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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Dep	artment of	the Treasury	▶ Do not enter social security numbers on this form as it m				Inspect	
_		ue Service	► Information about Form 990 and its instructions is at ww		v/form990	0		.1011
<u>A</u> _			ndar year, or tax year beginning , 2016, and e	enaing		D Caralana	, 20	
B		applicable	C Name of organization Palmetto Electric Trust			D Employe	r identification nu	amber
님	Address	-	Doing business as	om/suite		E Telephon	57-0931978	
片	Name ch	-	,	univsuite	f	_		
	initial ret		4063 Grays Hwy City or town, state or province, country, and ZIP or foreign postal code				843-726-5551	
片		rn/terminated				• • • • • • • • • • • • • • • • • • • •		
믐	Amende		Ridgeland SC 29936			G Gross red		[7]
ш	Applicati	ion pending	F Name and address of principal officer				ubordinates? Yes	
-							included? 🔲 Yes list (see instructio	
<u>!</u> _		mpt status						113)
7	Website					exemption r		
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of f	formation	1989	M State o	of legal domicile	<u>sc</u>
	art I	Summ		hardahla	fund ros		an far months de	
a)	1	-	escribe the organization's mission or most significant activities: Ch					
Activities & Governance	1		ty activities by rounding up electric bills to an even dollar amount, with	h disbur	sement of	tunds for	charitable pur	poses
Ē			ivce area of Palmetto Electric Cooperative, Inc. is box ▶☐ if the organization discontinued its operations or dispos			0E0/ of ::	la not noneta	
o Ve				isea oi ii	nore man	1 1	is nei asseis	40
Ğ	L.		of voting members of the governing body (Part VI, line 1a).	a 1b)	•	3 4		12
SS	1		of independent voting members of the governing body (Part VI, line			5		12
Ę	ľ		mber of individuals employed in calendar year 2016 (Part V, line 2a)	,				
ફ	6		mber of volunteers (estimate if necessary)			6		
⋖	ı		related business revenue from Part VIII, column (C), line 12		•	7a		
	b	Net unre	lated business taxable income from Form 990-T, line 34	- + -	Prior Ye	7b	Current Ye	
Revenue		0	tions and grants (Part VIII, line 1h)		+	- Curient re		
	8				385117		365248	
	9	Program	service revenue (Part VIII, line 2g)	.				
æ	10	Investme	ent income (Part VIII, column (A), lines 3, 4 and 7d) g. 2617.	·		1685		1733
	11			.∴ 			·	
	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)		386802		366981
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	·		377380		296113
	14		paid to or for members (Part IX, column (Å), line 4)	<u>,</u>				
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10	⁽⁾				
ens	16a		onal fundraising fees (Part IX, column (A), line 11e)	·		-		
X	b		draising expenses (Part IX, column (D), line 25)					
-	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	·		5893		6203
	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·		383273		302316
	19	Hevenue	less expenses. Subtract line 18 from line 12			3529	F-4-4V-	64665
ts or	2	T-4-1	cats (Dark V. line 40)	beg.	inning of Cu		End of Ye	
SSet	20		sets (Part X, line 16)	·		562829		627494
Net Assets	21		polities (Part X, line 26)	·				
			tts or fund balances. Subtract line 21 from line 20	<u> </u>		562829	 -	627494
_	art II		ture Block				_ 	
			rry, I declare that I have examined this return, including accompanying schedules and lete. Declaration of preparer (other than officer is based on all information of which pr				iy knowledge and	belief, it is
			Dague May VI			ali	2 /201-1	
Si	an	\$ day	All of the state o		l_ Da		ywi j	
	ere		Tanka L Ivull V. P. Finance	\mathcal{P}	De	10 /	•	
110	51 C	Type						
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U	se Onl					n's EIN ▶	 	
Firm's address P Phone no					<u>. ГТач</u> -			
_	<u> </u>		s this return with the preparer shown above? (see instructions) .			· · ·		S No
Fo	r Paperv	work Redu	ction Act Notice, see the separate instructions.	Cat No 1	1282Y		Form	990 (2016) Q

