

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 **2017**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

For the 2017 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change Name change PEE DEE ELECTRIC TRUST 57-0966373 Number and street (or P O box, if mail is not delivered to street address) Initial return Boom/suite E Telephone number Final return/terminated P. O. BOX 491 843-665-4070 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending DARLINGTON SC 29532-0491 Number > Accounting Method Cash X Accrual Other (specify) ▶ Check ► X If the organization is not Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c)(527 (Form 990, 990-EZ, or 990-PF) ¶ (insert no) 4947(a)(1) or X Corporation Trust Form of organization Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 124,708 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 1,176 Investment income 4 5a Gross amount from sale of assets other than inventory 5a 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less, direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 7a Gross sales of inventory, less returns and allowances 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 66 75. 124,708 10 Grants and similar amounts paid (10 11 Benefits paid to or for members 11 Salaries, other compensation, and employed benefits 2018 12 12 Professional fees and other payments to independent contracto 13 13 Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and ship 15 16 Other expenses (describe in Schedule O) 16 74,541 17 Total expenses. Add lines 10 through 16 17 50,167 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 177,718 end-of-year figure reported on prior year's return) 19 Net 20 Other changes in net assets or fund balances (explain in Schedule O) 20 227,885 Net assets or fund balances at end of year. Combine lines 18 through 20 21

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

Part II	Balance Sheets (see the instructions for	Part II)			-	
	Check if the organization used Schedule C	to respond to any	question in this Part	<u> </u>		X
			(A) Be	ginning of year		(B) End of year
22 Cash, sa	vings, and investments			167,356	22	217,268
23 Land and	l buildings			0	23	
24 Other ass	sets (describe in Schedule O)			10,362	24	10,61
25 Total ass	sets			177,718	25	227,88
26 Total liab	bilities (describe in Schedule O)			0	26	
27 Net asse	ts or fund balances (line 27 of column (B) must a	gree with line 21)		177,718	27	227,88
Part III	Statement of Program Service Accord	mplishments (se	ee the instructions for			
	Check if the organization used Schedule C	to respond to any	question in this Part))) X		Expenses
What is the o	organization's primary exempt purpose?				(Re	quired for section
SEE SCHE	DULE O				501	(c)(3) and 501(c)(4)
Describe the	organization's program service accomplishments for	or each of its three la	rgest program services,		orga	anizations, optional for
as measured	by expenses In a clear and concise manner, desc	ribe the services pro	vided, the number of		othe	ers)
persons bene	efited, and other relevant information for each progr	am title				
28 TO AC	CUMULATE AND DISBURSE FUNDS FOR CHARIT	ABLE PURPOSE IN	THE SERVICE AREA			
OF P	EE DEE ELECTRIC COOPERATIVE, INC.					
(Grants \$	74,541) If this amount include	es foreign grants, che	eck here	>	28a	74,54
29						
(Grants \$) If this amount include	es foreign grants, che	eck here		29a	
30					1	
(Grants \$) If this amount include	es foreign grants, che	eck here	>	30a	
31 Other pro	ogram services (describe in Schedule O)				-	
(Grants \$) If this amount include	es foreign grants, che	eck here	>	31a	
	ogram service expenses (add lines 28a through 31				32	74,54
Part IV	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	Employees (list ead	h one even if not compe	nsated — see the	e instruc	ctions for Part IV)
	Officer in the organization used deficultie of to re	(b) Average	(c) Reportable	(d) Health ben	efits,	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to e benefit plans,	mployee	(e) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred comper	nsation	other compensation
	JEFFORDS					
CHA1RM		2.00	0		0	
JOHNNY						
VICE CH		2.00	0		0	
ANDREA						
SECRETA		2.00	0		0	
	STEPHENS					
TREASU		2.00	0		0	
	ATKINSON			}		
TRUSTER		2.00	0		0	
CAROLYN						
TRUSTER		2.00	0		0	
JIM HUG]				
TRUSTER		2.00			0	
MATTHEV	N LANGSTON					
TRUSTEE	3	2.00	0		0	
DONNY C	GERA LD					
TRUSTEE		2.00	0		0	
BURT KE	BLLY]				
TRUSTEE	<u> </u>	2.00	0		0	
NICKI S	SPEARS					
TRUSTEE	<u> </u>	2.00	0		0	
						<u> </u>

