990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 **2019**

Open to Public Inspection

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public

▶ Go to warm us gov/Form990F7 for instructions and the latest information

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<u>A</u>		e 2019 calendar year, or tax year beginning , and ending	٦_					
В		applicable C Name of organization	DE	mplo	yer identification number			
Ц	Address		Ι.		0066000			
Ц	Name ch		 	<u>57-0966373</u>				
Ц	Initial reti		E Telephone number					
Ц		um/terminated P. O. BOX 491	_		3-665-4070			
Ц	Amended	1\ \(\lambda \)			Exemption			
		on pending DARLINGTON SC 29532-0491 ()3			er ▶			
G		·	_	_	f the organization is not			
I	Websi		•		ch Schedule B			
			orm 990,	, 990)-EZ, or 990-PF)			
		of organization X Corporation Trust Association Other			<u> </u>			
		les 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse			100 000			
_		lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	128,839			
P	art !	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	tor	Parti)			
	1	Check if the organization used Schedule O to respond to any question in this Part I			125,134			
	1	Contributions, gifts, grants, and similar amounts received		1	125,134			
	2	Program service revenue including government fees and contracts	-	2				
	3	Membership dues and assessments	_	3	3,705			
	4	Investment income	 	4	3,705			
	5a	Gross amount from sale of assets other than inventory						
	þ	Less cost or other basis and sales expenses 5b	┵.	.				
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		ic				
	6	Gaming and fundraising events						
ø	a	Gross income from gaming (attach Schedule G if greater than						
Ž		\$15,000)						
Revenue	b	Gross income from fundraising events (not including \$ of contributions						
řě	1	from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b						
1	, c	2000 Gillott Oxportions from garming and terrorise and ter	-					
,	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ء ا	id				
,	70	Gross sales of inventory, less returns and allowances 7a 7a	-	-	 			
,	7a b	Less cost of goods sold 7b						
5	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		, l				
2	8	Other revenue (describe in Schedule O)	_	8				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. —	9	128,839			
_	10	O I I I I I I I I I I I I I I I I I I I		10	166,601			
	11	Benefits paid to or for members RECEIVED	<u> </u>	11				
,,	12	Colonia other constant and amplitude hearfile	-	12				
ses	13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors JUN 2 4 2020		13				
Expenses	14			14				
Ä	15	Printing, publications, postage, and shipping OGDEN, UT OGDEN, UT		15				
	16	Other expenses (describe in Schedule O)		16				
	17	Total expenses. Add lines 10 through 16	<u>▶</u> [1	17	166,601			
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	1	8	-37,762			
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with						
4ss		end-of-year figure reported on prior year's return)	_1	19	200,247			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	2	20				
<u>z</u>	21	Net assets or fund balances at end of year Combine lines 18 through 20	> 2	21	162,485			

For Paperwork Reduction Act Notice, see the separate instructions.

