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Return of Organization Exempt From Income Tax

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.

2015 Open to Public

Form 990 (2015)

OMB No 1545-0047

		f the Treasury nue Service	ublic. 1990.		Open to Public Inspection		
A	For th	e 2015 ca	► Information about Form 990 and its instructions is at www.irs.gov/form lendar year, or tax year beginning , and ending				
В			C Name of organization	D	D Employer Identification number		
\Box	Address o	change	MID-CAROLINA ELECTRIC TRUST, INC				
\equiv	Name cha		Doing business as ATTN: THERESA CREPES		57-10	00504	
\equiv		· [Number and street (or P O box if mail is not delivered to street address) Room/sui		Telephone		
	Initial retu	-	P.O. BOX 669 City or town, state or province, country, and ZIP or foreign postal code		303-	749-6468	
	Fınal retu termınate			J			
	Amended	return .	LEXINGTON SC 29071 F Name and address of principal officer	G	Gross receip	pts \$ 278,945	
\Box	Applicatio	on pending	, ,	this a group re	eturn for sub	oordinates? Yes X No	
	Арріісаці	on pending				ā., ā.,	
			n(v) A	re all subordin		ee instructions)	
				11 140, atta	Cira iist (si	ee manuchons)	
_		mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527				
	Website			ation 199	$\overline{}$		
		organization	X Corporation Trust Association Other ► L Year of forms	ation 193	,3	M State of legal domicile SC	
	art I		mmary				
	1	_	cribe the organization's mission or most significant activities				
93		CHARI	ITABLE DISBURSEMENTS				
nan							
Ver		.	the order of the o				
Activities & Governance	1		s box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net	assets	ا م ا	9	
9 5			f voting members of the governing body (Part VI, line 1a)		3	9	
ţį.			f independent voting members of the governing body (Part VI, line 1b)		4	0	
ξ			ber of individuals employed in calendar year 2015 (Part V, line 2a)		6	0	
¥	ſ		ber of volunteers (estimate if necessary)		_	0	
	1		lated business revenue from Part VIII, column (C), line 12		7a 7b	0	
	D	Net unrela	ted business taxable income from Form 990-T, line 34	Prior Year	1 70	Current Year	
_	8	Contributio	ons and grants (Part VIII, line 1h)	273,	203	278,690	
Revenue	1		service revenue (Part VIII, line 2g)			0	
Ķ	1	•	at income (Part VIII, column (A), lines 3, 4, and 7d)			0	
œ	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		908	255	
	1		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	274,	111	278,945	
			d similar amounts paid (Part IX, column (A), lines 1–3)	271,	781	275,699	
	1		aid to or for members (Part IX, column (A), line 4)			0	
S	15	Salaries, o	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	
rses	40-		sal fundraising fees (Part IX, column (A), line 11eV			0	
Expens	b	Total fundr	raising expenses (Part IX, column (D), line 25) RECEIVED				
ŵ	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)			201	
	18	Total expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e), enses Add lines 13–17 (must equal Part IX, column (A) Aire (A) 5 2016	271,		275,900	
	19	Revenue le			330	3,045	
Net Assets or Fund Balances				g of Current	-	End of Year	
sset	20		ts (Part X, line 16)	26,	456	29,501	
et A	21		rties (Part X, line 26)	26	4 E C	20 501	
<u>~</u>	22		s or fund balances Subtract line 21 from line 20	26,	456	29,501	
	art II		nature Block				
U	nder pe	enalties of pe	erjury, I declare that I have examined this return, including accompanying schedules and statements, and to mplete Declaration of preparer (othe) than officer) is based on all information of which preparer has any kno	the best of	my knowl	ledge and belief, it is	
	Je, com	T & . 7	The best and the first than once it is assessed an animon property has any time		н/-	11 10 11	
e:-		V _{sia}	apature of officer		Date Date	4-19-16	
Sig	-	Sig	B. ROBERT PAULUNG V CED		Duto		
He	re		pe or print name and title				
		+		inte AAAA	Char	ıf PTIN	
Paid	٠	1 "		Z ^{te} 2018	Check	└	
			MCNAIR, MCLEMORE, MIDDLEBROOKS & CO, LLC	- 	self-emplo	58-1094351	
	parer	Firm's name	POST OFFICE BOX ONE	Firm's	<u>⊨IN P</u>	30-1034331	
USE	Only		MACON CA 31202-0001			478-746-6277	
		Firm's addre		Phone	no		
May	the IR	(S discuss)	this return with the preparer shown above? (see instructions)			X Yes No	

