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Form **990**

Department of the Treasury

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)

he organization may have to use a conv of this return to satisfy state reporting requirements

2009

OMB No 1545-0047

Open to Public
Inspection

	the 3	2009 calendar vea	r, or tax year beginning 01-01-2009	and ending 12-31-2009			_
			C Name of organization			D Employer id	dentification number
_	ress ch	nange use IRS	PEE DEE ELECTRIC MEMBERSHIP CORPORA	TION		56-01233	
- Nan	ne char		Doing Business As			E Telephone r	number
– Initi	al retur		Number and street (or P O box if mail is no		Room/suite	(704) 694	
Terr	mınated	Instruc- tions.	575 US HIGHWAY 52 SOUTH	,	,	G Gross receipt	s \$ 45,226,680
_	ended r lication	return n pending	City or town, state or country, and ZIP + 4 WADESBORO, NC 28170				
• •			L ne and address of principal officer		H(a) Is the	 s a group retu	rn for
			LD H SPIVEY S HIGHWAY 52 SOUTH		affilia		⊤Yes ▽ No
			SBORO,NC 28170		H(b) Are al	l affiliates inclu	ded?
Tax	r-exem	npt status 🔽 501(c) (12) ◀ (insert no)	527	_	o," attach a lis ip exemption n	t (see instructions)
		:: ► www.pdemc.co			H(c) Grou	p exemption n	umber P
Form	n of org	ganization 🔽 Corpora	ion	'	L Year of fo	rmation 1939	M State of legal domicile 1
Par	t I	Summary			•	'	
			e organization's mission or most signi DISTRIBUTION OF ELECTRICITY T		C		
		Sale and ellective	DISTRIBUTION OF ELECTRICITY	O the members of FDLM	<u>C</u>		
	2	Check this box	f the organization discontinued its c	perations or disposed of	more than	25% of its net	
	3	Number of voting	nembers of the governing body (Part V	I, line 1a)			3
	4	Number of indeper	ident voting members of the governing	body (Part VI, line 1b)			4
	5	Total number of er	nployees (Part V , line 2a)				5
	6	Total number of vo	lunteers (estimate if necessary) .				6
	7a	Total gross unrela	ted business revenue from Part VIII,	column (C), line 12 .		7	7a3
\Box	b	Net unrelated bus	ness taxable income from Form 990-	, line 34			7b
					Prio	r Year	Current Year
	8	Contributions an	d grants (Part VIII, line 1h)				91,77
-	9	Program service	revenue (Part VIII, line 2g)			38,517,214	41,800,48
	10	Investment inco	ne (Part VIII, column (A), lines 3, 4, a	and 7d)		101,233	68,36
	11	Other revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)		1,690,820	3,258,73
	12		dd lines 8 through 11 (must equal Par		40,309,267	45,219,34	
	12		ar amounts paid (Part IX, column (A),			40,309,207	
	13 14		or for members (Part IX, column (A), li	·		+	135,13
		·	, , , , , , , , , , , , , , , , , , , ,				
3	15	10)	ompensation, employee benefits (Part		5,434,057	5,690,87	
2	16a	Professional fund	raising fees (Part IX, column (A), line	11e)			
5	_					I	
5	Ь	Total fundraising exp	enses (Part IX, column (D), line 25) 🕨 🖰 🔻				
<u>ਰ</u>	ь 17		enses (Part IX, column (D), line 25) ▶ <u>0</u> (Part IX, column (A), lines 11a–11d, 1	1f-24f)		32,021,969	34,456,24
# 		Other expenses	· · · · · · · · · · · · · · · · · · ·	·		32,021,969 37,456,026	
	17	Other expenses Total expenses	(Part IX, column (A), lines 11a-11d, 1	column (A), line 25)			40,282,25
	17 18	Other expenses Total expenses	Part IX, column (A), lines 11a-11d, 1 Add lines 13-17 (must equal Part IX,	column (A), line 25)		37,456,026	40,282,25
