </u>	T
		•••	n who directly or indirectly			-	th persons	s describe	ed in (ii) a	and			<u></u>	Yes	No
		` '	w, the governing body of	• •	-	on?							119		+-
		• •	member of a person des		•								119		+-
		• •	controlled entity of a person										[115	(iii)	
h		Provide the f	following information abou	ut the supp	orted organiza	ition(s).	Τ.		r		1	1			
		ne of supported	(II) EIN		(III) Type of organ			organization sted in your		ou notify nzation in	(vi) organizat	s the	(vii) Amo	unt of mo support	netary
	or	ganization			(described on lin above or IRC se			document?		of your	(i) organi	zed in the	,	шрроп	
					(see instruction	ons)	_	ı		ort?	 	S ?			
							Yes	No	Yes	No	Yes	No			
(A)								ļ	ļ						
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(B)															
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Page 2

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											
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 received (Do not include any "unusual grants")	153,809	133,329	149,392	120,457	135,220	692,207					
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	153,809	133,329	149,392	120,457	135,220	692,207					
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						692,207					
Sec	tion B. Total Support											
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
7	Amounts from line 4	153,809	133,329	149,392	120,457	135,220	692,207					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	884	5 <u>63</u>	1,003	583	518	3,551					
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					.,	695,758					
12	Gross receipts from related activities, etc (12	0					
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourtl	h, or fifth tax year a	s a section 501(c)(3)						
	organization, check this box and stop here											
Sec	tion C. Computation of Public Su											
14	Public support percentage for 2013 (line 6,	* *	-	(14	99.49%					
15	Public support percentage from 2012 Sche					15	99.42%					
16a	33 1/3% support test—2013. If the organi				1/3% or more, ched	ck this	▶ 👽					
	box and stop here. The organization qualif				00.1/00/		► X					
b	33 1/3% support test—2012. If the organi				s 33 1/3% or more	•	▶ □					
	check this box and stop here. The organiz				and the send time di	1						
17a												
	10% or more, and if the organization meets											
	Part IV how the organization meets the "fac	cts-and-circumstant	es test. The organ	iization qualifies as	a publicly support	su	▶ □					
L-	organization 10%-facts-and-circumstances test—20	12 If the organization	on did not check a b	nov on line 13 16a	16b or 17a and l	ne						
b						ne .						
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly											
	supported organization	513 tile 18013-8110-0	ii odinatanosa teat	o organization t	acamico do a pablic	٠,	▶ □					
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b.	17a, or 17b. check	this box and see							
10	instructions	Griddica box of					▶ □					
		_				 						

SOUTHERN RIVERS ENERGY TRUST

Page 3

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

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

Sec	tion A. Public Support	quality arraor in		<u>, p</u>		,	
	ndar 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")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				T	T T	
Cale	ndar 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, 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 or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						_▶
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2013 (line 8,	column (f) divided	by line 13, column	(f))		15	%
<u>16</u>	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2013 (lii			column (f))		17	<u>%</u>
18	Investment income percentage from 2012					<u> 18 </u>	
19a	33 1/3% support tests—2013. If the organ						▶ □
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests—2012. If the organine 18 is not more than 33 1/3%, check thi	nization did not che	eck a box on line 14	or line 19a, and li	ne to is more than	oo 1/0%, and Janization	▶ □
20	Private foundation. If the organization did						
20	Frivate roundation. If the organization did	THUS CHECK A DUX O	17, 13a, U <u>l l</u>	UL, UNION WIND DUX	000 111001001011		

Schedule A (Form 990 or 990-EZ) 2013 SOUTHERN RIVERS ENERGY TRUST

20-3769391

Page 4

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 0 (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.

Open to Public

Name of the organization

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

Inspection Employer identification number

SOUTHERN RIVERS ENERGY TRUST

20-3769391

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS RELATIONSHIP TO ORG CLASS OF ACTIVITY DATE OF GIFT DESC. OF PROPERTY CASH CONTRIB. NONCASH CONTRIB. **BOOK VALUE** BV EXPL. FMV EXPL.

20,000 \$ \$

0 \$

0

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS NAME AND ADDRESS CLASS OF ACTIVITY DATE OF GIFT

DESC. OF PROPERTY

CASH CONTRIB. NONCASH CONTRIB.

0

BOOK VALUE BV EXPL. FMV EXPL.