Form 99	0 (2016)			Page 2
Part		Accomplishments esponse or note to any line in this Par	+ 111	
1	Briefly describe the organization's mission		· · · · · · · · · · · · · · · · · · ·	<u> </u>
•	Charitable fund raising services for worthw		electric bills to an even dollar amor	unt. with
	disbursement of funds for charitable purpo			
2	Did the organization undertake any sign	ficant program services during the year	which were not listed on the	
	prior Form 990 or 990-EZ?			Yes 🗸 No
	If "Yes," describe these new services on	Schedule O	v it conducts one program	
3	Did the organization cease conducting services?			Yes ☑ No
	If "Yes," describe these changes on Sch	edule O.		
4	Describe the organization's program ser			
	expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, 1		he amount of grants and allocati	ions to others,
4a	(Code.) (Expenses \$	296113 including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				
4c	(Code:) (Expenses \$	including grants of \$	\/Revenue \$	<u> </u>
40	(Code) (Expenses #		/ (πevenue ψ	'
			×	

	Other program consists (December 1991)	and the O \		
4d	Other program services (Describe in Sch (Expenses \$ including g)	
4e	Total program service expenses ▶	302316		

Form 99	0 (2016)		F	age 3
Part I	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
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? If "Yes," complete Schedule C, Part II	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
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? <i>If</i> "Yes," complete Schedule D, Part III	8		✓
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		√
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, VII, VIII, IX, or X as applicable.	A. Te		
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	Fig. 1. to word	√
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		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		V ✓
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		▼
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		√

Ρạπ	Checklist of Required Schedules (continued)			
20 -	Did the organization operate and or more hospital facilities? If "Vee " complete Schedule U	20-	Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 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 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ √
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	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):	1		٠.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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,			
38	Part VI	37	1	/
			m 990	(2016

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	reportable gaming (gambling) winnings to prize winners?	1c	~	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	<u> </u>	
20	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	-	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓_
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(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	60		,
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		₩
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		+
a	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		1
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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ـــــــ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<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	ļ	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		+-
10	Section 501(c)(7) organizations. Enter:		 	+
а	Initiation fees and capital contributions included on Part VIII, line 12]]	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		₩
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
L	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which			1
b	the state of the second Art Construction of the state of			
С	the organization is licensed to issue qualified health plans	\dashv		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	┼	+_/
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b	 -	+

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 three response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				
Casti	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	<u> </u>	
Secti	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 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.	1a 12			1
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business reany other officer, director, trustee, or key employee?	1b 12 elationship with	2		
3	Did the organization delegate control over management duties customarily performed by or u supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	n's assets? .	4 5 6 7a		√
b	Are any governance decisions of the organization reserved to (or subject to approval stockholders, or persons other than the governing body?	by) members,	7b		√
8	Did the organization contemporaneously document the meetings held or written actions und the year by the following:	dertaken during			,
a b 9	The governing body?	· · · · · · · · · · · · · · · · · · ·	8a 8b	1	
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the		9 ue C	ode.)	✓
				Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?		10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a	✓ ✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this was done.	olicy? If "Yes,"	12c	1	
13 14 15	Did the organization have a written whistleblower policy?		13 14		1
a b 16a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization		15a 15b		
b	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	to evaluate its	16a		✓
Sast	organization's exempt status with respect to such arrangements?	• • • •	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ► sc Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar available for public inspection. Indicate how you made these available. Check all that apply	nd 990-T (Section	501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Sch Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.		erest	policy	/, and
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords	: ►	
	Tanya Trull VP Finance 4063 Grays Hwy Ridgeland SC 29936				

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Page 7

Rart VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest Compensa	ated Employees,	anc
	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 nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) eek (list an from related other Individual trustee Institutional trustee compensation Key employee employee hours for the organizations lighest (W-2/1099-MISC) related organization (W-2/1099-MISC) from the organizations organization compensated below dotted and related line) organizations (1) Greg Cook 2 (2) Kirk C Taylor 2 0 (3) Murray Christopher 2 0 (4) John E Kırkland 2 O (5) Judy Tuten 2 0 (6) Mary Highsmith 2 O (7) Veronica S. Mıller 0 (8) Douglas Smith n (9) David L. White 0 (10) Alex Pinckney 0 (11) Ronald Leibel 2 0 (12) Nicholas T. Gohagan 2 0 (13) (14)