	17 18 19	Other expenses Total expenses Revenue less ex	(Part IX, column (A), lines 11a-11d, 1 Add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12	column (A), line 25)		37,456,026 2,853,241 g of Current ear	40,282,25 4,937,09 End of Year
	17 18	Other expenses Total expenses Revenue less ex Total assets (Pa	Part IX, column (A), lines 11a-11d, 1 Add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12	column (A), line 25)		37,456,026 2,853,241 g of Current ear 76,625,787	40,282,25 4,937,09 End of Year 85,292,88
and Balances	17 18 19	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (Part IX, column (A), lines 11a-11d, 1 Add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12	column (A), line 25)		37,456,026 2,853,241 g of Current ear 76,625,787 52,193,990	40,282,25 4,937,09 End of Year 85,292,88 54,811,64
Fund Balances	17 18 19 20 21 22	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (I	Part IX, column (A), lines 11a-11d, 1 Add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 At X, line 16)	column (A), line 25)		37,456,026 2,853,241 g of Current ear 76,625,787	40,282,25 4,937,09 End of Year 85,292,88 54,811,64
Fund Balances	17 18 19 20 21	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (I) Net assets or fur Signature Bl	Part IX, column (A), lines 11a-11d, 1 Add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 At X, line 16)	column (A), line 25)	Y	37,456,026 2,853,241 g of Current ear 76,625,787 52,193,990 24,431,797	40,282,25 4,937,09 End of Year 85,292,88 54,811,64 30,481,24
Fund Balances	17 18 19 20 21 22	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (I) Net assets or fur Signature BI Under penalties of pe	Part IX, column (A), lines 11a-11d, 12 Add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 et X, line 16)	column (A), line 25)	Y hedules and st	37,456,026 2,853,241 g of Current ear 76,625,787 52,193,990 24,431,797	40,282,25 4,937,09 End of Year 85,292,88 54,811,64 30,481,24
Fend Balances	17 18 19 20 21 22	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (I Net assets or fur Signature BI Under penalties of peand belief, it is true,	Part IX, column (A), lines 11a-11d, 12Add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12At X, line 16)	column (A), line 25)	hedules and st	37,456,026 2,853,241 g of Current rear 76,625,787 52,193,990 24,431,797 statements, and to on of which prepare	40,282,25 4,937,09 End of Year 85,292,88 54,811,64 30,481,24
Pard Balances	17 18 19 20 21 22	Other expenses Total expenses Revenue less ex Total assets (Pa Total liabilities (I) Net assets or fur Signature BI Under penalties of pa and belief, it is true, ******	Part IX, column (A), lines 11a-11d, 12 Add lines 13-17 (must equal Part IX, benses Subtract line 18 from line 12 at X, line 16)	column (A), line 25)	Y hedules and st	37,456,026 2,853,241 g of Current rear 76,625,787 52,193,990 24,431,797 statements, and to on of which prepare	40,282,25 4,937,09 End of Year 85,292,88 54,811,64 30,481,24
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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Safe and effective DISTRIBUTION OF ELECTRICITY TO the members of PDEMC