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F	Part II	Balance Sheets (see the instructions for F	Part II)				
		Check if the organization used Schedule O t	o respond to any	question in this Part	il .		X
					ginning of year		(B) End of year
22	Cash savin	ngs, and investments		-	189,960	22	152,102
	Land and b				0	23	
		ts (describe in Schedule O)			10,287	24	10,383
		·			200,247	25	162,485
	Total asset			-	0	26	
		ities (describe in Schedule O)		-	200,247	27	162,485
		or fund balances (line 27 of column (B) must agr				21	102,400
ŀ	Part III	Statement of Program Service Accom	•		7.5		_
		Check if the organization used Schedule O t	o respond to any	question in this Part I			Expenses
Wh	at is the org	anization's primary exempt purpose?				,	quired for section
5	SEE SCHEDU	TLE O				501	(c)(3) and 501(c)(4)
De	scribe the or	ganization's program service accomplishments for	each of its three la	rgest program services,		orga	nizations, optional for
as	measured by	expenses. In a clear and concise manner, describ	be the services prov	vided, the number of		othe	ers)
per	sons benefit	ed, and other relevant information for each prograr	m title				
28	TO ACCU	MULATE AND DISBURSE FUNDS FOR CHARITA	BLE PURPOSE IN	THE SERVICE AREA			
		DEE ELECTRIC COOPERATIVE, INC					
	OF PEE	DEE EDECIRIC COOPERATIVE, INC					
	(O+- ¢	166,601) If this amount includes	forcian aranta aba	ack hara	▶ □	28a	166,601
	(Grants \$	166,601) If this amount includes	Toleigh grants, che	CK HEIE		200	
29							
					. \square		
	(Grants \$) If this amount includes	foreign grants, che	ck here	•	29a	
30							
	(Grants \$) If this amount includes	foreign grants, che	eck here	▶ □	30a	,
31	J	ram services (describe in Schedule O)					
•	(Grants \$) If this amount includes	foreign grants, che	eck here	▶ □	31a	
22		ram service expenses (add lines 28a through 31a			•	32	166,601
	Part IV	List of Officers, Directors, Trustees, and Key E	mplovees (list eac	h one even if not compe	nsated — see the		4
F	att in	Check if the organization used Schedule O to resp	oond to any questio	on in this Part IV			<u> </u>
	<u> </u>		(b) Average	(c) Reportable compensation	(d) Health ben contributions to e		(e) Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans,	and	other compensation
			devotes to position	(if not paid, enter -0-)	deferred compe	nsation	·
V	WARREN J	TEFFORDS					_
_	CHAIRMAN	<u> </u>	1.00	0		0	<u> </u>
į	JOHNNY Ç	QUICK					
7	VICE CHA	AIRMAN	1.00	0		0	
1	ANDREA M	MCGILL CONTRACTOR OF THE PROPERTY OF THE PROPE					
9	SECRETAR	RY	1.00	0		0	
	COMMY SI			· · · · · · · · · · · · · · · · · · ·			
	TREASURE		1.00	0		0	ا (
			1.00		<u> </u>		
		ATKINSON	1 00	0]	0	
_	TRUSTEE		1.00				
(CAROLYN	CAIN		_			
	TRUSTEE		1.00			0	
Ι	DONNY GE	RALD					
7	TRUSTEE		1.00	0		0	
F	BURT KEI	LEY					
	TRUSTEE		1.00	0		0	
_		LANGSTON	 				
		III GO I ON	1 00	0		0	
	TRUSTEE		1.00	 	 		ļ
	NICKI SE	PEARS		_		_]
7	TRUSTEE		1.00	0		0	ļ
			1				
			1				
_							5 000 E7 (55.45

orm	990-EZ (2019) PEE DEE ELECTRIC TRUST 57-0966373		P	age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	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			v
) F.	change on Schedule O. See instructions	34	+	<u>X</u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	25-		X
h	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		
·	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
86	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions	"		<u>-</u> -
	Did the organization file Form 1120-POL for this year?	37b	Ì	X
	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			
9	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	_		
0a	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			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-		x
	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ SC	40e	L	
1 22		-66	5-4	070
-Za	1355 EAST MCIVER ROAD		J 4	0,0
	Located at ▶ DARLINGTON SC ZIP + 4 ▶ 29	540		
b	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
	If "Yes," enter the name of the foreign country			. —
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶∟
	and enter the amount of tax-exempt interest received or accrued during the tax year		W 1	
4=	Did the assessment of the second of the second find divisor the second 16 IIV/on II Forms 000 much be		Yes	No
4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44-	1	X
.	Completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1	1	x
_	Completed instead of Form 990-EZ	44b		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	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 navments? If "No." provide an	44c		
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
52	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	""		_==
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b	- 1	X