Ęart	(A) Name and title	(B) Average hours per week (list any hours for related organizations	(do n box, office office or directo	ot ch	Posi neck is pe	tion more	than one that the the that the the that the the that the that the that the the that the the that the the the the the the the the the th	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-Mi	from s	Esti amo o compo froi orgar	(F) mated punt of ther ensation the	on n
		below dotted line)	trustee	al trustee		уее	Highest compensated employee		1				related	
(15)														
(16)														
(17)														
(18)														
(19)											-			
(20)														
(21)														
								<u> </u>			\perp			
(23)														
(24)														
(25)														
1b c	Total from continuation sheets to Part	•	n A				•	>						
d 2	Total (add lines 1b and 1c)						above	▶ e) w	ho received m	ore than \$10	0,000 (of		<u> </u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compen	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (com	per	nsatio					4		7
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe compl	nsat lete	tion Sch	froi edu	n any ile J t	un or s	irelated organiz such person		vidual	5		1
	on B. Independent Contractors													<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear													ax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompens	ation	
2	Total number of independent contractor	ors (includir	na hi	ıt n	ot I	ımıt	ed to	+1-	nose listed sho	ave) who				
	received more than \$100,000 of compens							, 11	iose listeu abt	JVE) WIIU				ļ

Far	VIII		ony line in this	Dort VIII		
		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
nts	1a	Federated campaigns . 1a				
Gra	b	Membership dues 1b				
A, ts	C	Fundraising events 1c				;
ija gi	d	Related organizations 1d				
Sirr Sirr	e f	Government grants (contributions) All other contributions, gifts, grants,				,
Contributions, Gifts, Grants and Other Similar Amounts	'	and aimiler amounts not included above				
를	g	Noncash contributions included in lines 1a-1f \$				
Son	h	Total. Add lines 1a-1f	365248			
		Business Code	303240			
Ven	2a			W Wilderson Andries in them to the community instance		
æ	b					
vice	С			-		
Ser	d					
Ë	е					
Program Service Revenue	f	All other program service revenue .				
	<u>g</u> 3	Total. Add lines 2a–2f			· · · · · · · · · · · · · · · · · · ·	<u> </u>
	3	and other similar amounts)	4700	4700		
	4	Income from investment of tax-exempt bond proceeds ▶	1733	1733		
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				•
	b	Less: rental expenses				,
	С	Rental income or (loss)				
	d	Net rental income or (loss) ▶				- manual - m
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				,
	b	Less: cost or other basis				'
		and sales expenses				
	ا د	Gain or (loss) .		The state of the s		
	d	Net gain or (loss)				
venue	8a	Gross income from fundraising events (not including \$,
Other Re		of contributions reported on line 1c). See Part IV, line 18 a				;
₹	b	Less: direct expenses b				:
	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				,
		See Part IV, line 19 a				1
		Less direct expenses b Net income or (loss) from gaming activities b				
		Gross sales of inventory, less				
		returns and allowances a				,
	b	Less: cost of goods sold b				,
		Net income or (loss) from sales of inventory .				
		Miscellaneous Revenue Business Code				
	11a			•		
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a–11d				
	12	Total revenue. See instructions ▶	266001	1722		l

	IX Statement of Functional Expenses								
Sectio	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 respon				<u></u> 🗆				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations			-					
_	and domestic governments. See Part IV, line 21	296113	296113						
2	Grants and other assistance to domestic								
_	individuals. See Part IV, line 22			- 					
3	Grants and other assistance to foreign				,				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages			<u> </u>					
8	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	6203		6203					
b	Legal								
С	Accounting								
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17			-,					
f	Investment management fees				. , , ,				
g	(A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion								
	Office expenses								
14	Information technology								
15 16	Royalties								
17	Occupancy								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance								
24	Other expenses Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e If								
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
_	(A) amount, list line 24e expenses on schedule 0.)								
a b									
C									
d									
e	All other expenses			···					
25	Total functional expenses. Add lines 1 through 24e	302316	296113	6203					
26	Joint costs. Complete this line only if the		255.10	0203					
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)								