			7-1000504	Page
	Statement of Program Se	•	O	
	ribe the organization's mission	ns a response or note to any line in t	nis Paπ III	X
	BLE DISBURSEMENT	'S		
•				
2 Did the orga	anization undertake any significan	t program services during the year which were	not listed on the	
	990 or 990-EZ?			Yes X No
	scribe these new services on Sch			
3 Did the organizers?	anization cease conducting, or ma	ike significant changes in how it conducts, any	program	Yes X No
	scribe these changes on Schedule	e O		
		accomplishments for each of its three largest p	-	
·		ganizations are required to report the amount of	of grants and allocations to others,	
the total exp	penses, and revenue, if any, for e	ach program service reported		
4a (Code) (Expenses \$	275,900 including grants of \$	90,038) (Revenue \$)
		T IS TO ACCUMULATE AND		CHARITABLE
PURPOSE	S IN THE SERVICE	AREA OF MID-CAROLINA	ECI.	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
44 04	ram conucce (Docariba in Cabadia	lo O)		
4d Other progr (Expenses	ram services (Describe in Schedu \$ I	ncluding grants of \$) (Revenue \$)
	am service expenses ▶	275,900		
AA				Form 990 (2015)

Part IV		
Part IV	Checklist of Required Schedules	

		i	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		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	^	X
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	ļ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			-
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,		1	
	Part III	5	i	X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
7	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		- 1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	J	x
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	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		-	
	VII, VIII, IX, or X as applicable	- 1	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 102 if "Yes,"	1	1	
_	·	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
~		11b		X
С	The state of the s		T	
•	= '	11c		X
d	500			
_	·	110	1	X
е		11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
		12a	x	
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	X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b		T		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	Ī		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ļ	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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		X
		Form	990	(2015)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 19 If "Yes," complete Schedule I, Parts I and II	21	_X	
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	X	
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		X
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		i	
	through 24d and complete Schedule K If "No," go to line 25a	24a	' I	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a	,	X
b				
	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		X
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		l	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	X
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	- }	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-0	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		I	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	and the second s			
•	Schedule L, Part IV	28b	ĺ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
٠	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ľ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-	 	
J 1	Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	-		
-	or IV, and Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	000		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	l	
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		x
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,	İ		
	Part VI	37	ļ	x
3.8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
38	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	13. Note: All 1 offit 550 filets are required to complete concedure o			

13b 13c

14a

14b

X

Form 990 (2015)

the organization is licensed to issue qualified health plans

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

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves on hand

Form 990 (2015) MID-CAROLINA ELECTRIC TRUST, INC 57-1000504 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 9 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 h 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 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 Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

PO BOX 669

SC 29071

20

MID-CAROLINA ECI

LEXINGTON

Form 990 (2015)	MID-CAROLINA	ELECTRIC	TRUST,	INC	57-1000504	Page 7		
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and							
ı	Independent Contrac	tors						
•	Check if Schedule O c	ontains a respo	onse or note	to any <u>li</u>	ne in this Part VII			