2			rogram services during the year whi		Yes 🔽 No
	If "Yes," describe	e these new services on Schedu	le O		
3	_	- .	sıgnıfıcant changes ın how it condu • • • • • • • • • • •		Yes ▽ No
	If "Yes," describe	e these changes on Schedule O			
4	Section 501(c)(3) and 501(c)(4) organizations	each of the organization's three larg and section 4947(a)(1) trusts are r venue, if any, for each program serv	equired to report the amount	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	•	IVE DELIVERY OF ELECTRICITY to the n		, (4	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program	services (Describe in Schedule	0)		
	(Expenses \$) (Revenue \$)
 4е		service expenses►\$			•

Part IV	Checklist	of Red	uired	Schedule

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes," complete Schedule M</i>	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Part V	Statements	Regarding	Other IR	S Filings and	Tax	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νo
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.	-		NO
	Did the organization make any taxable distributions under section 4966?	9a		Νo
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 120	j		

575 HWY 52 South WADESBORO, NC 28170

(704) 694-2114

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body 1a 11								
Ь	Enter the number of voting members that are independent 11								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο					
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο					
5									
6	Does the organization have members or stockholders?	6	Yes						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes						
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110					
	evenue Code.)								
			Yes	No					
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νο					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		.,						
444	11	Yes							
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes						
13	Does the organization have a written whistleblower policy?	13	Yes						
14	Does the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο					
Ь	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b		Νo					
	ection C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed ►NC								
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨					
	THE CORPORATION								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did r	ot compens	ate any	curr	ent d	or fo	rmer o	ffice	r, dırector, trustee o	or key employee		
(A) Name and Title	(B) A verage hours		tion (that a	che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
WINNIE M BENNETT Director	1 00	х						2,848	0	0	
ROBERT C DAVIS Jr Director	3 00	х						5,178	0	0	
RICHARD V MELTON Director	6 00	х						7,918	0	0	
RICHARD JOHNSON President	6 00	х		х				9,479	0	0	
PHILLIP MABRY CFO	40 00			х				87,793	0	19,971	
NEAL D HICKS JR Director	1 00	Х						4,122	0	0	
MILLARD E RUSSELL Sec / Treas	6 00	х		х				10,259	0	0	
MARCIA A LAMBETH Director	4 00	Х						6,163	0	0	
DONALD H SPIVEY President & CEO	40 00			Х				161,496	0	64,759	
DONALD A THOMPSON Vice President	4 00	х		х				6,709	0	0	
CRAIG RATLIFF Director	1 00	х						3,238	0	0	
BENJAMIN R LYBRAND Director	4 00	Х						5,968	0	0	
BENJAMIN MCCALLUM JR Director	5 00	х						6,553	0	0	

1b Total .			-		_				∓	317,724	·	84,730

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5	,	No		

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Tritech Direct PO Box 13531	Computer services	110,635
Resarch Triangle Par, NC 27709	·	,
Sumter Utilities Inc PO Box 846391 Dallas, TX 75284	Const Contractor	347,209
Southeastern Data Coop Inc 100 Ashford Center North Atlanta, GA 30338	Comp Software Supp	294,384
LEWIS TREE SERVICE INC 300 LUCIUS GORDON DR WEST HENRIETTA, NY 14586	RIGHT OF WAY	478,303
Lee Electrical Construction PO Box 55 Aberdeen, NC 28315	Const Contractor	836,100
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5	who received more than	

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Form 99								Page 9
Part V	/	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated camp						
Contributions, gifts, grants and other similar amounts	b		es 1b					
	c	_	ents 1c					
<u> </u>	d	Government grants	rations 1d s (contributions) 1e					
ons sin	e •	_	ons, gifts, grants, and 1f	91,771				
tributí other	g	sımılar amounts no Noncash contri	ot included above butions included in					
and	h		s 1a-1f	▶	91,771			
				Business Code				
enti	2a	SALE AND DIST OF	ELECT	221,000	41,800,486	41,800,486		
Fe s	ь							
93	С							
Ser.	d							
Ē	e							
Program Service Revenue	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		41,800,486			
	3		ome (including dividen	. •	75,692			75,692
	4		ar amounts) stment of tax-exempt bond		73,092			73,092
	5				0			
		,	(ı) Real	(II) Personal				
	6a	Gross Rents		138,999				
	ь	Less rental expenses						
	С	Rental income or (loss)		138,999				
	d		me or (loss)	►	138,999			138,999
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other						
		than inventory						
	b	Less cost or other basis and		7,331				
	c	sales expenses Gain or (loss)		-7,331				
	d	Net gaın or (los	s)		-7,331			-7,331
<u>v</u>	8a	Gross income for events (not incline						
Other Revenue			reported on line 1c)					
è Bè		See Part IV, lin	e 18 a					
<u> </u>	ь	Less direct ex	penses b					
₹	С	Net income or ((loss) from fundraising	events ►	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming acti	vities	0			
	10a	Gross sales of returns and allo	owances .					
	b c		a oods sold b (loss) from sales of inve	entory •	0			
	Ť	Miscellaneous		Business Code				
	11a	PATRONAGE A	ALLO C	221,000	93,145	93,145		
	ь	Earnings from E	eq Inv	221,000	2,921,878	2,921,878		
	С	CONTRIB IN A		221,000	87,262	87,262		
	d	All other revenu	!		17,447	17,067	380	
		Total. Add lines		· · · · *	3,119,732			
	12	iotai revenue.	See Instructions	· · <u>- [</u>	45,219,349	44,919,838	380	207,360

