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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service

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

A	For the	2014 cale	ndar year, or tax year beginning , 2014, and ending		, 20			
В	Check if	applicable	C Name of organization Palmetto Electric Trust	D Em	D Employer identification number			
	Address		Doing business as		57-0931978			
$\overline{\Box}$	Name cl		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Tele	phone number			
$\overline{\Box}$	Initial ref	_	P O Box 820		843-726-5551			
$\overline{\Box}$		m/terminated	City or town, state or province, country, and ZIP or foreign postal code					
\Box	Amende		Ridgeland SC 29936	G Gro	ss receipts \$	350167		
\exists					rn for subordinates? Yes	□ No		
_	Дриса	ion pending			nates included? Yes			
_	Toy ovo	mpt status	✓ 501(c)(3)		ich a list (see instruction			
<u> </u>	Website				otion number ▶	•		
K			✓ Corporation Trust Association Other L Year of formation	<u> </u>	State of legal domicile	sc		
	art I	Summ		1909 1110	nate of legal dofficie	<u> 3C</u>		
	1		escribe the organization's mission or most significant activities: Charitable fur	nd raicing c	orvices for worthwh	ulo.		
ø)	'	-	-					
Governance	ļ		ty activities by rounding up electric bills to an even dollar amount, with disbursem	ient or rung	s for charitable purp	oses		
ra a		in the ser	vice area of Palmetto Electric Cooperative, Inc.	o than 250/	of its not assets			
Š	2		is box I if the organization discontinued its operations or disposed of more		1	40		
Ğ	3		of voting members of the governing body (Part VI, line 1a)		3	12		
Activities &	4				4	12		
iţi	5		mber of individuals employed in calendar year 2014 (Part V, line 2a)		5			
访	6		mber of volunteers (estimate if necessary)	<u> </u>	6			
⋖	7a		related business revenue from Part VIII, cotumn (G), line 12	<u> </u>	7a			
	b_	Net unre	lated business taxable income from Form 990 7, line 34 0.		7b			
			2015 191	Prior Year	Current Ye			
Revenue	8		tions and grants (Part VIII, line 1h).	348	958	348577		
	9		service revenue (Part VIII, line 29) AUU					
ě	10		ent income (Part VIII, column (A), lines 3, 4, and 70)	1-	483	1590		
	11		venue (Part VIII, column (A), lines 5, 60,8c, 9c, 1,0c, and 11e)					
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	350	441	350167		
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	269	352	291689		
	14		paid to or for members (Part IX, column (A), line 4)					
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)					
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)					
ğ	b	Total fur	draising expenses (Part IX, column (D), line 25) ▶					
Ú	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	7	347	6350		
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25) .	276	699	298039		
	19	Revenue	less expenses. Subtract line 18 from line 12	73	742	52128		
<u>ہ</u>	3		Beginnin	ng of Current \	rear End of Ye	ar		
sets or	20	Total ass	sets (Part X, line 16)	507	172	559300		
Net Ass	21	Total lial	oilities (Part X, line 26)					
ž	22	Net asse	ets or fund balances. Subtract line 21 from line 20	507	172	559300		
P	art II	Signa	ture Block					
U	nder pen	alties of perp	ury, I declare that I have examined this return, including accompanying schedules and statements, a	and to the bes	t of my knowledge and	belief, it is		
tn	ue, corre	ct, and comp	olete Declaration of preparer (other than officer) is pased on all information of which preparer has any	y knowledge	1 1-			
			May 1 mil	\mathcal{B}	117/2015			
Si	gn	Sigi	lature of officer	Date	• •			
He	ere							
		Тур	e or print name and title	•				
D.	aid	Print/T	ype preparer's name Preparer's signature Date	Ch	eck T if PTIN			
		<u>. </u>			f-employed			
	epar	1	name ►	Firm's EIN	I ▶			
U	se On	עיי —	address >	Phone no				
M	ay the I		ss this return with the preparer shown above? (see instructions)		<u>Ye</u> s	No No		
_			uction Act Notice, see the separate instructio is. Cat No 1128	32Y		90 (2014)		