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 nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E) (F) Name and Title Average Position Reportable Reportable Estimated (do not check more than one hours per compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) organization hours for from the ndividual trustee (W-2/1099-MISC) (ey employee tighest compensated mployee related organization organizations and related organizations below dotted line) (1) ALAN LORD 1.00 0.00 X 0 0 DIRECTOR (2) VIRGINIA BISHOP 1.00 0 0 0.00 X DIRECTOR (3) STAN SHEALY 2.00 X X 0 0 0.00 CHAIRMAN (4) JOHN BEERMAN 1.00 0 0 0.00 X DIRECTOR (5) REV. RUS STILWELL 2.00 0 0 X X 0 0.00 VICE CHAIRMAN (6) CHARLOTTE BOOZER 2.00 0.00 X X 0 0 0 SECRETARY (7) REV. JOHNNY MULLER 1.00 0 0 X 0.00 DIRECTOR (8) MARTHA KENNERLY 1.00 0.00 X 0 0 0 DIRECTOR (9) MATT MATTHEWS 2.00 0 0 X X 0 TREASURER 0.00 (10)(11)

Section A.

D^		Directors Trus		_				_	nd Highest Compensated	Employees (continued)				Page
. 0	(A) Name and title	(B) Average hours per week (list any hours for	(d bo	o not ix, unl	Pos check ess pe	C) sition more erson i	than c is both ir/trusto	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	cor		ated nt of er esation the	
	`	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		,	organiz	lated	
				_			_							
							_							
			-											
												-		
					 		}							
1b c	Sub-total Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				> > >						
2	Total number of individuals (increportable compensation from the	cluding but not lim	nited	to th	iose	liste	d abo	ve)	who received more than \$1	00,000 of			Yes	No
3 4	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line	complete Schedu 1a, is the sum of	ile J Frepo	for s ortab	uch i de co	ndivi	iduai ensat	ion a	and other compensation from		<u> </u>	3		х
5	organization and related organi individual Did any person listed on line 1a for services rendered to the org	receive or accru	іе со	mpe	nsat	ion fi	rom a	any i	unrelated organization or inc	hvidual		5		X
<u>Sect</u> 1	on B. Independent Contractor Complete this table for your five					ndor			store that received more than	n \$100 000 of				
	compensation from the organiz	ation Report cor	npen	satio	on fo	r the	cale	ndar	r year ending with or within t	he organization's tax year	— т		(C)	
	Name and	(A) business address							Descrip	(B) tion of services		Co	(C) mpensa	tion
·														
2	Total number of independent co	ontractors (includ	ing b	out n	ot lin	nited	to th	ose	listed above) who					
	received more than \$100,000 c	r compensation f	rom	the d	orgar	nizati	ion 🕨	<u> </u>		0			900	<u> </u>

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue (A) Total revenue (B) Related or exempt function excluded from tax under sections 512-514 revenue 1a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 278,690 1f g Noncash contributions included in lines 1a-1f 278,690 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b С f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) (i) Secunties (ii) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 255 255 GRANTS RETURNED 624200 11a b C All other revenue 255 Total. Add lines 11a-11d 278,945 255 0 Total revenue. See instructions 0

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, (D) Fundraising 7b, 8b; 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 90,038 90,038 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 185,661 185,661 individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 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 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 201 201 OTHER EXPENSES b C d e All other expenses 275,900 275,900 0 Total functional expenses Add lines 1 through 24e 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3,209 6,158 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 23,047 23,343 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 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 14 200 15 Other assets See Part IV, line 11 15 26,456 29,501 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 0 0 26 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 26,456 29,501 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 26,456 33 Total net assets or fund balances 33 26,456 Total liabilities and net assets/fund balances

Form 990 (2015)

Form	990 (2015) MID-CAROLINA ELECTRIC TRUST, INC 57-1000504			Pa	age 12
Pa	rt 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			945
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	75,	900
3	Revenue less expenses Subtract line 2 from line 1	3		3,	045
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		26,	456
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	[]			
	33, column (B))	10		29,	501
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
-				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u>[</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				Ī
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	m 99	0 (2015)

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MID-CAROLINA ELECTRIC TRUST, INC