بلا	art X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	534508	1	599086
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28321	4	28408
	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	and the second s
	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	· · ·	1	1, t 1
S		organizations (see instructions). Complete Part II of Schedule L	restatures. As a si distributivo separateles anno ann	6	
Assets	7	Notes and loans receivable, net		7	
	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	VIII TARRETTO B. III JAN AND ACTION AND RESIDENCE FOR ALL VAIL OF
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	562829	 -	627494
_	17	Accounts payable and accrued expenses	302023	17	027434
	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 .		21	
Ś	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	- an or m - of an order becomes some	22	and the second section of the section of the second section of the second section of the section of the second section of the sectio
:=	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		24	
		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	
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	· · · · · · · · · · · · · · · · · · ·		
es		complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets		27	·
ä	28	Temporarily restricted net assets		28	
d E	29	Permanently restricted net assets	-	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
F		complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	1
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>e</u> t	33	Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·	33	
~	34	Total liabilities and net assets/fund balances	562829		627494
			JUL023		02/494

Form 9	90 (2016)			Pa	age 12
Par	IXI 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	66981
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	02316
3	Revenue less expenses. Subtract line 2 from line 1	3			64665
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	62829
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			64665
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6	27494
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			金	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1377	短	
	Schedule O.			100	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com		EM-	これは単	(書)
	reviewed on a separate basis, consolidated basis, or both:			A STATE OF THE STA	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		種》		
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 audit	ed on a	卢莲	4	400
	separate basis, consolidated basis, or both:		**************************************		166.15
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				機
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight		1	
	of the audit, review, or compilation of its financial statements and selection of an independent account	untant?	2c		1

If the organization changed either its oversight process or selection process during the tax year, explain in

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?

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.

За

Form **990** (2016)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization Employer identification number Palmetto Electric Trust 57-0931978 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ✓ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. ☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (a) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E) **Total**

Par	Support Schedule for Organiza (Complete only if you checked the	ations Descri ne box on line	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi) alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	anny under
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	334007	348958	348577	385117	365248	1781907
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	334007	348958	348577	385117	365248	1781907
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	-					
6	Public support. Subtract line 5 from line 4			3			1781907
	ion B. Total Support						
Calen 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends,	334007	348958	348577	385117	365248	1781907
0	payments received on securities loans, rents, royalties and income from similar sources	1413	1483	1590	1685	1733	7004
9	Net income from unrelated business activities, whether or not the business is regularly carried on	7410	1403	1330	1003	1733	7904
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						1789811
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the			 d. third. fourth.	or fifth tax ve	12 ar as a section	501(c)(3)
	organization, check this box and stop her	re					
	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line 6					14	99 %
15 16a	Public support percentage from 2015 Sch 331/3% support test—2016. If the organization qual box and stop here. The organization qual	zation did not	check the box	on line 13, an		15 1/3% or more,	
b	331/3% support test—2015. If the organization this box and stop here. The organization	zation did not d	check a box or	n line 13 or 16	a, and line 15 i		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts-	and-circumsta	inces" test, ch	eck this box a	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c s-and-circums	rcumstances" tances" test 1	test, check to	his box and s	top here.
18	Private foundation. If the organization did				or 17b, check	this box and s	see

ınstructions

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			Ì			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5				_		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3		<u> </u>				
_	received from other than disqualified	1					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	2.X	開発をなって	、 学園證證:	१ , भिरानुस्य	8-14-1 A	
	line 6.)	建建	《张春春》		1		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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	[
4.0	(Explain in Part VI.)		4-				
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)	L	<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for the						, , ,
Casti	organization, check this box and stop he		· · · · ·	· · · · · · · · · · · · · · · · · · · 	<u> </u>	· · · · ·	<u> </u>
	on C. Computation of Public Suppo					Т Т	
15	Public support percentage for 2016 (line	8, column (t) d	livided by line 1	3, column (t))		15	%
16 Secti	Public support percentage from 2015 Sc			 .		16	%
	on D. Computation of Investment In			v. lime 10. ==!	(0)	1 47 1	
17 18	Investment income percentage for 2016					17	<u>%</u>
18	Investment income percentage from 201:					18	<u>%</u>
19a	331/3% support tests—2016. If the organ 17 is not more than 331/3%, check this box	and etan bara	The organizati	on me 14, al	nu line 15 is m	ore than 331/39	
ь	331/3% support tests—2015. If the organiz						
D	line 18 is not more than 331/3%, check this	hox and eton b	neck a DOX ON	inte 14 or line l ization dualifica	isa, and line 16 isas soubliolus	upported ergen	3'/3%, and
20							_
20	Private foundation. If the organization d	ій поі спеск а	DOX ON IINE 14	. 19a. or 19b. o	Check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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.
- c 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.
- 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 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.
- 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).
- 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).
- 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.
- **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.**
- c 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.
- 10a 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 supporting organizations)? If "Yes," answer 10b below.
 - **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)