Form 99	0 (2014)			Page 2						
Part		lishments								
	Check if Schedule O contains a response		<u>III</u>	<u> 🗆</u>						
1	Briefly describe the organization's mission:									
	Charitable fund raising services for worthwhile comm									
	disbursement of funds for charitable purposes in the	service area of Palmetto Electric	Cooperative, Inc.							
		······································								
2	Did the organization undertake any significant pro			_						
	prior Form 990 or 990-EZ?									
_	If "Yes," describe these new services on Schedule		9							
3	Did the organization cease conducting, or male services?	-		es 🗹 No						
	If "Yes," describe these changes on Schedule O.									
4	Describe the organization's program service acceexpenses. Section 501(c)(3) and 501(c)(4) organization total expenses, and revenue, if any, for each part of the total expenses	zations are required to report the								
	(Code:) (Expenses \$ 291689 i	ncluding grants of \$	\ (Revenue \$	<u> </u>						
Ta	To provide assistance for worthwhile community act			undina						
	up electric bills to an even dollar amount.									
	(O-1)) /D	· · · · · · · · · · · · · · · · · · ·						
4b	(Code:) (Expenses \$									
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)						
4d	Other program services (Describe in Schedule O.)								
	(Expenses \$ including grants of \$									
4e	Total program service expenses ▶	291689								

≥art i	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	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		✓
С	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		✓
e f	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a	ļ	✓
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	14b	:	/
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	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		1
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		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		✓
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	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 "Yes," 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	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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	35b		1
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? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	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 1a	ļ ´ · ·		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
0-	reportable gaming (gambling) winnings to prize winners?	1c	✓_	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	-	
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u> </u>	1
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		-
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶		-	
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	14		
	(FBAR).			
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		-
C	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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year		<u>'</u>	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u>.</u>	1
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	ļ	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> </u>		
_	sponsoring organization have excess business holdings at any time during the year?	8	-	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	#1.} ±5	<u> </u>	ļ
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	├ ──	ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	├	├
10	Section 501(c)(7) organizations. Enter:	- 24		
a	Initiation fees and capital contributions included on Part VIII, line 12	- ×	-	١.
b 11	Section 501(c)(12) organizations. Enter:	54.	١.	
''a	Gross income from members or shareholders		1, 3,	\$
b	Gross income from other sources (Do not net amounts due or paid to other sources			١.
_	against amounts due or received from them.)		'	1
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.	1 "		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	T -	
_	Note. See the instructions for additional information the organization must report on Schedule O.		 	1
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	-		
С	Enter the amount of reserves on hand	⊺ -		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
-	If "Voc." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schodulo O	4.41	1	

FOIIII 99				raye o
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		٠.	
Section	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 1a 12			
	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	2. ⁴ ,		
	committee, explain in Schedule O.	-7,		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 12	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	15		
_	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		•
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	-	1
4		5		V
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			V
6	Did the organization have members or stockholders?	6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_ '		١,
_	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,			1
_	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,		
	the year by the following:	<u> </u>		
а	The governing body?	8a	✓	ļ
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		<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		. *	<u></u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		V
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1,17.	4.15	l .
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		İ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	,		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1,1		
	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			Η
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	٠,		
	organization's exempt status with respect to such arrangements?	16b	ļ	
Secti	ion C. Disclosure			
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	501	(c)(3)s	only
	available for public inspection. Indicate how you made these available. Check all that apply.	- - - 1 1	,,,,,,,	y;
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	v and
.0	financial statements available to the public during the tax year.	J, J J	إمانات	,, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	carda		
20	· · · · · · · · · · · · · · · · · · ·	corus		
	Tanya Trull, V.P., Finance, 4063 Grays Hwy, Ridgeland SC 29936			

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raue	

Part VII	Compensation of Officers, I	Directors, Tr	ustees, Ke	ey Employees,	Highest Com	pensated I	Employees,	and
	Independent Contractors							