Employer identification number 57-1000504

Pa	irt l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	s.				
				it is (For lines 1 through 11, che								
1				ciation of churches described in			A)(i).					
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
3	\vdash		hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
•	<u> </u>	city, and state	•	m conjunction man a mospitar ac-			TO COM THE MOSE	naro rianto,				
5	\Box			a college or university owned or	onerated	hy a gove	ernmental unit described in					
•	LJ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
•	\Box	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6 7	X	-		ubstantial part of its support from								
'			section 170(b)(1)(A)(vi). (Co		a govern	inental ul	int of from the general public					
	\Box				`							
8	-	-		70(b)(1)(A)(vi). (Complete Part II		stributions	membership food and gross					
9	Ш	_		more than 33 1/3% of its support								
				ot functions—subject to certain e								
				unrelated business taxable inco			i i tax) irom businesses					
40		, ,	•	, 1975 See section 509(a)(2). (a)(4)					
10	\vdash	-		xclusively to test for public safety xclusively for the benefit of, to pe				of				
11		-		ns described in section 509(a)(
				ribes the type of supporting organ				IECK				
_												
а				d, supervised, or controlled by its								
			= ' '	regularly appoint or elect a majo	ority of the	unectors	or trustees of the supporting					
		•	You must complete Part IV		uth ito oun	nadad ar	ranization(s), by baying					
b	Ш			sed or controlled in connection w								
				organization vested in the same p	ersons m	at Control	or manage the supported					
		•	s) You must complete Part		nnostion i	uith and i	innetionally integrated with					
С	Ш		= =	orting organization operated in co								
			=	ons) You must complete Part								
ď		••	• •	supporting organization operated								
				inization generally must satisfy a	_		ment and an attentiveness					
	\Box		•	complete Part IV, Sections A			al Tunall Tunalli					
е			•	a written determination from the		tis a Typ	e i, Type ii, Type iii					
_		-	• •	ctionally integrated supporting org	gamzation							
†			of supported organizations or information about the supported in the support of t	onorted organization(s)				L				
<u>g</u>			T*	(III) Type of organization	(IV) is the c	vroapization	(v) Amount of monetary	(vI) Amount of				
(1		e of supported janization	(ii) EIN	(described on lines 1–9	Links	ir governing	support (see	other support (see				
				above (see instructions))	docui	ment?	instructions)	instructions)				
					Yes	No						
(A)				 	 							
(~)												
(B)			 		ļ			·				
,												
(C)												
(D)												
			ļ		<u> </u>							
E)												
			 		<u> </u>							
Tota	<u> </u>		<u> </u>	<u> </u>	<u> </u>	L	<u> </u>					

57-1000504

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify un

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 251,857 258,515 266,066 273,203 278,690 1,328,331 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 251,857 258,515 266,066 273,203 278,690 1,328,331 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) Public support. Subtract line 5 from line 4 1,328,331 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2012 (c) 2013 (d) 2014 (e) 2015 (a) 2011 (f) Total 273,203 Amounts from line 4 251,857 258,515 266,066 278,690 1,328,331 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 908 473 412 1,163 255 3,211 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) Total support. Add lines 7 through 10 1,331,542 11 12 12 Gross receipts from related activities, etc. (see instructions) 255 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 99.76% 14 15 Public support percentage from 2014 Schedule A, Part II, line 14 99.74% 15 33 1/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 17a 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						<u> </u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from				1		
	line 6)		<u> </u>				<u> </u>
	tion B. Total Support ndar year (or fiscal year beginning in) ▶	(0) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
		(a) 2011	(0) 2012	(6) 2013	(4) 2014	(e/ 2015	(i) rotar
9	Amounts from line 6				.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	<u></u>				2)	<u> </u>
14	First five years. If the Form 990 is for the organization, check this box and stop here	=	second, third, tourt	n, or τιπη tax year a	s a section 501(c)(3)	▶ □
Sac	tion C. Computation of Public Su		ane				
15	Public support percentage for 2015 (line 8,			·n)		15	%
16	Public support percentage from 2014 Schei			· <i>'')</i>		16	%
	tion D. Computation of Investme					<u></u>	<u> </u>
 17	Investment income percentage for 2015 (lir			olumn (f))		17	%
18	Investment income percentage from 2014			.,,		18	
19a	33 1/3% support tests—2015. If the organ			4, and line 15 is me	ore than 33 1/3%, a	and line	
	17 is not more than 33 1/3%, check this box						▶ []
b	33 1/3% support tests—2014. If the organ						
	line 18 is not more than 33 1/3%, check this	-	_				>
<u>20</u>	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	nd see instructions)

