

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2007

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

| | | | | |
|---|---|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions | C Name of organization PEE DEE LAND TRUST | | D Employer identification number 57-1075947 |
| | | Number and street (or P.O. box if mail is not delivered to street address) Room/suite P. O. BOX 4 | | E Telephone number 843-661-1135 |
| | | City or town, state or country, and ZIP + 4 DARLINGTON, SC 29540 | | F Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Website: **WWW.PEEDEELANDTRUST.ORG**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

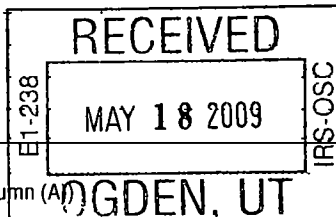
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,377,005.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | | |
|---|--|------------|-----------|----------------------|----------------------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | | |
| | a Contributions to donor advised funds | 1a | | | |
| | b Direct public support (not included on line 1a) | 1b | | 215,359. | |
| | c Indirect public support (not included on line 1a) | 1c | | | |
| | d Government contributions (grants) (not included on line 1a) | 1d | | 1,143,700. | |
| | e Total (add lines 1a through 1d) (cash \$ 1,359,059. noncash \$) | | | | 1e 1,359,059. |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | | | | 2 10,173. |
| | 3 Membership dues and assessments | | | | 3 |
| | 4 Interest on savings and temporary cash investments | | | | 4 7,773. |
| | 5 Dividends and interest from securities | | | | 5 |
| | 6 a Gross rents | 6a | | | |
| | b Less: rental expenses | 6b | | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | | | | 6c | |
| 7 Other investment income (describe) | | | | 7 | |
| 8 a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | | |
| | 8a | | | | |
| | b Less: cost or other basis and sales expenses | 8b | | | |
| | c Gain or (loss) (attach schedule) | 8c | | | |
| d Net gain or (loss). Combine line 8c, columns (A) and (B) | | | | 8d | |
| 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | | |
| a Gross revenue (not including \$ of contributions reported on line 1b) | 9a | | | | |
| b Less: direct expenses other than fundraising expenses | 9b | | | | |
| c Net income or (loss) from special events. Subtract line 9b from line 9a | | | | 9c | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | |
| | b Less: cost of goods sold | 10b | | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | | | | 10c |
| 11 Other revenue (from Part VII, line 103) | | | | 11 | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | | | 12 1,377,005. | |
| Expenses | 13 Program services (from line 44, column (B)) | | | 13 143,648. | |
| | 14 Management and general (from line 44, column (C)) | | | 14 13,036. | |
| | 15 Fundraising (from line 44, column (D)) | | | 15 14,940. | |
| | 16 Payments to affiliates (attach schedule) | | | 16 | |
| | 17 Total expenses. Add lines 16 and 44, column (A) | | | | 17 171,624. |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | | | | 18 1,205,381. | |
| Net Assets | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 186,180. | |
| | 20 Other changes in net assets or fund balances (attach explanation) | | | 20 0. | |
| | 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | | | | 21 1,391,561. |



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|-----------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | 59,660. | 47,728. | 5,966. | 5,966. |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | 0. | 0. | 0. | 0. |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 16,821. | 13,457. | 1,682. | 1,682. |
| 27 Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 Employee benefits not included on lines 25a - 27 | | | | |
| 29 Payroll taxes | 6,007. | 4,805. | 601. | 601. |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 8,332. | 6,666. | 833. | 833. |
| 32 Legal fees | 37,036. | 35,184. | 1,852. | |
| 33 Supplies | 2,028. | 1,622. | 142. | 264. |
| 34 Telephone | 890. | 712. | 89. | 89. |
| 35 Postage and shipping | 4,143. | 3,314. | | 829. |
| 36 Occupancy | 5,000. | 4,500. | 500. | |
| 37 Equipment rental and maintenance | | | | |
| 38 Printing and publications | 13,221. | 9,916. | | 3,305. |
| 39 Travel | 2,034. | 1,830. | 102. | 102. |
| 40 Conferences, conventions, and meetings | 515. | 515. | | |
| 41 Interest | 302. | 302. | | |
| 42 Depreciation, depletion, etc (attach schedule) | | | | |
| 43 Other expenses not covered above (itemize) | | | | |
| a DUES | 1,400. | 1,260. | 70. | 70. |
| b MISCELLANEOUS | 1,541. | 1,541. | | |
| c COMPUTER SERVICE | 1,090. | 872. | 109. | 109. |
| d FOOD | 7,811. | 6,249. | 781. | 781. |
| e INSURANCE | 3,092. | 2,474. | 309. | 309. |
| f EDUCATIONAL PROGRAMS | 559. | 559. | | |
| g BOOK, SUBSCRIPTIONS | 142. | 142. | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 171,624. | 143,648. | 13,036. | 14,940. |