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

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

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

☐ Check this box if neither the organization not	any related	d orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	b of lindividua	unles er and	s pe	ition more	than of the both size o	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	ustee	trustee		ее	pensated				organizations
(1) Don Altman	2	✓				: 	ļ.	0		
(2) Buddy Hiers, Chairman	2	✓						o		
(3) Judy Tuten	2	1						0		
(4) David White, Vice Chairman	2	1						0		
(5) Deloris Stone, Treasurer	2	1				-		0		
(6) Murray Christopher	2	1						0		
(7) Rita Jones	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. Kirkland	2	1						0		
(12) Mary Highsmith	2	1						0		
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•)								
	(A)	(B) Position (do not check more than or					than o	ne	(D)	(E)			F)	
	Name and title	Average hours per					ıs both or/trust		Reportable compensation	Reportable compensation fro	m		nated unt of	
		week (list any hours for			_			<u> </u>	from the	related organizations	i		her ensatior	
		related	divid	stitut	Officer	y en	ghes	Former	organization	(W-2/1099-MISC	<i>»</i>	froi	n the	•
		organizations below dotted	ual t	iona		Key employee	èe cor		(W-2/1099-MISC)				nzation related	
		line)	Individual trustee or director	Institutional trustee		œ	npen]		Ì	organ	ızatıons	i
			ďδ	tee			Highest compensated employee				1			
(15)					-		Δ.				+			
(16)											+			
(17)											-			
(18)											+			
(19)											 			
											\perp			
(20)														
(21)														
(22)														
(23)				-	-		1							
(24)											+			
(25)								<u> </u>			+	-		
								L			\perp			
1b	Sub-total			•	•				0		+			
d d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•		•	•		•		0		+			
2	Total number of individuals (including but	not limited					above	e) w	·		,000 c	of		•
	reportable compensation from the organi	zation >							·-·				V T	NI -
3	Did the organization list any former of	ficer direc	tor. c	or tr	ust	99	kev e	emr	olovee or high	est compens	ated		Yes	NO
	employee on line 1a? If "Yes," complete											3	 !	√
4	For any individual listed on line 1a, is the													•
	organization and related organizations									nedule J for s	iuch			
_	Individual										dual	4		✓
5	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ıx
	(A) Name and business add	Iress							(B) Description of s	services		(C)	ation	
	. Tarro una ocumios dec													
								<u> </u>						
								╁						
								\vdash	·					
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed ab	ove) who		• • •		

Part	VIII	Statement of Revenue	!: ! Al -i !	David \ /// //		
	_	Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns 1a				
our Jan	b	Membership dues 1b]			
S, C	С	Fundraising events 1c				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d				
Si E	е	Government grants (contributions) 1e				
e ti	f	All other contributions, gifts, grants, and similar amounts not included above 1f 348577				
년 됨		1. 340377				
o P	g	Noncash contributions included in lines 1a-1f. \$				
	h	Total. Add lines 1a–1f ▶ Business Code	348577			
eun	2a					
Se	b					
<u>8</u>	c			-		
erv	d					
Ē	е					
Program Service Revenue	f	All other program service revenue .				
<u> </u>	g	Total. Add lines 2a–2f				
	3	Investment income (including dividends, interest,				
		and other similar amounts)	1590	1590		
	4	Income from investment of tax-exempt bond proceeds	-			
	5	Royalties				
	6a	Gross rents	1			
	b	Less: rental expenses	1			
	c	Rental income or (loss)	1 .			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other			·	
		assets other than inventory				
	b	Less. cost or other basis				
		and sales expenses	1			
	C	Gain or (loss)	-			
	d	Net gain or (loss)	-			
enne	8a	Gross income from fundraising events (not including \$				
Other Reve		of contributions reported on line 1c).				
F		See Part IV, line 18 a				
푩	Ь	Less: direct expenses b				
O		Net income or (loss) from fundraising events . >				
		Gross income from gaming activities.				
		See Part IV, line 19 a	_			
		Less: direct expenses b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	١.	returns and allowances a	-			
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory b			· · · · · · · · · · · · · · · · · · ·	
	С	Miscellaneous Revenue Business Code				
	11a		1			
	Ь		1			
	C		<u> </u>			
	d	All other revenue				
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	350167	1590		