orm	990-EZ	(2019)	PEE	DEE ELEC	TRIC T	RUS:	<u> </u>		<u> </u>	<u> 66373</u>				P	age 4
	D. 1.11													Yes	No
6	•	•	_	ge, directly or indir ffice? If "Yes," com	• • •		. •	s on be	nait of or in oppo	SITION			46		X
Pa	rt VI	Secti	ion 501 ction 50	(c)(3) Organizat 1(c)(3) organizat	ations Or	niy		'–49b a	ind 52, and cor	mplete the	tables for li	nes			
		Chec	k if the o	rganization used	Schedule	O to r	espond to any	questi	on in this Part	VI					
7		-	•	ge in lobbying activ	vities or hav	e a sec	ction 501(h) elec	tion in e	ffect during the t	tax		Γ	47	Yes	No X
8	•			ol as described in	section 170	(h)(1)(A	\\(u\)? If "Yes " c	omolete	Schedule F			F	48		$\frac{\mathbf{x}}{\mathbf{x}}$
9a		•		e any transfers to a			,,,	•				ļ.	49a		X
b		-		rganization a secti	-								49b		
0	Compl	lete this ta	ble for the	e organization's five	e highest co	mpens	ated employees	(other t	han officers, dire	ectors, truste	es, and key	_			
	emplo	yees) who	each rec	eived more than \$	100,000 of c	comper	sation from the	organiz	ation If there is i	none, enter	"None "				
		(a) Na	ime and tit	le of each employee	_		(b) Average hours per week evoted to position	i co) Reportable empensation W-2/1099-MISC)	contribution benefit p	h benefits, s to employee plans, and compensation	(e) Esti		l amou ensati	
NC	ONE														
_															
					······································	_					 			-	
—		<u></u>				_					· 			-	
—														_	
f 1	Compl	ete this ta	ble for the	ployees paid over s e organization's five	e highest co				ectors who each	received mo	- ore than				
	\$100 <u>,0</u>			n from the organization from the organization of the organization	·-				(b) Tyo	e of service	T	(c) Co	mpen:	sation	
NO									(-, -, -, -						
								_		_	_	_			
										<u>. </u>					
	Total n	number of	other inde	ependent contracto	rs each rec	eiving d	over \$100,000	•	<u> </u>						
2		e organizal eted Sched		olete Schedule A? I	Note: All se	ction 50	01(c)(3) organiz	ations m	nust attach a			X	Yes		 No
nder	penaltie	s of perjohry	, I declare	that I have examined	this return, i	including	accompanying s	chedules	and statements, a	ing to the bes	t of my knowle				
ue, c	correct, a	and complet	e Declara	tion of preparer (other	er than officer) is base	ed on all information	on of whi			2020				
ign		Signat	ture of office	arth	 -					ite	<u>, 2020</u>				
lere	,		ARREN		3				CHAIRMAN	ī					
		<u> </u>	or print name			T				T 8	—-т—		DTIAL		
! -	- 1	Print/Type pr	eparers nan	ne		Prepare	er's signature			Date	Check		PTIN		
aid	ř	BRYAN A.				1	2	0077		72/	self-em			41928	
	0-11. t	Firm's name		MCNAIR, M POST OFFI	CLEMOR		Mæddlebr e	OOKS	& CO, 1	rc ,	Firm's EIN	58-	TOP	43	ΣŢ
		Firm's addres	1	MACON, GA	3120	2-0	001				Phone no 4	78-7			
/lay	the IRS	discuss th	nis return	with the preparer s	shown above	e? See	instructions		 			<u> </u>			No
												Form	990	- EZ (2019)

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

2019

Open to Public Inspection

Name of the organization

PEE DEE ELECTRIC TRUST

Employer identification number 57-0966373

P	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part) See instructio	ns			
The	orga	nization is not	a private foundation becau	se it is (For lines 1 through 12,	check onl	y one box	(i) K7				
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))									
3	$\overline{\Box}$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	П	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 state									
5		An organizat	on operated for the benefit	of a college or university owned	or operat	ed by a g	overnmental unit described in				
		section 170	(b)(1)(A)(iv). (Complete Par	t II)							
6		A federal, sta	ate, or local government or	governmental unit described in s	ection 17	70(b)(1)(A	s)(v).				
7	X		tion that normally receives a section 170(b)(1)(A)(vi). (0	substantial part of its support fro Complete Part II)	om a gov	ernmenta	l unit or from the general public	:			
8		A community	y trust described in section	170(b)(1)(A)(vi). (Complete Part	t II)						
9		•	▼	scribed in section 170(b)(1)(A)(iof agriculture (see instructions)			-	ge			
10		An organizat receipts from support from	n activities related to its exer gross investment income a	(1) more than 33 1/3% of its support functions—subject to certain unrelated business taxable in 30, 1975 See section 509(a)(2)	n exception ncome (le	ns, and (2 ss section	2) no more than 33 1/3% of its 1511 tax) from businesses	oss			
11			•	exclusively to test for public safe							
12	П	•	•	exclusively for the benefit of, to	-			ses			
			. ,	zations described in section 50 that describes the type of support				•			
	а	Type I. A	A supporting organization op	perated, supervised, or controlled	d by its su	pported o	organization(s), typically by givi	ng			
		• •		wer to regularly appoint or elect complete Part IV, Sections A a		of the di	rectors or trustees of the				
	b	$\overline{}$		upervised or controlled in connec		ıts suppo	rted organization(s), by having				
	-			rting organization vested in the			-	ed			
		organizat	tion(s) You must complete	e Part IV, Sections A and C.							
	С			supporting organization operated structions) You must complete				ith,			
	d	Type III i	non-functionally integrate	d. A supporting organization ope	erated in d	connection	n with its supported organization	n(s)			
				e organization generally must sa				ess			
			,	must complete Part IV, Section							
	е			ceived a written determination from			s a Type I, Type II, Type III				
	f		mber of supported organizat	on-functionally integrated suppor	ung organ	iization					
	g			he supported organization(s)							
() Nam	e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)							_				
(B)											
(C)											
(D)	D)										
(E)			-								
				-							
Tota For I		work Reduction	on Act Notice, see the Instruc	tions for Form 990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019			