SEE ATTACHED SCHEDULES OF

DISBURSEMENTS OVER \$5,000

41,500 \$

0

\$

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

BEG. OF YEAR END OF YEAR DESCRIPTION

ACCOUNTS RECEIVABLE

6,220 \$

6,035

TOTAL \$

6,220 \$

6,035

	•	Amount	\$ 135,220 \$ 135,220		Amount	\$ 518 \$ 518
ars Energy Trust Federal Statements	Schedule A, Part II, Line 1(e)	Description		Schedule A, Part II, Line 12	Description	
6622660 Southern Rivers Energy Trust 20-3769391 FYE: 3/31/2014			OTHER CONTRIBUTIONS TOTAL			TAXABLE INTEREST TOTAL

SOUTHERN RIVERS ENERGY TRUST SCHEDULE OF COMMUNITY ASSISTANCE FOR THE YEAR ENDED MARCH 31, 2014

American Red Cross	\$ 5,000
Barnesville First United Methodist Church	4,000
Boys and Girls Club of Central GA	2,500
Camp Thunder Grant Items	2,510
Charlotte Ruse	553
Christ Chapel Community Church	6,000
Crystal Toombs-Total Victory	333
Dolly Good-Puppy Society	2,000
Flint River Council	2,635
Georgia Family Connection Partnership	1,400
Georgia Lions Lighthouse Foundation	5,000
Gilmore Center, Inc.	2,000
Griffin Choral Arts	4,000
Habitat for Humanity	5,000
Hope Tree Foundation, Inc.	5,000
House Rehabilitation	5,000
Lamar Co. Activity Center	2,452
Lamar County 4-H	5,500
Lamar County Health Department	1,194
Lamar County School	130
Lamar County Senior Center	10,000
Lamer Co. Health Department	1,152
Pike County FFA	10,000
Pike Historic Preservation	1,000
Pregnancy Center- Forsyth	3,305
Prodigal Sons & Daughters Ministries	1,617
Promise Place	10,000
Rachel's Gift	3,000
Salvation Army of Central GA	5,000
Spalding County Feast Foundation	2,500
Special Olympics of Georgia	1,500
St. George Episcopal School	2,024
Upson County Food for Thought, Inc	500
Westwood Christian Academy	2,000
•	
	\$115,805

SOUTHERN RIVERS ENERGY TRUST SCHEDULE OF FAMILY ASSISTANCE FOR THE YEAR ENDED MARCH 31, 2014

Greg Fennell	\$ 2,500
Jarhya Ussery	1,260
	\$ 3,760

SOUTHERN RIVERS ENERGY TRUST SCHEDULE OF SCHOLARSHIPS FOR THE YEAR ENDED MARCH 31, 2014

Alison Dees - Georgia State	\$ 1,000
Amber S. Jones - Georgia Southern University	1,000
Anna Dooley - Mercer	1,000
Anna Marie Heape - University of Georgia	1,000
Aubrey Weldin Fowler - University of Georgia	1,000
Bennett Price Humphries - Georgia Tech	1,000
Brandi Fine - Columbus State University	1,000
Brittany Foster - Truett McConnell College	1,000
Cade Smith - Georgia Tech	1,000
Chandler Peters - Gordon State College	1,000
Collin Humphries - Georgia Tech	1,000
Diondria McClendon - Spelman College	1,000
Jada Meosha Holmes - Spelman College	1,000
James Cosnahan - Georgia Southern University	1,000
Jed Matthew Paz - Georgia Tech	1,000
Katherine Rowland - Berry College	1,000
Kendall Nicole Little - University of Georgia	1,000
Madison Kelsey Robey - University of North Georgia	1,000
Mary Elizabeth Peeler - Georgia College and State University	1,000
Robbi Grier - Georgia State University	1,000
	\$20,000

SOUTHERN RIVERS ENERGY TRUST SCHEDULE OF BRIGHT IDEAS GRANT ASSISTANCE FOR THE YEAR ENDED MARCH 31, 2014

Crescent Elementary School - Rachel Long	\$	865
Futral Road Elementary - Sandra Hogan		977
Futral Road Elementary - Jessica Lalumiere		954
Howard Middle School - Rachel Smith		700
Lamar County. Middle School - Denise Finley		600
Lamar County Elementary School - Wendy Robinson		1,000
Lamar County Elementary School - Mary Robinson		555
Lamar County Middle School - Amanda Lonberg		860
Lamar County Primary School - Donna Andrews		1,000
Lamar County Primary School - Beth Aiken		713
Lamar County Primary School - Ted Clements		1,000
Lamar County Primary School - Theresa Shirley		963
Monroe County Middle School - Marjorie Pierson		783
Pike County Elementary School - Julie Carter		1,000
Pike County Elementary School - Mandy Wood		555
Pike County High School - Greg Waits		1,000
Pike County Middle School - Sarah Poole		590
Pike County Middle School - Tammy Gresham		900
Pike County Primary School - Mimi Roberts		650
Pike County Primary School - Angela Nix		632
Pike County Primary School - Angela Heape		953
Pike County Primary School - Lara England		850
Spalding High School - Victoria Joyce		1,000
Susan B. Atkinson Elementary - La'tesa Parker		900
	\$2	0,000