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	"		
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			<u> </u>
-	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		χ°
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		x
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter	1		ļ
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under] /		
	section 4911 ▶; section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			İ
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			Į.
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			ŀ
	on organization managers or disqualified persons during the year under sections 4912,			l
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶SC			
42a	The organization's books are in care of ▶ PEE DEE ELECTRIC TRUST Telephone no ▶ 843	-66	5 - 4	070
	1355 EAST MCIVER ROAD			
	Located at ▶ DARLINGTON SC ZIP + 4 ▶ 295	540		
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
U	If "Yes," enter the name of the foreign country	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶ [
40	and enter the amount of tax-exempt interest received or accrued during the tax year 43			
	and effect the amount of tax exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	-	163	110
770	completed instead of Form 990-EZ	44a		х
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		
U	completed instead of Form 990-EZ	44b		X
_	·	-		X
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		
u	explanation in Schedule O	44d		
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	70a		
J	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X
	· o.m. ooo == (ooo mondonoro)			

Form 99	0-EZ (2017)	PEE	DEE	ELEC'	TRIC	TRUS	T		57-09	66373			F	Page 4
	id the organiza candidates for	-	_	-	-	•	ampaign activitie Part I	s on bel				46	Yes	No X
Part	All se 50 an	ction 50 d 51.	1(c)(3)	J	tions mu	ust answ	er questions 47		•	•	tables for li	nes		
	id the organiza	-	_			have a se	ction 501(h) elec	tion in e	ffect during the t	ax		47	Yes	No X
Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?									48 49a		X			
6 0 C		ble for th	e organiz	zation's fiv	e highes	t compen	on? sated employees nsation from the	•			-	49b	<u></u>	
			· · · · · · · · · · · · · · · · · · ·	h employee			(b) Average hours per week devoted to position	(c	Reportable impensation W-2/1099-MISC)	(d) Heal contribution benefit	th benefits, s to employee plans, and ompensation		(e) Estimated amount of other compensation	
NON	<u> </u>	-		<u>-</u>						40,61100	<u>oporro</u> uxion			
							<u></u>							
										}				
51 C		ble for the	e organız	zation's fiv	e highes	t compen	sated independer ine, enter "None"		ectors who each	received m	- ore than			
-				ress of each					(b) Тур	e of service	-	(c) Compe	nsation	
NONE					· <u> </u>									
						\ <u> </u>								
	<u>-</u>					<u> </u>								
2 D		tion comp	•			•	over \$100,000 501(c)(3) organiza	ations m	ust attach a			X Yes		 No
Inder pe	nalties of perjury ect, and complet	r, I declare e Declara	that I hav	ve examined eparer (othe	d this retu er than off	irn, includir icer) is bas	ig accompanying si sed on all information	chedules on of whic	and statements, a ch preparer has an	y Knowledge		edge and beli	ef, it is	
ign lere		true of office	leut a	ad C	LC EO	W	ichael S.V	Fulle	Da Da	7-12- te	18			
aid Prepar	Print/Type pri	eparer's nar	ne I'	TD 14	CLEM	B	rer's signature MIDDLEBR	0020	£ 00 7			ployed P01	44192	
Ise Or		ss 🕨		OFFI N, GA	CE B		E	OOKS	& CO, I	ıLC	Phone no 4	58-10 78-746		
May the	IRS discuss th											Form 99		No (2017)

SCHEDULE A (Form.990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

PEE DEE ELECTRIC TRUST

Part I 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).