	0 (2014)				Page 10
	X Statement of Functional Expenses	solote all columns. A	Il ather erganization	o must complete co	Jump (A)
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
5	Check if Schedule O contains a respons	(A)	(B)		<u>.</u> (D)
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			, roy	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			Martin Maria	#14 \$1.50
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	291689	291689		4 3 Aug - 1/2 (2)
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				*r
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 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-			
11	Fees for services (non-employees):				
а	Management	6350		6350	
b	Legal			<u>-</u>	-
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			,	
15	Royalties				
16	Occupancy				
17 18	Travel				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	_			
24	Other expenses. Itemize expenses not covered	+ 1,	and the state of the state of	3 = 31	
	above (List miscellaneous expenses in line 24e. If	,		Company to the second	
	line 24e amount exceeds 10% of line 25, column	- ,	The state of the	李章(3)	×.
	(A) amount, list line 24e expenses on Schedule O.)	, ,	, , , , , , , , , , , , , , , , , , , ,	4 4 1	
a					
b		<u> </u>			
c d				-	
a e	All other expenses			 	
25	Total functional expenses. Add lines 1 through 24e	298039	291689	6350	
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 following SOP 98-2 (ASC 958-720)	290039	231089	6350	

	artA	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pal			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	480109	1	531809
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27063	4	27491
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	· -
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	<u>. </u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	507172	16	559300
	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 Part IV of Schedule D	<u></u>	21	
S	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
w		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	-	7	-
ë		complete lines 27 through 29, and lines 33 and 34.		2	
<u>a</u>	27	Unrestricted net assets		27	
Net Assets or Fund Balances	28	Temporarily restricted net assets	<u>.</u>	28	
פ	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
þ		complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťΑ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances		33	<u> </u>
	34	Total liabilities and net assets/fund balances	507172	34	559300

orm 99	0 (2014)				Pa	ge 12
Part	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	50167
2	Total expenses (must equal Part IX, column (A), line 25)	2			29	98039
3	Revenue less expenses. Subtract line 2 from line 1	3				52128
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			50	07172
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				<u>52128</u>
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	<u>59300</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_	İ		1
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	ın			
	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 comp	iled (or			1
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		-			
b	Were the organization's financial statements audited by an independent accountant?		·	2b	✓	- 1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a			
	separate basis, consolidated basis, or both:					, . 1
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov of the audit, review, or compilation of its financial statements and selection of an independent account		_			,
	·		_	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	"1			
0-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	. -			
3a	the Single Audit Act and OMB Circular A-133?	Ortil		2		
_	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	raa +		3a		<u> </u>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
	required addit of addite, explain why in ochodule o and describe any stops taken to undergo such at				. 000	(2014)
				LOLU	- JJU	(CU14)

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2014

Open to Public Inspection

ame	of the organization					Employer identification	number
	etto Electric Trust						31978
Par	t I Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
he c	organization is not a private foundate	tion because it is	s: (For lines 1 through	11, chec	k only or	ne box.)	
1	A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii). (Attach Schedule E.)				
3	☐ A hospital or a cooperative hos						
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern ☐ An organization that normally described in section 170(b)(1)(receives a subst	tantial part of its supp				n the general public
8	✓ A community trust described in			Part II)			
9	An organization that normally i			-	rom con	tributions, members	hip fees, and gross
	receipts from activities related						
	support from gross investment acquired by the organization at	nt income and	unrelated business t	taxable ıı	ncome (l	ess section 511 ta	
10	☐ An organization organized and		<u>-</u>		•	•	
11	☐ An organization organized and o	-	•	-			out the purposes of
• •	one or more publicly supported						
	the box in lines 11a through 11c						
а	☐ Type I. A supporting organiza	ation operated, s	supervised, or control	led by its	supporte	ed organization(s), tv	pically by giving
	the supported organization(s) organization. You must com	the power to re	gularly appoint or ele				
b				nection w	uth its sui	pported organization	n(s), by having
_	control or management of the					•	
	organization(s). You must co						,
С	Type III functionally integra	ted. A supportin	ig organization operat				y integrated with,
_	its supported organization(s)	•	•		-	• •	
d	 ,,						
	that is not functionally integra	_		•		•	an attentiveness
	requirement (see instructions	•	-		-		
е	 Check this box if the organized functionally integrated, or Type 						i, Type III
f	Enter the number of supported of		many magnatos capp	or any	gamzano	•••	
g	Provide the following information		orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above or IRC section	listed in you	ir governing ment?		other support (see
			(see instructions))			instructions)	instructions)
				Yes	No		
A)							
B)							
C)							
D)							-
E)		<u>.</u>			_		

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.)