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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						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	123,072	125,856	123,532	125,705	125,1	34 623,299
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	123,072	125,856	123,532	125,705	125,1	34 623,299
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						623,299
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	123,072	125,856	123,532	125,705	125,1	34 623,299
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	403	1,014	1,176	273	-1,2	71 1,595
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						·
11	Total support. Add lines 7 through 10					, , , , , , , , , , , , , , , , , , ,	624,894
12	Gross receipts from related activities, etc	•				1	2
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2019 (line 6			n (f))		14	
15	Public support percentage from 2018 Sch					1!	5 99.35%
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, c	heck this	► ਓ
	box and stop here. The organization qual	•	- · · ·				▶ X
b	33 1/3% support test—2018. If the organ				5 is 33 1/3% or mo	ore, check	▶ □
	this box and stop here. The organization	•			465	44.5	
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa organization					7	▶ □
b	10%-facts-and-circumstances test—201					a line	
	15 is 10% or more, and if the organization					ablach.	
	Explain in Part VI how the organization me	eets the "facts-and	-circumstances" te	est i ne organizatio	on quaimes as a pu	ibliciy	▶ □
40	supported organization	dk _bl, _ b	on line 12, 16 - 40	h 17a ar 17h	ack this have and an		
18	Private foundation. If the organization dis	not check a box (on line 13, 16a, 16	D, I/a, Of I/D, CNE	CK THIS DOX SHO SE	: C	▶ □
	instructions						

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Schedule A (Form 990 or 990-EZ) 2019 PEE DEE ELECTRIC TRUST

Part III Support Schedule for Organizations Described in Section 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 fail	ed to qualify under Part II
If the organization fails to qualify under the tests		

Sec	tion A. Public Support	<u> </u>					
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	/(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			_			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		_				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)				[
Sec	tion B. Total Support	·		1	<u>}</u>	1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				,	1	
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		<u> </u>				
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, 100, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop here	e					<u> </u>
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2019 (line 8,		-	nn (f))		15	
16	Public support percentage from 2018 Sche						<u> </u>
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2019 (li			3, column (f))		17	
18	Investment income percentage from 2018						
19a	33 1/3% support tests—2019. If the organ						ightharpoons
	17 is not more than 33 1/3%, check this bo						
Ь	33 1/3% support tests—2018. If the organine 18 is not more than 33 1/3%, check th						▶ □
20	Private foundation. If the organization did						
20	Private foundation. If the organization did	i not check a box	OII IIIIE 14, 198, OF	i au, check this bo	A and See instruct		

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)

ect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings)

Da	rt IV Supporting Organizations (continued)			age
	rt IV Supporting Organizations (continued)			т
44		F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	1
h	below, the governing body of a supported organization?	11a	₩	<u> </u>
	A family member of a person described in (a) above?	11b		
Sect	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	Щ	<u> </u>
	ion b. Type i dapporting organizations			
1	Did the directors trustees or membership of one or more augmented exemplations have the nevertee		Yes	No
•	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			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			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sect	ion C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	. 1		İ
Sect	ion 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		163	140
	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
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	on E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	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 instruction	ons)		
		,		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		- 1	
	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		- 1	
	that these activities constituted substantially all of its activities	2a	1	
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	_ 1	
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		1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	T		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	Page 6
Check here if the organization satisfied the integral Part Test as a qualifying trust on N			
instructions. All other Type III non-functionally integrated supporting organizations mu			
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	<u></u>	
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
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	1 1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrated	Type III	supporting organization	(see
instructions)		- -	

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)

SUPPLEMENTAL INFORMATION

THE TRUST RECEIVED DONATED SERVICES OF ADMINISTRATIVE TIME FROM

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

TOTALED \$16,660 FOR THE YEAR ENDED DECEMBER 31, 2019. 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 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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

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: 121,301

RELATIONSHIP: NONE

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

DESCRIPTION

BEG. OF YEAR END OF YEAR

ACCOUNTS RECEIVABLE

10,287 \$

10,383

TOTAL \$

10,287 \$

10,383

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.