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 2</u> | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|--|---|
| All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) | |
| a <u>SEE STATEMENT 1</u> | |
| (Grants and allocations \$ <u>1,143,700.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/> | <u>143,648.</u> |
| b | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| c | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| d | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| e Other program services (attach schedule) | |
| (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► | <u>143,648.</u> |

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

| | | (A) Beginning of year | | (B) End of year |
|---|---|--|------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 110,821. | 45 | 164,104. |
| | 46 Savings and temporary cash investments | 42,364. | 46 | 44,650. |
| | 47 a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | 47c | |
| | 48 a Pledges receivable | 48a | | |
| | b Less: allowance for doubtful accounts | 48b | 48c | |
| | 49 Grants receivable | | 49 | |
| | 50 a Receivables from current and former officers, directors, trustees, and key employees | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | 50b | |
| | 51 a Other notes and loans receivable | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54 a Investments - publicly-traded securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54a | |
| | b Investments - other securities | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b | |
| | 55 a Investments - land, buildings, and equipment: basis | 55a | | |
| | b Less: accumulated depreciation | 55b | 55c | |
| | 56 Investments - other | | 56 | |
| | 57 a Land, buildings, and equipment: basis | 57a | | |
| | b Less accumulated depreciation | 57b | 57c | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 3) | 35,119. | 58 | 1,184,288. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 188,304. | 59 | 1,393,042. | |
| Liabilities | 60 Accounts payable and accrued expenses | | 60 | |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | |
| | 64 a Tax-exempt bond liabilities | | 64a | |
| | b Mortgages and other notes payable | | 64b | |
| | 65 Other liabilities (describe <input type="checkbox"/> PAYROLL LIABILITIES) | 2,124. | 65 | 1,481. |
| 66 Total liabilities. Add lines 60 through 65 | 2,124. | 66 | 1,481. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | | 67 | |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | 0. | 70 | 0. |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | 0. | 71 | 0. |
| | 72 Retained earnings, endowment, accumulated income, or other funds | 186,180. | 72 | 1,391,561. |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 186,180. | 73 | 1,391,561. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 188,304. | 74 | 1,393,042. |

| Part VI Other Information (continued) | | Yes | No |
|---------------------------------------|---|-----|----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| | b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) | | |
| | 82b | N/A | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| | b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| | 84b | N/A | |
| 85 a | 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? | | |
| | b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| | 85c | N/A | |
| | 85d | N/A | |
| | 85e | N/A | |
| | 85f | N/A | |
| | g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | |
| | 85g | N/A | |
| | h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | |
| | 85h | N/A | |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | | |
| | 86a | N/A | |
| | b Gross receipts, included on line 12, for public use of club facilities | | |
| | 86b | N/A | |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | | |
| | 87a | N/A | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| | 87b | N/A | |
| 88 a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | X |
| | b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> | | |
| | b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | X |
| | 89b | | |
| | c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u> | | |
| | d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u> | | |
| | 89e | | X |
| | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | | X |
| | 89f | | |
| | f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | | X |
| | 89g | | X |
| | g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 90 a | List the states with which a copy of this return is filed <u>SC</u> | | |
| | b Number of employees employed in the pay period that includes March 12, 2007 | 90b | 3 |
| 91 a | The books are in care of <u>JENNIE WILLIAMSON</u> Telephone no. <u>843-618-7888</u> Located at <u>PO BOX 4, DARLINGTON, SC</u> ZIP + 4 <u>29540</u> | | |
| | b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> | | |
| | 91b | | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|---|
| | (A) Business code | (B) Amount | (C) Exclu- sion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a PROGRAM REVENUE | | | | | 9,515. |
| b PROMOTIONAL ITEMS | | | | | 658. |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 7,773. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 7,773. | 10,173. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 17,946. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| 93A | NOMINAL FEE TO HELP DEFRAY COSTS OF EDUCATIONAL EVENT |
| 93B | NOMINAL FEE TO HELP DEFRAY COSTS OF PROMOTIONAL ITEMS |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| N/A | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

| | |
|-----|----|
| Yes | No |
| | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- | | | |
| b | ----- | | | |
| c | ----- | | | |
| Totals | | | | |