Secu	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	372410	332574	334007	348958	348577	1736526
2	Tax revenues levied for the				İ		
	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	372410	332574	334007	348958	348577	1736526
5	The portion of total contributions by						
	each person (other than a					ļ	
	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						1736526
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	372410	332574	334007	348958	348577	1736526
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	3590	2306	1413	1483	1590	10382
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 VI.)						
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	/see instruction	ano)		<u> </u>	10	1746908
12	First five years. If the Form 990 is for the					12	n 501/o\/2\
13	organization, check this box and stop he						
Socti	on C. Computation of Public Suppor						· · · <u> </u>
	Public support percentage for 2014 (line 6			1 column (fl)		14	99 %
14	Public support percentage from 2013 Sch		-			15	99 %
15 16a	331/3% support test—2014. If the organi						
104	box and stop here. The organization qua						
ь	331/3% support test—2013. If the organ	-		_			
	check this box and stop here . The organ						
17a	10%-facts-and-circumstances test – 20	•		-			
174	10% or more, and if the organization me				•		
	Part VI how the organization meets the "f						
	organization			_	•		
b	10%-facts-and-circumstances test—20						_
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	supported organization						
18	Private foundation. If the organization di						_
	instructions				-		. ▶ □
							اسما

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
	fumished in any activity that is related to the						İ
	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					1	
	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			ļ			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)			٠			
Secti	on B. Total Support	-				•	
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						1
	payments received on securities loans, rents,					1	
	royalties and income from similar sources						
b	Unrelated business taxable income (less		Ì				
	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 VI.)						<u> </u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	id, third, fourtl	h, or fifth tax y	ear as a sect	ion 501(c)(3)
	organization, check this box and stop he	re <u> </u>		· · · · ·	<u> </u>		▶ 🗆
Sect	on C. Computation of Public Suppo	rt Percentaç	ge				
15	Public support percentage for 2014 (line	8, column (f) d	livided by line 1	13, column (f))		15	%
16	Public support percentage from 2013 Sc			<u> </u>	<u> </u>	16	%
Sect	ion D. Computation of Investment In						
17	Investment income percentage for 2014	•		•	, ,,		%
18	Investment income percentage from 2013						%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		-			_	_
b	33 ¹ / ₃ % support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this		_	-	•		_
20	Private foundation. If the organization d	id not check a	box on line 14	l, 19a, or 19b,	check this box	and see instr	ructions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations	art v	<u>·) </u>	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	- A	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		:
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	,		
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			 -

determine whether the organization had excess business holdings.)

10b

Scheau	ne A (Form 990 or 990-EZ) 2014		,	age o
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2	<u> </u>	<u> </u>
Sect	ion C. Type II Supporting Organizations		[]	.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	\ -	4
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
a b c	 □ The organization satisfied the Activities Test. Complete line 2 below. □ The organization is the parent of each of its supported organizations. Complete line 3 below. □ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (a) 	see in:	structi	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	,	
b		3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1			instructions. All
other Type III non-functionally integrated supporting organizations must con			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	tegrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	rted					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(3)	(ii)	(iii)			
Se	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6			-			
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:						
а							
b							
С							
d							
е	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
	D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2014, if						
	any. Subtract lines 3g and 4a from line 2 (if amount						
	greater than zero, see instructions).						
6	Remaining underdistributions for 2014. Subtract lines 3h						
	and 4b from line 1 (if amount greater than zero, see						
	instructions).						
7	Excess distributions carryover to 2015. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а							
b							
d	Excess from 2013						
e	Excess from 2014						
		-					

Schedule A (F	orm 990 or 990-EZ) 2014	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 12. Also complete this part for any additional information. (See instruction	rt II, line 17a or 17b; and ons.)
	······································	
		
		
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SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Palmet	to Electric Trust		57-0931978
Par			ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	or advisors in writing that the assets h	old in donor advised
5	funds are the organization's property, subject to		
	Did the organization inform all grantees, donors,		
6	only for charitable purposes and not for the ben		
	· ·		
Pari	Conservation Easements.		
	Complete if the organization answered	I "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre	*	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization I	held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme		
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ►	convertion appropriately legisland	
4 5	Number of states where property subject to cons Does the organization have a written policy r		epection handling of
3	violations, and enforcement of the conservation e	· ·	•
6	Staff and volunteer hours devoted to monitoring,		
•	•	map of many grant of many and a many	oussins during the year
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation ease	ements during the year
	▶ \$	o .	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easer		
Part			Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil		
	public service, provide, in Part XIII, the text of the	· ·	
b	•		
b	If the organization elected, as permitted under works of art, historical treasures, or other simil	The state of the s	
	public service, provide the following amounts rela		addation, or recourse in further differ of
			> \$
	(i) Revenue included in Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a	rt, historical treasures, or other simila	r assets for financial gain, provide the
	following amounts required to be reported under		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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Page	4

