		STATE OF SOU DEPARTMENT ANNUAL REPORT OF E ORPORATION PROPER	OF REVENUE		S	CL-4 I (Rev. 7/18/13) 3135
	TAXPAYER ID	INFORMATION				ite in This Space
S	C FILE #					
R	ETURN FOR PERIOD ENDI	NG / /				
L	CENSE FEE PERIOD ENDI	NG <u>/ /</u>				14-0601
F	EIN				Audited by	/
Ν	AME					
Μ	AILING ADDRESS		USE BI	LACK	Date	
С	ITYSTATE _	ZIP CODE		ONLY		
	ange of Address 🗌 Initial			deral or sta	te extensi	on 🗌 Amended
		ay of the 3rd month after the e				
PAR		UTATION OF LICENSE FE	· ·			
2. <u>L</u> C 		Component (Line 1 x .001)	\$	(A) Total S	2. /stem	(B) In South Carolina
	otal Operating Revenues other Receipts (List Below):	· · · · · · · · · · · · · · · · · · ·	3.		3. 	
5. T 6. L 7. T 8. S	otal Other Receipts	3 and 4)			6. 7. 8.	
PAR	ГП	INFRASTRUCTURE CF		ON		
	sed Infrastructure Credit ed Forward from Last Year	Infrastructure Credit Earned This Year	Infrastructure Taken This Y			cture Credit Carried d for One Year Only
\$		\$	\$		\$	
_						

Describe below the types of infrastructure provided by the taxpayer to eligible projects. Types of infrastructure are listed in S.C. Code Section 12-20-105(C). Eligible projects are described in S.C. Code Section 12-20-105(B).

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Sign a true and complete return.	CL-4									
<ol> <li>Organized under the laws of the State of</li></ol>	PART	III ANNUAL REPORT TO BE COMPLET	ED BY ALL ELECTRIC COOPERATIVES							
Location of the Registered Office of the Cooperative in the State of South Carolina is	1. Na	ame								
Location of the Registered Office of the Cooperative in the State of South Carolina is	2. Or	ganized under the laws of the State of								
<ol> <li>Location of principal office (street address)         <ul> <li>The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows: SERIES</li> <li>The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES CLASS SERIES</li> <li>The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Cooperative are: (If additional space is necessary, attach separate schedule).</li> <li>NAME TITLE BUSINESS ADDRESS</li> <li>Date of this report</li> <li>FEIN</li> <li>The Cooperative had a dualified to do business in the State of South Carolina was</li></ul></li></ol>										
5. The total number of authorized shares of capital stock, itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES CLASS SERIES 6. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows: NUMBER OF SHARES CLASS SERIES 7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Cooperative are: (If additional space is necessary, attach separate schedule). NAME TITLE BUSINESS ADDRESS 9. Date of this report Date commenced business in the State of South Carolina was	•									
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NUMBER OF SHARES     CLASS     SERIES       7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Cooperative are: (If additional space is necessary, attach separate schedule). NAME     TITLE     BUSINESS ADDRESS										
(If additional space is necessary, attach separate schedule).       NAME       TITLE       BUSINESS ADDRESS         8. Date Organized Date commenced business in the State of South Carolina was	6. Th			)WS:						
NAME       TITLE       BUSINESS ADDRESS         8. Date Organized Date commenced business in the State of South Carolina was										
9. Date of this report	•		BUSINESS ADDRESS							
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9. Date of this report										
10. If Foreign Entity, the date qualified to do business in the State of South Carolina is	8. Da	Date Organized Date commenced business in the State of South Carolina was								
10. If Foreign Entity, the date qualified to do business in the State of South Carolina is	9. Da									
12. The Cooperative's books are in the care of	10. If F									
Located at (street address)         Please Sign Here       I, the undersigned, a principal officer of the electric cooperative for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.         Here       I, the undersigned, a principal officer of the electric cooperative for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.         Here       I         Gifticer's printed name       Officer's title         Officer's printed name       Date         I       authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.       Yes       No       Preparer's Printed Name         Paid       Preparer's       Preparer's       No       Preparer's Telephone Number         Firm's name (or yours if self-employed)	11. Wa	as the name of the Cooperative changed during the year?	Give old name							
Located at (street address)         Please Sign Here       I, the undersigned, a principal officer of the electric cooperative for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.         Here       I, the undersigned, a principal officer of the electric cooperative for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.         Here       I         Gifticer's printed name       Officer's title         Officer's printed name       Date         I       authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.       Yes       No       Preparer's Printed Name         Paid       Preparer's       Preparer's       No       Preparer's Telephone Number         Firm's name (or yours if self-employed)	12. Th	e Cooperative's books are in the care of								
Please Sign       accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.         Here       Signature of officer         Signature of officer       Officer's title         Officer's printed name       Date         I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer.       Yes       No         Paid       Preparer's signature       Preparer's signature       Preparer's Telephone Number         Use Only       Firm's name (or yours if self-employed) and address       Paid       PTIN or FEIN ZIP Code         If this is an electric cooperative's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of										
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Paid       Preparer's       Preparer's       Date       Check if self-employed       Preparer's Telephone Number         Paid       Preparer's       Date       Check if self-employed       Preparer's Telephone Number         Vse Only       Firm's name (or yours if self-employed) and address       PTIN or FEIN       ZIP Code         If this is an electric cooperative's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of		Officer's printed name	Date Telephone Number							
Paid Preparer's Signature       Preparer's signature       Date       Check if self-employed       Preparer's Telephone Number         Vse Only       Firm's name (or yours if self-employed) and address       PTIN or FEIN ZIP Code       PTIN or FEIN         If this is an electric cooperative's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of										
Preparer's       self-employed []         Vse Only       Firm's name (or yours if self-employed) and address       PTIN or FEIN         If this is an electric cooperative's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of		discuss this return, attachments and related tax matters with the								
Firm's name (or yours if self-employed) and address       PTIN or FEIN         If this is an electric cooperative's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of	Paid									
Use Only         Firm's name (or yours if self-employed) and address         PTIN or FEIN           If this is an electric cooperative's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of	Prepare	r's signature								
If this is an electric cooperative's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of	•		PTIN or FEIN	PTIN or FEIN						
		and address	ZIP Code	ZIP Code						
				tary of						