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on 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.)

Section	A. All	Supporting	Organizations
		pp-:::::9	O I gameation o

eci	ion A. All Supporting Organizations		г	т
	And all of the course of a large of the course of the large of the lar	F	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	F .		
_	class or purpose, describe the designation. If historic and continuing relationship, explain	_1		
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	_	ļ
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	f 1		
	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	_4a		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		1	
	by one or more of its supported organizations, or (iii) 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	Ì	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	ſ	
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 or 990-EZ)	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		- 1	
	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 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	96		
С	Did a disqualified person (as defined in line 9a) 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	İ	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			-
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1	
	supporting organizations)? If "Yes," answer 10b below	10a	1	
ь	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)

2b

3а

activities but for the organization's involvement

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2015 MID-CAROLINA ELECTRIC TRUST			504 Page 6	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 2				
other Type III non-functionally integrated supporting organizations must complete Sections A Section A - Adjusted Net Income	A throug	gh E (A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		(Optional)	
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			
	1			
collection of gross income or for management, conservation, or	6			
'maintenance of property held for production of income (see instructions)	7			
7 Other expenses (see instructions)	8			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	1 0		(B) Current Year	
Section B - Minimum Asset Amount		(A) Prior Year	(optional)	
Aggregate fair market value of all non-exempt-use assets (see	[
instructions for short tax year or assets held for part of year)	ļ.,			
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	ŧ			
factors (explain in detail in Part VI)	<u> </u>			
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3		<u></u> .	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			II	
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	
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-functionally-integrated T		supporting organization (see)	
/ Check here if the current year is the organizations mot do a non-tanemany integration	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 - 3 - 1		

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015 MID-CAROLINA ELECTRIC TRUST, INC 57-1000504 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (iii) (i) (ii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015 а b С d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see Excess distributions carryover to 2016. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2015

and 4c

8 a Breakdown of line 7

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015 MID-CAROLINA ELECTRIC TRUST, INC

57-1000504

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on 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 2015

Open to Public Inspection

Name	of the organization		Employer	identification numbe	er
М	ID-CAROLINA ELECTRIC TRUST, INC		57-1	.000504	
	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o				
		(a) Donor advised funds		(b) Funds and other ac	ccounts
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				
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised			
	funds are the organization's property, subject to the organization's exc	clusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be used			_
	only for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose		_	
	conferring impermissible private benefit?				Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply)			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	portant land	агеа	
	Protection of natural habitat	Preservation of a certified histor	nc structure		
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conserv	ation		
	easement on the last day of the tax year			Held at the End	of the Tax Year
a	Total number of conservation easements		2a	Ĺ	
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c		·
q	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a		ĺ	
	historic structure listed in the National Register		2d	<u></u>	
3	Number of conservation easements modified, transferred, released, e tax year ▶	extinguished, or terminated by the organization	on during the	e	
4	Number of states where property subject to conservation easement is	located >			
5	Does the organization have a written policy regarding the periodic more				
_	violations, and enforcement of the conservation easements it holds?	, morning, map demand, managing as			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation ea	sements dur	ring the year	
•	>	•		• ,	
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	olations, and enforcing conservation easeme	ents during t	he year	
	▶ \$				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?				Yes No
9	in Part XIII, describe how the organization reports conservation easen	ments in its revenue and expense statement	, and		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that des	cribes the		
	organization's accounting for conservation easements				
Pá	Organizations Maintaining Collections of Ar Complete if the organization answered "Yes" or		Similar A	\ssets. 	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), i	not to report in its revenue statement and ba	lance sheet		
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of		
	public service, provide, in Part XIII, the text of the footnote to its finance	cial statements that describes these items			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t				
	works of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of		
	public service, provide the following amounts relating to these items				
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$	
	(ii) Assets included in Form 990, Part X		•	\$	
2	If the organization received or held works of art, historical treasures, o		ide the		
	following amounts required to be reported under SFAS 116 (ASC 958)) relating to these items			
a	Revenue included on Form 990, Part VIII, line 1		•	\$	
h	Assets included in Form 990. Part X		•	· S	