Part	Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and c	ther recor	ds, chec	k any of the	e follov	ving that are a	significant	use of its
а	☐ Public exhibition		d [☐ Loan	or exchang	e proq	rams		
b	Scholarly research								
С	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	ion's collections	and expla	ın how tl	ney further	the org	janization's exe	empt purpo	se in Part
5	During the year, did the organization	solicit or receive	donation	of art,	historical tr	easure	s, or other sım	ılar	
	assets to be sold to raise funds rather	than to be maint	tained as p	art of the	e organizati	on's co	ollection? .	· □ Ye	s 🗌 No
Part	Part IV Escrow and Custodial Arrangements.								
	Complete if the organization	answered "Yes	s" to Forn	n 990, P	art IV, line	9, or 1	reported an ai	mount on	Form
	990, Part X, line 21.								
1a	Is the organization an agent, trustee,								_
	included on Form 990, Part X?							· 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and comp	lete the fo	lowing ta	able:			Amarint	
						L		Amount	
C	Beginning balance					10			
d	Additions during the year					10			
e	Distributions during the year					16 1f			
f	Ending balance							h/2 □ V o	o D No
2a h	If "Yes," explain the arrangement in Pa								
Pari		art Am. Oncok ne	AC II tile CA	piariatio	i ilas been	provid	CO III I CIT XIII		
	Complete if the organization	answered "Ye	s" to Forn	n 990. P	art IV. line	10.			
		(a) Current year	(b) Prid		(c) Two year		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships		1						
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses	<u> </u>							
g	End of year balance								
2	Provide the estimated percentage of t			e (line 1g	, column (a)) held	as:		
а	Board designated or quasi-endowmer	nt ▶	%						
b	Permanent endowment ▶	. <u></u> %							
C	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2			4 41	-4 b-ld			4L_	
3a	Are there endowment funds not in the	e possession of	the organi	zation the	at are neid	and ac	iministered for	_	
	organization by:								Yes No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations			 n Cabad	 ulo D2			. 3a(ii) . 3b	
ь 4	Describe in Part XIII the intended uses							. 30	
			non 3 chac	WITHCHT I					
r ai	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or			or other basis		Accumulated	(d) Boo	
		(invest			other)		lepreciation	1.7	
1a	Land								
b	Buildings								
С	Leasehold improvements								_
d	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form	990, Part 2	K, columi	n (B), line 10	Oc.) .	▶		

Part VII	Investments—Other Securit				
	Complete if the organization		m 990, Part IV, line	11b. See Form 9	990, Part X, line 12.
	(a) Description of security or cat (including name of security		(b) Book value		od of valuation of-year market value
(1) Financial	I derivatives				
	held equity interests				
(3) Other					
(4)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)	-				
(H)					<u></u> _
	(b) must equal Form 990, Part X, col. (B) line 12.		<u> </u>		
Part VIII	Investments—Program Rel		000 D + 11/4 II		200 5 1 1/ 11 40
 	Complete if the organization	·			
	(a) Description of investmen	nt	(b) Book value		od of valuation of-year market value
(1)					
(2)					
(3)					
(4)					
(5)	· · · · · · · · · · · · · · · · · · ·		-		
(6)					
(7)			+		
(8)			+		
	(b) must equal Form 990, Part X, col. (B) line 13	1 🏲			
Part IX	Other Assets.		<u> </u>		
rareix	Complete if the organization	answered "Yes" to Fo	rm 990 Part IV line	11d See Form 9	990 Part X line 15
	complete ii allo organization	(a) Description		110.00010	(b) Book value
(1)					
(2)	· 				
(3)					
(4)		• •			
(5)					
(6)					
(7)	·				
(8)					
(9)					
	ımn (b) must equal Form 990, Part	X, col. (B) line 15.)		▶	
Part X	Other Liabilities. Complete if the organization	answered "Yes" to Fo	rm 990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value			
	ncome taxes	ID) DOOK VAIGE			
(2)					
(3)					
(4)				*	
(5)	· · ·				
(6)					
(7)			 -		
(8)			 		
(9)					
	(b) must equal Form 990, Part X, col (B) line 25				
	or uncertain tax positions. In Part XIII	` 	note to the organization'	o financial statemen	ata that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	XI Reconciliation of Revenue per Audited Financial Stateme		o	
	Complete if the organization answered "Yes" to Form 990, F			
1	Total revenue, gains, and other support per audited financial statements		. 1	350167
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	350167
4	Amounts included on Form 990, Part VIII, line 12, 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		
C	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			350167
Part			per Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		
1	· · · · · · · · · · · · · · · · · · ·		. 1	298039
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
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	298039
3	Subtract line 2e from line 1		. 3	
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			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.) 5	298039
	XIII Supplemental Information.			
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			4; Part X, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	•	al information.	
The Tr				
	ust files Form 990 "Return of Organization Exempt from Income Tax" annually	. This return is subject to	examination by	federal
	ust files Form 990 "Return of Organization Exempt from Income Tax" annually	. This return is subject to	examination by	federal
taxing	ust files Form 990 "Return of Organization Exempt from Income Tax" annually authorities. The Trust is no longer subject to examination by federal tax authorities.			
taxing				
		orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
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	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
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	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome
	authorities. The Trust is no longer subject to examination by federal tax authorities.	orities for years prior to 2	011. Although th	e outcome