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

| | |
|-----|----|
| Yes | No |
| | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | ----- | | | |
| b | ----- | | | |
| c | ----- | | | |
| Totals | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| | |
|-----|----|
| Yes | No |
| | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: *Sumter L. Langston* Signature of officer | Date: *May 13, 2009*
 Type or print name and title: *Sumter L. Langston Chairman*

Paid Preparer's Use Only: Preparer's signature: *Sharon Coronis CPA* Date: *5/13/09* Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):
 Firm's name (or yours if self-employed), address, and ZIP + 4: **WEBSTER ROGERS LLP**
1411 SECOND LOOP ROAD
FLORENCE, SC 29505 EIN: Phone no.: **843-665-5900**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **PEE DEE LAND TRUST** Employer identification number: **57 1075947**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | 0.00 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | 0 | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 0 | |

Part III Statements About Activities (See page 2 of the instructions.)

| | | Yes | No |
|-----|--|------------|----|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | X |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) | | |
| a | Sale, exchange, or leasing of property? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 5 | X | |
| e | Transfer of any part of its income or assets? | X | |
| 3 a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | | X |
| b | Did the organization have a section 403(b) annuity plan for its employees? | | X |
| c | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | X | |
| d | Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | | X |
| 4 a | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | | X |
| b | Did the organization make any taxable distributions under section 4966? N/A | | |
| c | Did the organization make a distribution to a donor, donor advisor, or related person? N/A | | |
| d | Enter the total number of donor advised funds owned at the end of the tax year | N/A | |
| e | Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year | N/A | |
| f | Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | 0. | |
| g | Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year | 0. | |

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | ▶ |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|--|----------|----------|----------|----------|---------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 201,776. | 102,906. | 30,098. | 1,010. | 335,790. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | 2,275. | 2,157. | | | 4,432. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 5,750. | 173. | 354. | 75. | 6,352. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 209,801. | 105,236. | 30,452. | 1,085. | 346,574. |
| 24 Line 23 minus line 17 | 207,526. | 103,079. | 30,452. | 1,085. | 342,142. |
| 25 Enter 1% of line 23 | 2,098. | 1,052. | 305. | 11. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 6,843. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 185,121. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 342,142. |
| d Add: Amounts from column (e) for lines: 18 <u>6,352.</u> 19 _____ 22 _____ 26b <u>185,121.</u> | | | | | 26d 191,473. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 150,669. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 44.0370% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A | (2006) | (2005) | (2004) | (2003) | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A | (2006) | (2005) | (2004) | (2003) | |
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | | | | | 27c N/A |
| d Add: Line 27a total _____ and line 27b total _____ | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) | | | | | 27f N/A |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|------|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | |
| | | | |
| | | | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | 32d | |
| | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | 33h | |
| | | | |
| | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 1

DESCRIPTION OF PROGRAM SERVICE ONE

IN 2007-2008 PEE DEE LAND TRUST INCREASED MEMBERSHIP BY MORE THAN 25% FROM PRIOR YEAR AND ACCEPTED APPROXIMATELY 6500 ACRES IN NEW EASEMENT-PROTECTED LAND IN THE REGION. EASEMENTS PRESERVED RURAL OPEN SPACE VIEWS ON A STATE-DESIGNATED SCENIC BYWAY, WATER QUALITY AND NATURAL FORESTLAND ON STATE-DESIGNATED SCENIC RIVERS, THOUSANDS OF ACRES OF BOTTOMLAND HARDWOOD FOREST AND OF PRIME SOILS AND SOILS OF STATEWIDE IMPORTANCE FOR AGRICULTURE, CAROLINA BAY HABITAT, AND HABITAT FOR THE THREATENED SWALLOW-TAILED KITE BIRD SPECIES. PEE DEE LAND TRUST MONITORED 100% OF IT'S EASEMENTS AND REPORTED NO VIOLATIONS.

| | GRANTS | EXPENSES |
|-------------------------------|------------|----------|
| TO FORM 990, PART III, LINE A | 1,143,700. | 143,648. |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

TO CONSERVE THE NATURAL, AGRICULTURAL AND HISTORICAL RESOURCES IN THE PEE DEE REGION OF SC THROUGH VOLUNTARY PROTECTION OF LAND; EDUCATION AND COMMUNITY INVOLVEMENT; AND RESOURCE ASSESSMENT AND PLANNING.