	dule D (Form 990) 2015 MID-CAROLI					57-10		Page
	ert III Organizations Maintaining (s (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records,	check ar	ny of the follow	ving that are	a significant (use of its	
a	Public exhibition	d 📋	Loan or	exchange prog	grams			
b	Scholarly research	e [Other					
C	Preservation for future generations							
4	Provide a description of the organization's collection	tions and explain h	low they	further the org	janization's e	xempt purpor	se in Part	
_	XIII							
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be					nılar —————		Yes N
Pa	ert IV Escrow and Custodial Arrar						-	
	Complete if the organization a 990, Part X, line 21.	inswered "Yes"	on Fo	rm 990, Pa	rt IV, line 9	9, or report	ted an amount	t on Form
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for cor	ntributions or o	ther assets r	not		
	included on Form 990, Part X?			1.				Yes N
b	If "Yes," explain the arrangement in Part XIII and	complete the folio	wing tab	e				Amount
							<u> </u>	Amount
	Beginning balance						1c	
đ	Additions during the year						1d	
e	Distributions during the year						1e 1f	
f 2-	Ending balance	000 Dad V line 0	4 6		lial accessed by	0، باداره	11	Yes No
	Did the organization include an amount on Form If "Yes," explain the arrangement in Part XIII Ch					-		∐ Yes ∏ No
	ert V Endowment Funds.	eck here it the exp	anation	nas occii piov	ided on Fait	Zili		
1-4	Complete if the organization a	nswered "Yes"	on Fo	rm 990 Pai	rt IV line 1	10		
	Complete if the organization of	(a) Current year		Pnor year	(c) Two ye		(d) Three years back	(e) Four years back
1a	Beginning of year balance						···	
	Contributions							
	Net investment earnings, gains, and	·						
Ŭ	losses							
А	Grants or scholarships				 			
	Other expenditures for facilities and							
Ŭ	programs							
f	Administrative expenses							
ď	End of year balance							
2	Provide the estimated percentage of the current	vear end balance	line 1a.	column (a)) he	eld as			
a	Board designated or quasi-endowment ▶	%		(, ,				
b	Permanent endowment ▶ %							
c	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c should	equal 100%						
3a	Are there endowment funds not in the possession		on that a	re held and ad	lministered fo	or the		
	organization by	-						Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	ns listed as require	d on Sch	edule R?				3b
_4	Describe in Part XIII the intended uses of the org	ganization's endow	ment fun	ds				
Pa	ert VI Land, Buildings, and Equip	ment.						
	Complete if the organization a	nswered "Yes"	on Fo	rm 990, Pai	rt IV, line 1	1a. See F	<u>orm 990, Part</u>	X, line 10.
	Description of property	(a) Cost or other b	asis	(b) Cost or o	other basis	(c) Acc	umulated	(d) Book value
		(investment)		(oth	er)	depre	eciation	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other					<u> </u>		

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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.