Schedule D (For	m 990) 2014 Pa	age 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

open to Pub Inspection Employer Identification number

Palmetto Electric Trust Part I General Information on Grants and Assistance	on Grants and	Assistance					57-0931978
	an records to sub	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistance	e, and
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					· · · Ves \text{No}
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fu	nds in the United	States.		
Part II Grants and Other As	ssistance to Do	mestic Organiz	ations and Dom	lestic Governm	ents. Complete if	the organization answ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,
Part IV, line 21, for any recipient that received	ly recipient that		an \$5,000. ⊬art	II can be dupilca	more than \$5,000. Part II can be duplicated it additional space is needed.	pace is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Family Promise of Beaufort Cty							
	20-5647589	501(c)(3)	10000.00				Purchase of day shelter
(2) Meals on Wheels	0011030 73	501(~)(3)	1000000				Meals for 1 vr.(10) indiv
(3) Legacy County Council on Aging	6011600-16	(6)(3)100	2000				
Billike ito lipinoo Kilinoo ladeer (2)	57-0564656	501(c)(3)	10000.00				Jasper Cty Senior Services
(4) Bluffton-Jasper County				-			
Volunteers in Medicine	32-0298086	501(c)(3)	10000.00				Lab expenses
(5) Technical College of the							
Lowcountry	57-0767384	501(c)(3)	20000.00				Educational Endowment
(6) Allendale-Hampto-Jasper							
Regional Library	57-0551353	501(c)(3)	10573.00				Comp/Furn-Estill Branch
(7)							
(8)							
(6)							
(10)							
(11)				:			
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			9
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	I in the line 1 table					9
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruction	s for Form 990.		ర	Cat No 50055P		Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 201689 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 140 (a) Type of grant or assistance 1 Cash assistance for individuals Part III Part IV N ß က 4 9

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

Open to Public Inspection

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.

Employer identification number Name of the organization 57-0931978 Palmetto Electric Trust Form 990, Part VI, Line 11b - Organization's Process Used to Review Form 990 A draft copy of the Form 990 is made available to the Board of Directors at the regular board meeting prior to the due date of the return being filed for their review. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Each year the Board of Directors shall review whether any current or former Officer, Trustee, or Key Employee: 1. Has a direct business relationship with the Trust or an indirect business relationship with the Trust requiring disclosure on Sch L of the Form 990. 2. Has a family member who had a direct or indirect business relationship with the Trust requiring disclosure on Sch L of the Form 990; or 3. Serves as an Officer, Trustee, or Key Employee, Partner or member of an entity (or shareholder of a professional corporation) doing business with the Trust, such that disclosure is required on Sch L of the Form 990. Form 990, Part IV, Line 19 - Governing Documents Disclosure Explanation Governing documents, conflict of interest policy, and finanacial statements are available to the public upon request at 4063 Grays Hwy, Ridgeland SC 29936

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
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