ne d	orga	nization is not	t a private foundation becaus	se it is (For lines 1 through 12,	check on	y one box	c.)		
1		A church, co	nvention of churches, or ass	sociation of churches described	ın sectio	n 170(b)(1)(A)(i).		
2		A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fori	m 990 or 9	990-EZ))		(丿 【	
3		A hospital or	a cooperative hospital servi	ice organization described in se	ction 170	(b)(1)(A)	(iii).	•	
4		A medical re	search organization operate	ed in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	ospital's name	,
		city, and stat	te						
5		An organizat	tion operated for the benefit	of a college or university owned	or operat	ted by a g	overnmental unit described in		
		•	(b)(1)(A)(iv) . (Complete Part	•	•	, ,	•		
6				governmental unit described in s	section 1	70(b)(1)(<i>A</i>	A)(v).		
	X	An organizat		substantial part of its support fr				С	
8				170(b)(1)(A)(vi). (Complete Par	1 11)				
9	П	-		scribed in section 170(b)(1)(A)(•	ed in con	unction with a land-grant colle	ae	
	<u></u>	-		of agriculture (see instructions)				90	
10		An organizat	ion that normally receives (1) more than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gr	oss	
				npt functions—subject to certail					
			_	nd unrelated business taxable ii	•		•		
	\Box		•	30, 1975 See section 509(a)(2)	•		•		
11	\square	Ū	•	exclusively to test for public saf	,		` ' '		
12	Ш	-	•	exclusively for the benefit of, to	•				
		Check the bo	ox in lines 12a through 12d t	zations described in section 50 hat describes the type of suppo	rting orga	nization a	ind complete lines 12e, 12f, an	d 12g	
	а			erated, supervised, or controlled				ng	
			• , , ,	wer to regularly appoint or elect complete Part IV, Sections A a	•	y of the di	rectors or trustees of the		
	b			pervised or controlled in conne					
				rting organization vested in the	same per	sons that	control or manage the support	ed	
			•	Part IV, Sections A and C.					
	С	its suppo	functionally integrated. A sorted organization(s) (see ins	supporting organization operated structions) You must completed	d in conne Part IV,	ection with Sections	n, and functionally integrated w A, D, and E.	nth,	
	d			d. A supporting organization ope					
		that is no	ot functionally integrated. The	e organization generally must sa	atisfy a di	stribution	requirement and an attentiven	ess	
		_ ·	· ·	nust complete Part IV, Sectio					
	е			eived a written determination fr			s a Type I, Type II, Type III		
			• •	n-functionally integrated suppor	ting orgar	iization			
			mber of supported organizati						L
	<u>g</u>	Provide the fo	ollowing information about the	ne supported organization(s)	1				
(1)		e of supported	(II) EIN	(iii) Type of organization	1 ' '	organization	(v) Amount of monetary	(vi) Amou	
	org	anization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other suppo	
				sacre (see monescione))	Yes	No	mstractions)		,,
(A)			<u> </u>						
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(B)					 -				
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(C)									
D)									
E)									
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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 under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	<u> </u>	<u> </u>	<u> </u>	nodo odnipion		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	123,061	123,850	123,072	125,856	123,532	619,371
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	123,061	123,850	123,072	125,856	123,532	619,371
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						619,371
	tion B. Total Support	() 0010]	# None 4	()		<u> </u>	(D. T
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	123,061 1,714	123,850	123,072	125,856	1,176	619,371 5,531
9	similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	1,721		103	1,021	1,1,0	
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						624,902
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	_	, second, third, fou	ırth, or fıfth tax yea	r as a section 501	(c)(3)	
===	organization, check this box and stop her						
	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6			n (f))		14	99.11%
15	Public support percentage from 2016 Scho			10	0.4/00/	15	98.80%
168	33 1/3% support test—2017. If the organibox and stop here. The organization quality			·	3 1/3% or more, cl	neck this	▶ [X]
ь	33 1/3% support test—2016. If the organi				5 is 33 1/3% or mo	re, check	
-	this box and stop here . The organization of				2 10 00 W070 01 W		▶ □
17a	10%-facts-and-circumstances test—201		· · · · · ·		a, or 16b, and line	14 is	
	10% or more, and if the organization meet	s the "facts-and-cir	cumstances" test,	check this box and	d stop here . Expla	ın ın	
	Part VI how the organization meets the "fa	cts-and-circumstar	nces" test. The org	anızatıon qualıfıes	as a publicly supp	orted	
	organization						▶ []
b	10%-facts-and-circumstances test-201	•		•		l line	
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances"	test, check this bo	ox and stop here.		
	Explain in Part VI how the organization me	ets the "facts-and-	circumstances" tes	st The organization	n qualifies as a pu	blicly	. —
	supported organization						▶ ∐
18	Private foundation. If the organization did	I not check a box o	n line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and see	e	. —
	instructions						

57-0966373

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Schedule A (Form 990 or 990-EZ) 2017 PEE DEE ELECTRIC TRUST

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 unde	r Pårt II
If the organization fails to qualify under the tests listed helpy, places complete Part II.)	#

Sec	tion A. Public Support	quality drider to	ne tests listed t	below, please c	omplete i ait ii			<u></u>
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	$/\top$	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(2) 200	(5) 23	(0,20.0	(4) 2515	(,)		(7,000)
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					, ji		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				1			
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5						\rightarrow	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				<u>/</u>			
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	Add lines 7a and 7b			1			\dashv	
8	Public support. (Subtract line 7c from line 6)]]			}	Ì	
Sec	tion B. Total Support	L	<u> </u>			<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	/ (c) 2015	(d) 2016	(e) 2017	\neg	(f) Total
9	Amounts from line 6			/			\neg	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						\dashv	
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)	L				<u></u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here		t, secona, thira, to	urth, or tifth tax yea	ar as a section 501	I(C)(3)		▶ □
Sec	tion C. Computation of Public Su		tage	·				
15	Public support percentage for 2017 (line 8			n (f))			15	%
16	Public support percentage from 2016 Scho		•	(///		<u> </u>	16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2017 (li	<i>ii</i>		, column (f))			17	%
18	Investment income percentage from 2016	/				<u> </u>	18	%
19a	33 1/3% support tests—2017. If the organ			e 14, and line 15 is	more than 33 1/3	_		
	17 is not more than 33 1/3%, check this bo							▶ □
b	33 1/3% support tests—2016. If the organ						d	,
	line 18 is not more than 33 1/3%, check th	is box and stop h e	ere. The organizati	ion qualifies as a p	ublicly supported	organization		▶ 🖳
20	Private foundation. If the organization did	not check a box o	on line 14, 19a, or	19b, check this box	x and see instructi	ons		▶ □

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.)