Taxpayer's Signature

Date

## ATTACH COMPLETE COPY OF FEDERAL RETURN

Make check payable to: SC Department of Revenue. Include Business Name, FEIN and SC File Number. Go to www.sctax.org and look for the DOR ePay logo for other payment options.

## INSTRUCTIONS

Line 1 Instructions - The "Fair Market Value of Property Owned and Used in the Conduct of Business in South Carolina" is the "Tax Assessment" value divided by 10.5% and is now being shown on the South Carolina Property Tax form "Proposed Assessment" (PT-422).

Line 8 Instructions - If the company paid cash to provide infrastructure for a qualifying project, enter the amount of credit applied on line 8 and complete Part II. Attach a schedule to the return that includes the name of the person completing the project, a description of the project, under what section or sections of the statute the project qualifies, the amounts in cash that were paid for infrastructure and to whom and when paid, a description of the infrastructure, and the date the infrastructure was completed or is expected to be completed. If the infrastructure has not been completed as of the date the return is filed, the taxpayer must include a waiver of the statute of limitations. The maximum credit for a single tax year may not exceed \$400,000. If the credit exceeds tax liability, the excess may be carried forward and deducted in the succeeding tax year. For more information see SC Code Section 12-20-105 and SC Revenue Rulings #99-6 and #96-11.

S.C. Code Section 12-20-100 imposes a license fee on every electric cooperative in place of the license fee imposed by Section 12-20-50. The license fee equals 0.1% (rounded up) of fair market value of property owned and used within South Carolina in the conduct of business as determined by the Department of Revenue for property tax purposes for the preceding tax year, plus 0.3% (rounded up) of gross receipts derived from services rendered from regulated business within South Carolina during the preceding tax year. The minimum license fee is \$25.00. Electric cooperatives other than distribution electric cooperatives are not subject to the gross receipts portion of the license fee.

Gross receipts, as used in Section 12-20-100, include all receipts from operations within the State, and also other profit and loss items with a local situs. Intangible income from intangibles used in the conduct of the business within this State is included in gross receipts.