		Yes	No
_		103	140
g y	 1	- 4-4	
s d	,		
er	3a	-	1
d	38		
d e	3b		3
3)	3c		
lf	4a		
n n			
n	4b		***
n d 3)	4c		
" V	-10		
V n; n		-	1 ·
у	5a	-	
	5b 5c		
o d or			
r	6		Valanting or on a control of
r h	7	-	
?	8	;	
e d			
h	9a		
ıt	9b		
	9с		
n d	40-		
9	10a		
	10b		

Part IV	Supporting Organizations (continued)		· ·	
			Yes	No
	las the organization accepted a gift or contribution from any of the following persons?	-	,	٠,
	person who directly or indirectly controls, either alone or together with persons described in (b) and (c) elow, the governing body of a supported organization?	44.		لــــا
	family member of a person described in (a) above?	11a 11b		
	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		
Section	B. Type I Supporting Organizations	1		<u> </u>
			Yes	No
1 Di	old the directors, trustees, or membership of one or more supported organizations have the power to	-		
	egularly appoint or elect at least a majority of the organization's directors or trustees at all times during the ax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	ontrolled the organization's activities. If the organization had more than one supported organization,	,		;
de	escribe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
or	rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		;
2 Di	nd the organization operate for the benefit of any supported organization other than the supported	_		
or	rganization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
VI	I how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization.	**********	_	
	C. Type II Supporting Organizations	2		
Section	r c. Type ii Supporting Organizations		V	N ₂
1 W	/ere a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
or	r trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			,
or	r management of the supporting organization was vested in the same persons that controlled or managed			
	ne supported organization(s).	1		
Section	D. All Type III Supporting Organizations			
1 De	id the organization provide to each of its supported organizations, by the last day of the fifth month of the	$\overline{}$	Yes	No
or	rganization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			ı
ye	ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		;
or	rganization's governing documents in effect on the date of notification, to the extent not previously provided?	1		,
2 W	/ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	rganization(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).			
	y reason of the relationship described in (2), did the organization's supported organizations have a	2		 ,
	gnificant voice in the organization's investment policies and in directing the use of the organization's			1
ind	come or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		,	,
	upported organizations played in this regard	3		
Section	E. Type III Functionally Integrated Supporting Organizations			
1 C	heck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
a 🗀	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.			
c L	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ions).
2 Ac	ctivities Test. <i>Answer (a) and (b) below.</i>	[Yes	No
a Di	id substantially all of the organization's activities during the tax year directly further the exempt purposes of			
the	ne supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
th be	nose supported organizations and explain how these activities directly furthered their exempt purposes, ow the organization was responsive to those supported organizations, and how the organization determined			i
th	nat these activities constituted substantially all of its activities.	<u> </u>	-	_
	id the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		1
of	f the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
rea	easons for the organization's position that its supported organization(s) would have engaged in these			
	ctivities but for the organization's involvement.	2b		
	arent of Supported Organizations Answer (a) and (b) below.			
	d the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ire				
b Die	ustees of each of the supported organizations? Provide details in Part VI. In the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		 ;

Schedule	Α	(Form	990	or 990	-EZ)	2016	ì

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20. 1970 (explain	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	ns A through E.
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	,	, <u></u> ,	7 7 5
factors (explain in detail in Part VI):	L *		-
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-functionall instructions).	y int	egrated Type III supporting	g organization (see

Ŗarτ		s) Supporting Organi	zations (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 organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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.		<u> </u>	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions	h the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		·-·	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions.			!
3	Excess distributions carryover, if any, to 2016:			
а				
b	,			-
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			,
	Applied to underdistributions of prior years			,
h	Applied to 2016 distributable amount	•		
<u>i</u>	Carryover from 2011 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7 \$			<u> </u>
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			,
е	Excess from 2016			

Page 8	
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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

Name of the organization

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

Open to Public Inspection

Employer identification number

Palmetto Electric Trust 57-0931978 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 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 Assets included in Form 990, Part X . .