FORM 990 OTHER ASSETS STATEMENT 3

| DESCRIPTION | BEGINNING OF YEAR | END OF YEAR |
|-------------------------------------|-------------------|-------------|
| COMPUTER | 8,637. | 8,864. |
| FURNITURE AND EQUIPMENT | 432. | 5,674. |
| LAND PURCHASES | 26,050. | 26,050. |
| CONSERVATION EASEMENTS (PURCHASED) | | 1,143,700. |
| TOTAL TO FORM 990, PART IV, LINE 58 | 35,119. | 1,184,288. |

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 4

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN EXPENSE CONTRIB ACCOUNT | |
|--|--------------------------|-------------------|---|----|
| JAMES C CRAWFORD PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| KALLI NORTON PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| JEFF DUDLEY PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| HEATH RUFFNER PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| BEN ZEIGLER PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| AUSTIN GILBERT PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| JIMMY LOFTON PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| TRES HYMAN PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| BUTCH MILLS PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| CHARLES BETHEA PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| TONY SHANK PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |

PEE DEE LAND TRUST

57-1075947

| | | | | |
|---|-----------------------------|---------|--------|----|
| ELISABETH K. MCNEIL PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| ROBERT PITTS PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| EDDIE DRAYTON PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| GORDON MCBRIDE PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| JOHN SNOW PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| EARL DUTTON PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| JOHN ALFORD PO BOX 4 DARLINGTON, SC 29540 | ADVISOR 0.00 | 0. | 0. | 0. |
| KEITH ALLEN PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| SUMTER LANGSTON PO BOX 4 DARLINGTON, SC 29540 | BOARD CHAIR 0.00 | 0. | 0. | 0. |
| WESLEY BRYANT PO BOX 4 DARLINGTON, SC 29540 | BOARD MEMBER 0.00 | 0. | 0. | 0. |
| JENNIE WILLIAMSON PO BOX 4 DARLINGTON, SC 29540 | EXECUTIVE DIRECTOR 40.00 | 57,500. | 2,160. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | 57,500. | 2,160. | 0. |

| | | | |
|------------|--|-----------|---|
| SCHEDULE A | EXPLANATION OF TRANSACTIONS PART III, LINE 2D | STATEMENT | 5 |
|------------|--|-----------|---|

SEE 990 PART V-A

Pee Dee Land Trust

EIN: 57-1075947

Year Ended 06/30/08

Form 990 – Schedule A: Part III (2)(e)

During the year, the organization engaged in a property transaction with related parties.

In August of 2007, The Pee Dee Land Trust was deeded two conservation easements of approximately 49 and 198 acres. The entire value of the conservation easement was donated by Tim Dargan of Woodfield, LLC who was a committee member in 2007. The valuation of this conservation easement was determined at arms length by a qualified appraiser.

In July of 2007, The Pee Dee Land Trust was deeded a conservation easement of approximately 1,090 acres. The entire value of the conservation easement was donated by Austin Gilbert of EYG Properties, LLC who was a board member in 2007. The valuation of this conservation easement was determined at arms length by a qualified appraiser.

**FORM 990 SCHEDULE A
LINE 3C CONSERVATION EASEMENTS
Fiscal year from 2007-2008**

PEE DEE LAND TRUST EIN 57-1075947

| | NUMBER OF EASEMENTS | ACREAGE | NUMBER OF STATES |
|--|------------------------|----------|---------------------|
| 1) EASEMENTS AT THE BEGINNING OF THE YEAR | 5 | 1,301.10 | 1 |
| 2) EASEMENTS ACQUIRED DURING THE YEAR | 10 | 6,587.60 | approx acreage |
| 3) EASEMENTS MODIFIED, SOLD, TRANSFERRED, RELEASED, OR TERMINATED DURING THE YEAR | 0 | 0 | |

(SEE ATTACHED FOR EXPLANATION OF ANY MODIFICATIONS, SALES, TRANSFERS,
RELEASED OR TERMINATED EASEMENTS DURING THE YEAR)

RECIPIENT(S) (IF ANY) OF EASEMENTS DURING THE YEAR

NAME

QUALIFIED ORGANIZATION AS DESCRIBED UNDER 170(h)(3), GOVERNMENT, OR 501(C)(3)

YES IF YES CODE UNDER WHICH CODE #
NO

4) EASEMENTS HELD FOR EACH OF THE FOLLOWING CATEGORIES

- a BUILDINGS OR STRUCTURES
- b ENCUMBER A GOLF COURSE OR PORTIONS OF A GOLF COURSE
- c WITHIN OR ADJACENT TO RESIDENTIAL DEVELOPMENTS IN A HOUSING SUBDIVISION(S), INCLUDING EASEMENTS RELATED TO THE DEVELOPMENT OF PROPERTY
- d CONSERVATION EASEMENTS THAT WERE ACQUIRED IN A TRANSACTION DESCRIBED UNDER PURCHASE OF REAL PROPERTY FROM CHARITABLE ORGANIZATIONS IN NOTICE 2004-41