- 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
- 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
- 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
- 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
- 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
- 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)
- 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)
- 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?
- 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.
- 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)
- 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.
- 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.
- 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
 - 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
	1		
	<u> </u>		
	2		
	-		
	3a		
	3b		
	3c		<u> </u>
	4a		
	4b		
	4c_		·
	5a_		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9c	_	
	10a		
	10b		
(Fc	rm 990	or 990-	EZ) 2017

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<u>Pa</u>	rt IV Supporting Organizations (continued)		V	N-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
''				j
_	below, the governing body of a supported organization?	11a]	Ì
b	A family member of a person described in (a) above?	11b	 	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	 	
	tion B. Type I Supporting Organizations		<u> </u>	L—,,-
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		ĺ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Į	ļ	Į.
	controlled the organization's activities If the organization had more than one supported organization,	ļ	1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	}	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		{	ŀ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,]]	}
	supervised, or controlled the supporting organization	2		Ĺ
Sect	tion C. Type II Supporting Organizations			г
4	Mars a marsh, of the amount have a discontinuous discontinuous the formation of the discontinuous di	Г—	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control]	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		1
Sect	the supported organization(s) tion D. All Type III Supporting Organizations		!	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			[
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	'	i
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions)		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test Answer (a) and (b) below.	1	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		_103	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	į ,		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	} }		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	[]		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI .	За	_	
b	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	3ь		

Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
mergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally interinstructions)	egrated Type II	I supporting organization (s	ee
		Schedule A	(F

2

3

4

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter 85% of line 1

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) 2017

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Part '	V Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	3 / 3 Page
	n D - Distributions	Cupporting Organiza	nona (continueu)	Current Year
	Amounts paid to supported diganizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
				
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organizations	Zation is recognition		
	provide details in Part VI) See instructions	zalion is responsive		
	Distributable amount for 2017 from Section C, line 6	 		
				
10 [line 8 amount divided by line 9 amount	(:)		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 [Distributable amount for 2017 from Section C, line 6			
(1	Underdistributions, if any, for years prior to 2017 reasonable cause required-explain in Part VI) See instructions			
	Excess distributions carryover, if any, to 2017			
<u> а</u>				
	From 2013	 		
	From 2014			
	From 2015			
	From 2016			·
	Total of lines 3a through e	1		
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	- 		
	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2017 from			
S	Section D, line 7 \$	į į		
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2017, if			
	iny Subtract lines 3g and 4a from line 2 For result	1		
	reater than zero, explain in Part VI See instructions	1		
	Remaining underdistributions for 2017 Subtract lines 3h			······································
	nd 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions	1		
7 E	xcess distributions carryover to 2018. Add lines 3			
	nd 4c			
	Breakdown of line 7	1		
	excess from 2013			
	excess from 2014			
	excess from 2015			
	xcess from 2016			
	excess from 2017	1		

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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.)

SUPPLEMENTAL INFORMATION

THE TRUST RECEIVED DONATED SERVICES OF ADMINISTRATIVE TIME FROM

CERTAIN EMPLOYEES OF PEE DEE ELECTRIC COOPERATIVE, INC. DONATED SERVICES

TOTALED \$11,157 FOR THE YEAR ENDED DECEMBER 31, 2017. THIS AMOUNT IS NOT

INCLUDED IN INCOME OR EXPENSES FOR PURPOSES OF THE FORM 990-EZ, AS THE FORM

DOES NOT RECOGNIZE ASC 958.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PEE DEE ELECTRIC TRUST

Employer identification number

57-0966373

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO INDIVIDUALS

CLASS OF ACTIVITY: INDIVIDUAL ASSIST.

CASH CONTRIBUTION: 56,041

RELATIONSHIP: NONE

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

DESCRIPTION

BEG. OF YEAR END OF YEAR

ACCOUNTS RECEIVABLE

\$ 10,362 \$

10,617

TOTAL S

10,362 \$

10,617

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO ACCUMULATE AND DISBURSE FUNDS FOR CHARITABLE PURPOSE IN THE SERVICE AREA OF PEE DEE ELECTRIC COOPERATIVE, INC.