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∣ "Part	Organizations Maintaining (Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar A <u>s</u>	sets (continued	1)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and o	ther recor	ds, chec	k any of th	e follow	ring that are a si	ignificant use of	its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research		е	Other	r				
C	☐ Preservation for future generations				••				
4	Provide a description of the organization XIII	on's collections	and expla	in how t	hey further	the org	anızation's exem	npt purpose in Pa	art
5	During the year, did the organization sassets to be sold to raise funds rather to	than to be mainta						ar <u> </u>	lo
Part		_							
	Complete if the organization a 990, Part X, line 21.						•		
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot □ Yes □ N	lo
b	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fo	llowing ta	able [,]		Aı	mount	
С	Beginning balance					1c		·	_
d	Additions during the year					1d			_
е	Distributions during the year					1e			
f	Ending balance					1f			_
2a	Did the organization include an amount	t on Form 990, F	art X, line	21, for e	scrow or co	ustodial	account liability	? 🗌 Yes 🗌 N	lo
b	If "Yes," explain the arrangement in Pa						-		
Part									_
	Complete if the organization	answered "Yes	on For	m 990, F	art IV, line	e 10.			
		(a) Current year		or year	(c) Two year		(d) Three years back	(e) Four years bac	k
1a	Beginning of year balance			-					
b	Contributions		<u> </u>						_
c	Net investment earnings, gains, and losses				-				_
d	Grants or scholarships		<u> </u>	****					
e	Other expenditures for facilities and programs							† · · · · ·	
	· · ·		 						_
f	Administrative expenses								—
g	End of year balance			- 0' - 4	<u> </u>				
2	Provide the estimated percentage of the			e (line 1g	, column (a	i)) neid a	as:		
a	Board designated or quasi-endowmen		%						
b	Permanent endowment	%							
С	remporarily restricted endowment	%							
_	The percentages on lines 2a, 2b, and 2								
За	Are there endowment funds not in the	possession of t	ne organi	zation the	at are neid	and ad	ministerea for th		
	organization by:							Yes N	<u>o</u> _
	(i) unrelated organizations .					•		3a(i)	
	(ii) related organizations							3a(ii)	
	If "Yes" on line 3a(ii), are the related or							3b	
4_	Describe in Part XIII the intended uses		on's endo	wment f	unds.				
Part									
	Complete if the organization	answered "Yes	on For	m 990, I	Part IV, line	e 11a.	See Form 990,	Part X, line 10.	
	Description of property	(a) Cost or o			or other basis other)	de	Accumulated epreciation	(d) Book value	
1a	Land					1.00	TO 12 FOR THE		_
b	Buildings								
С	Leasehold improvements								
ď	Equipment							,	
e	Other					-			_
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	990, Part 2	, columr	n (B), line 10	Oc.) .	•		

Part VII	Complete if the organization answe	red "Ves" on For	m 000	Dart IV line	11h See Form	000 Part Y line 12
	(a) Description of security or category	led les official		Book value		nod of valuation
	(including name of security)		(2)	Book value		of-year market value
(1) Financial	derivatives					
	eld equity interests	[
(3) Other						
(A)						
(B)						
(C)					.	
(D) (E)						
(F)						
(G)						
(H)						
Total. (Column (b	n) must equal Form 990, Part X, col. (B) line 12) ▶					
Part VIII	Investments—Program Related.	<u>"</u>		<u></u>		
	Complete if the organization answe	red "Yes" on For	m 990	, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b)	Book value		hod of valuation
					Cost or end-	of-year market value
(1)					<u> </u>	· · · · · · · · · · · · · · · · · · ·
(2)						
(3)						
(4)						
(5)						
(6)					· · · · · · · · · · · · · · · · · · ·	
(7)					· · · · · · · · · · · · · · · · · · ·	
(8) (9)						
	o) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets.	····				
	Complete if the organization answe	ered "Yes" on For	m 990	, Part IV, line	11d. See Form	990, Part X, line 15.
	(a) D	escription				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)				· · · - · · ·		
<u>(7)</u>						
(8) (9)						
	mn (b) must equal Form 990, Part X, col.	(B) line 15)				
Part X	Other Liabilities.					
	Complete if the organization answer	ered "Yes" on For	m 990	, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 25.) ▶					
	uncertain tax positions. In Part XIII, provide	the text of the footne	ote to th	ne organization	's financial stateme	nts 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