WERE ANY SUCH EASEMENTS (IN d) ACQUIRED DURING THE YEAR? YES IF YES,
NO

5) EASEMENTS THAT WERE MONITORED BY PHYSICAL INSPECTION OR OTHER MEANS DURING THE YEAR

6) TOTAL STAFF HOURS AND A LIST OF EXPENSES DEVOTED TO (LEGAL FEES, PORTION OF STAFF SALARIES, ETC) INCURRED FOR MONITORING AND ENFORCING NEW OR EXISTING EASEMENTS DURING THE TAX YEAR

STAFF HOURS

ITEMIZATION OF EXPENSES

| EXPENSE (ESTIMATES) | AMOUNT |
|---|----------|
| staff salary monitoring - 75 hrs, \$30 | \$2,250 |
| staff salary enforcing | \$0 |
| staff salary creating/drafting (20 per easement except 2 at 35) | \$6,900 |
| attorney fees | \$27,000 |
| office supplies, mileage, overhead are not accounted for | \$0 |
| | |
| | |

TOTAL OF EXPENSES

7) ANY EASEMENTS ON BUILDINGS OR STRUCTURES ACQUIRED AFTER 8/17/2008?

YES
NO

DO THEY MEET THE REQUIREMENTS OF SECTION 170(h)(4)(b) (HISTORICAL BUILDING RESTRICTIONS)?

YES
NO

Pee Dee Land Trust EIN: 57-1075947 Year Ended 6/30/08

Form 990: Part III: Statement of Program Service Accomplishments

Primary Purpose: Conservation of Natural Resources in the Pee Dee region

Achievements: In 2007-2008, PDLT increased membership by more than 25% from prior year and accepted new easement-protected land in the Pee Dee region. The following is a listing of the Conservation Easements held by our organization. These Easements ensure that these beautiful properties will forever remain sites of traditional agricultural and timber production, as well as areas rich in diversity of flora and fauna that are managed utilizing high standards of environmental stewardship. These easements preserved rural open space views on a state-designated scenic byway, water quality and natural forestland on state-designated scenic rivers, thousands of acres of bottomland hardwood forest and of prime soils and soils of statewide importance for agriculture, Carolina Bay habitat, and habitat for the threatened swallow-tailed kite bird species. Pee Dee Land Trust monitored 100% of its easements and reported no violations.

| # | Acreage | Year Acquired | State | Grants & Allocations |
|----------|-----------------------|----------------------|----------------|---------------------------------|
| 1 | 13.4 | 2001 | South Carolina | -0- |
| 4 | 1287.7 | 2006 | South Carolina | -0- |
| 10 | 6,587.6 | 2007 | South Carolina | 1,143,700 |
| 15 | Total: 7,888.7 | | | |

Achievements: Pee Dee Land Trust (PDLT) periodically hosts events to educate and inspire the local community. In 2007, the (PDLT) co-hosted a Conservation Celebration with the Black Creek Land Trust (BCLT). The event was held to honor those who have worked with the (PDLT) & the (BCLT) to protect their own land and to generate additional land-owner interest in hopes to expand current conservation easement holdings. The event included walking tours to several sites of historic and natural interest located on property that is currently held in easement by the PDLT, music and food.

Grants & Allocations. -0-

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

| | | |
|---|---|---|
| Part II Type or print <small>File by the extended due date for filing the return. See instructions.</small> | Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy. | |
| | Name of Exempt Organization PEE DEE LAND TRUST | Employer identification number 57-1075947 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 4 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. DARLINGTON, SC 29540 | |

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JENNIE WILLIAMSON**
Telephone No. **843-618-7888** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

| | | |
|--|-----------|---------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c | \$ N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Sharon C. Annis* Title *CPA* Date *2/15/09*
Form 8868 (Rev. 4-2008)

WebsterRogers LLP
P.O. Box 6289
Florence, S.C. 29502-6289
EIN 57-0776381

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|--|---|---|
| Type or print | Name of Exempt Organization PEE DEE LAND TRUST | Employer identification number 57-1075947 |
| File by the due date for filing your return See instructions | Number, street, and room or suite no. If a P.O. box, see instructions. P. O. BOX 4 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. DARLINGTON, SC 29540 | |

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JENNIE WILLIAMSON**
 Telephone No ▶ **843-618-7888** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)