(8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Sche	dule D (Form 990) 2015 MID-CAROLINA ELECTRIC TRUST	, INC	57-100050)4	Page 4
Pa	Reconciliation of Revenue per Audited Financial State		•	turn.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, lin	e 12a		
1	Total, revenue, gains, and other support per audited financial statements			1	292,880
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	13,935		
С	Recoveries of prior year grants	2c		1 1	
d	Other (Describe in Part XIII)	2d]]	
е	Add lines 2a through 2d			2e	<u>13,935</u>
3	Subtract line 2e from line 1			3	278,945
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			
С	Add lines 4a and 4b		_	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	278,945
P	Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990	, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements	-		1	289,835
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	13,935		
b	Prior year adjustments	2b]]	
С	Other losses	2c]]	
d	Other (Describe in Part XIII)	2d]]	
е	Add lines 2a through 2d			2e	13,935
3	Subtract line 2e from line 1			3	275,900
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		4b		1 1	
С	Add lines 4a and 4b			4c]	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	275,900

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Supplemental Information.

Part XIII

Schedule D (Form 990) 2015 MID-CAROLINA ELECTRIC TRUST, INC Part XIII Supplemental Information (continued)

57-1000504

Schedule D (Form 990) 2015

6628009

SCHEDULE (Form 990)

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

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

2015

OMB No 1545-0047

Inspection

Open to Public Employer identification number 57-1000504 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990. INC MID-CAROLINA ELECTRIC TRUST, General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization Parti

e X MEDICATION, UTILITIE RENT, MEDICATION, ET RENT, MEDICATION, ET BILLS, JOB PLACEMENT RENT, MEDICATION, ET (h) Purpose of grant or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Yes non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisa!, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 13,889 11,805 20,593 10,417 10,417 22,917 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 57-0813856 31-1744064 57-0879855 13-3841800 57-0815818 (p) EIN the selection criteria used to award the grants or assistance? (3) LEXINGTON INTERFAITH COMMUNITY sc 29070 sc 29036 sc 29072 SC 29171 sc 29063 (a) Name and address of organization (6) OTHER COMMUNITY ASSISTANCE or government (1) CHRISTIAN MINISTRIES 212 N. CHURCH STREET (2) GOD'S HELPING HAND (4) SHARING GOD'S LOVE P.O. BOX 2336 P.O. BOX 5462 P.O. BOX 1021 P.O. BOX 4991 (5) WE CARE LEESVILLE LEXINGTON CHAPIN Part !! CAYCE IRMO 3 8 6

Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

57-1000504

INC

MID-CAROLINA ELECTRIC TRUST,

Schedule I (Form 990) (2015)

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

EACH ORGANIZATION IS REQUIRED TO COMPLETE A GRANTEE REPORT WHICH KEEPS THE

TRUST INFORMED AS TO THE USE OF THE GRANT FUNDS

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.

2015

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

MID-CAROLINA ELECTRIC TRUST, INC

Employer identification number 57-1000504

FORM 990, PART III - ADDITIONAL INFORMATION

THE TRUST RECEIVES CONTRIBUTED SERVICES OF LABOR AND RELATED EXPENSES FROM MID-CAROLINA ELECTRIC COOPERATIVE, AN AFFLIATE OF THE TRUST. CONTRIBUTED SERVICES TOTALED \$13,935 AND \$13,660 FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, RESPECTIVELY. BASED ON THE FORM'S INSTRUCTIONS, THESE SERVICES ARE NOT INCLUDED IN INCOME OR EXPENSES FOR THE PURPOSES OF THE FORM 990.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS REVIEWED BY THE BOARD WITH ALL SUPPORTING DOCUMENTATION MADE AVAILABLE TO THEM.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE TRUST REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH
ITS CONFLICT OF INTEREST REQUIREMENTS AS PRESCRIBED BY ARTICLE XVII OF ITS
BYLAWS WHICH ARE INCLUDED AS A PART OF THIS RETURN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE TRUST MAKES ITS BYLAWS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
AS PART OF ITS FORM 990. THE FORM 990 IS AVAILABLE UPON REQUEST AS
REFLECTED IN PART VI, SECTION C, LINE 18.