Part				
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements			366981
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	10 Mg	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	· · · · · · · · · · · · · · · · · · ·		<u>2e</u>	
3	Subtract line 2e from line 1		<u>3</u>	366981
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a	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			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			366981
Part				
	Complete if the organization answered "Yes" on Form 990,	Part IV, line		
1	Total expenses and losses per audited financial statements		1	302316
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	الما	\$ 6	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C C	Other (December p. Bert VIII.)	2c 2d		
d	Other (Describe in Part XIII.)			
е 3	Add lines 2a through 2d		<u>2e</u>	202216
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i 1 .	**************************************	302316
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII.)		200 (200)	
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii			302316
Part	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par			, Part X, line
The Ti	rust files Form 990 "Return of Organization Exempt from Income Tax" annual	y. This return is	subject to examination by fe	deral taxing
author	rities. The Trust is no longer subject to examination by federal tax authorities	for year prior to	2013 Although the outcome	e of tax
audits	is always uncertain, the Trust believes there are no significant unrecorded ta	x liabilities at D	ecember 31, 2016 or 2015.	
		·		

Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
•		
·		
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	·	

SCHEDULE 1 (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.

▶ Attach to Form 990.

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

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OMB No	20

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57-0931978 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance Palmetto Electric Trust
Part I General Department of the Treasury Internal Revenue Service Name of the organization

%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. √
Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

330, Partiv, ille 21, 101 ativ recipient tilat received filore tilat \$3,000. Fart il can be uppreated il additional space is needed	or any recipient	illat received III	ore man so, oco.	ביווי ביווים ו	uplicated if addition	Jilal space is liecueu.	
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 noncash assistance	(h) Purpose of grant or assistance
(1) Bluffton-Jasper County							
Volunteers in Medicine	32-0298086	501(c)(3)	77500				Program expansion-Jasper
(2) Meals on Wheels							
Bluffton-Hilton Head Inc.	57-0691109	501(c)(3)	10000				Meals for 1 yr-(10 individ)
(3) The Children's Center		1					
	57-0485356	501(c)(3)	10000				Tuition Assistance
(4) Boy Scouts of America				i			
Lowcountry District	57-0327870	501(c)(3)	7500				Poverty level family assist.
(5) St Stephens Food Pantry			,				
	57-0947913	501(c)(3)	0009				Awning/Roof at food pantry
(6) Antioch Educational Center	76,0818780	501(c)(3)	15000				Food Bans-low inc families
(7) Boys & Girls Club of Hilton Head	6979190-07	16/2/100	200				
	57-0811876	501(c)(3)	10000				Scholarships-low inc familie
(8) Allendale-Hampton-Jasper							
Regional Library	57-0551353	501(c)(3)	22710				Computer Lab Setup
(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	vernment organiza	tions listed in the li	ne 1 table .			8
	rganizations listed	in the line I table					8
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		20	Cat No 50055P		Schedule I (Form 990) (2016)

Part III	Grants and Other Assistance to Domestic	mestic Individua	als. Complete if the	organization answ	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 appeded.	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Cash	1 Cash assistance for individuals	143	137401			
2						
3						
4						
5						
9						
^						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, Irr	ne 2; Part III, columi to Palmetto Electric T	(b); and any other additu	onal information.
eld conta	ield contact and verification. The applications are reviewed quarterly by the Board of Directors and determinations for award are made based on need	wed quarterly by the	e Board of Directors an	d determinations for a	ward are made based on neec	
; ; ; ; ; ; ; ; ;						
		i				Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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

Employer identification number

Palmetto Electric Trust	57-0931978			
Form990, 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 p	prior to the due date of the return			
being filed for their review				
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy				
Each year the Board of Directors shall review whether any current or former Officer, Trustee, or Key E	mployee:			
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 dis	closure 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, Par IV, Line 19 - Governing Documents Disclosure Explanation				
Governing documents, conflict of interest policy and financial statements are available to the public u	pon request at			
4063 Grays Hwy, Ridgeland SC 29936				