	990 (2009)				Page 10
Part	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations m	ust samplata all s	alumne		
Α	section 501(د)(ع) and 501(د)(4) organizations m Il other organizations must complete column (A) but are not required to			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	135,135			·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	402,454			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,869,156			
8	Pension plan contributions (include section 401(k) and section				
	403(b) employer contributions)	625,165			
9	Other employee benefits	464,622			
10	Payroll taxes	329,476			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	37,478			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	2,212,075			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,953,834			
23	Insurance	2,555,654			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	TAXES	1,355,166			
Ь	DISTRIBUTION OPERATION	799,039			
c	DISTRIBUTION MAINTENANCE	1,189,602			
	Cost of power	26,238,528			
e	ADMIN & GENERAL	1,527,675			
f	All other expenses	-1,857,152			
25	Total functional expenses. Add lines 1 through 24f	40,282,253	0	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	40,202,253	0		0
	campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beainning of vear End of vear 6.521 6.716 1 1 Cash—non-interest-bearing 502.413 2 3,418,551 2 ٥ 3 3 4 3.166.151 4 3.305.246 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 500.000 500,000 1,200,015 1,406,176 1,450,647 1,330,017 Land, buildings, and equipment cost or other basis Complete 92.340.158 10a 10a Part VI of Schedule D 10b 23.055.072 65.787.357 69.285.086 b Less accumulated depreciation 10c 11 0 11 12 0 12 Investments—other securities See Part IV, line 11 2,610,375 13 3,082,222 13 Investments—program-related See Part IV, line 11 . . 14 14 0 1.402.308 15 2.958.868 15 16 76,625,787 16 85,292,882 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 5.011.874 17 2.953.368 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 40,776,285 45,392,568 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 6.405.831 6.465.706 25 Other liabilities Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 52,193,990 54,811,642 Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 24,431,797 32 32 30,481,240 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 24,431,797 30,481,240 34 Total liabilities and net assets/fund balances 76.625.787 85,292,882 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No

Form **990** (2009)

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OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,

Supplemental Financial Statements

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization DEE DEE ELECTRIC MEMBERSHIP CORPORATION	·	Employer identification number
Organizations Maintaining Donor A organization answered "Yes" to Form 99		56-0123345 Funds or Accounts. Complete if the
organization answered Tes to Form 75	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advised Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit	efit of the donor or donor advisor, or for a	any other purpose Yes No
art II Conservation Easements. Complete	ıf the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure)	n historically importantly land area certified historic structure
casement on the last day of the tax year		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
 Number of conservation easements on a certified his 		2c
d Number of conservation easements included in (c) a	cquired after 8/17/06	2d
Number of conservation easements modified, transfe the taxable year		
Does the organization have a written policy regarding enforcement of the conservation easements it holds:		ndling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, insp	-	·
A mount of expenses incurred in monitoring, inspecti	-	
Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?		☐ Yes ☐ No
In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financia	
Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or resea	rch in furtherance of public service,
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research	•
(i) Revenues included in Form 990, Part VIII, line 1		> \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, hist following amounts required to be reported under SFA		
a Revenues included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	<u>tori</u>	<u>cal Tr</u>	<u>eası</u>	<u>ures, or C</u>)the	<u>r Similar</u>	Asse	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing t	that ai	re a significa	ant u	ise of its col	lection	n	
а	Public exhibition		d	Γ	Loan	orexc	change progr	rams				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w they	/ furthe	er the	organızatıor	n's ex	kempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	Г No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organı	ızatıo			es" to Fori	n 990),	-
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontrıbu	itions	or other ass	ets	not	Г	Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ung ta	able		Γ			A mou		
c	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	217 م				L		l		Yes	┌ No
			c Z I ,							,	. C3	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n ans		d "Ve	s" to	Form 990	Dai	t IV line 1	<u> </u>		
ГЭГ	Endownient i unus. complete i	(a)Current Year		Prior \			wo Years Back		Three Years Ba		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions									\top		
c	Investment earnings or losses									\top		
d	Grants or scholarships									\top		
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment ► %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re helc	d and :	admınıstere	d for	the			
	organization by	3							_		Yes	No
	(i) unrelated organizations								_	3a(i)		
	(ii) related organizations							•		3a(ii)	 	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•				•		•	[3b	<u> </u>	<u></u>
4 Pari						<u> </u>	art V line	10				
rell	Threstments—Land, buildings	s, and Equipme	<u> </u>						(c) Accommod	T _{tod}		
	Description of investment				Cost or s (investi		(b)Cost or of basis (othe		(c) Accumula depreciation		(d) Bo	ok value
1a L	and			<u> </u>			346	5,723		ightharpoonup		346,723
b B	Buildings		•	<u> </u>			<u> </u>			\longrightarrow		
c L	easehold improvements		•	<u> </u>			<u> </u>			\longrightarrow		
d E	quipment			1								
				—		$\overline{}$	 					
	Other	<u> </u>					91,993	3,435	23,05	5,072	6	8,938,363

Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See] 1 ?	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
OTHER	90,714		C
CAPITAL TERM CERTIFICATES	781,933		C
PATRONAGE CAPITAL CERTIFICATES	2,203,075		C
MEMBERSHIP FEES	6,500		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
Power bill long term	1,173,000		
OTHER CURRENT LIABILITIES	973,689		
INSURANCE RESERVE	7,100		
Deferred Credits	336,773		
CONSUMER DEPOSITS	1,198,525		
APBO	2,776,619		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	6,465,706		

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	45,219,349
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,282,253
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,937,096
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-365,733
9	Total adjustments (net) Add lines 4 - 8	9	-365,733
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,571,363
Pari	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	44,853,616
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 408,738		
e	Add lines 2a through 2d	2e	408,738
3	Subtract line 2e from line 1	3	44,444,878
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	774,471
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	45,219,349
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	40,282,253
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
- а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	40,282,253
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	40,282,253
Dar	t XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	CIAC \$87262 Book tax differnce sandhills \$687209
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Adj for cash pat rec \$365374 Care to share activity \$43364
Part XI, Line 8	Net Assets or Fund Balances	PATRONAGE ADJUSTMENT FOR CASH REC \$365374 Care to share activity \$43364 CONTRIBUTIONS IN AID OF CONSTRUCTION \$ -87262 Book tax difference Sandhills \$ -687209

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General Information on Grants and Assistance

Schedule I (Form 990)

Name of the organization

Ansonville Rescue SquadPO

Ansonville, NC 28007

BO X 337

PEE DEE ELECTRIC MEMBERSHIP CORPORATION

Grants and Other Assistance to Organizations. Governments and Individuals in the United States

Employer identification number

56-0123345

OMB No 1545-0047

DLN: 93493314026640

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service

Inspect ion

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed................ ▶ □ **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(g) Description of (a) Name and address of (f) Method of (h) Purpose of grant organization ıf applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 3 United Way of RichmondPO 566073624 5.150 Purchase PC copier Box 153 brosector Rockingham, NC 28380 National Railroad Museum 3 Purchase lighting 561162643 5.990 PO Box 1583 fixtures Hamlet, NC 28345 3 0 562182465 5.800 Installation of doors Lemuel Training Center 206 W Main Street Morven, NC 28119 Feed My LambsPO Box 66 562158694 3 6,000 0 Purchase a pick up Wadesboro, NC 28170 truck 3 Ellerbe VFDPO Box 310 562158694 5,500 0 Purchase audio visual Ellerbe, NC 28338 eauipment 566047840 3 6,000 n Cordova Fire and RescuePO Purchase rescue Box 146 ıackets Cordova, NC 28330

6.780

i	Enter total	number of s	ection 501	(c)(3)) and	government	organizations .
	Liitei totai	Hullibel Ol 3	ection Jot	ししハン	, allu	qoverninent.	organizations i

561651542

28

3

O

Purchase mobile

training equipment

	,	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 9	990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation	

DLN: 93493314026640

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

PFF	DEE ELECTRIC MEMBERSHIP CORPORATION						
			5	6-0123345			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Ė					
	Travel for companions		Payments for business use of person				
	Tax idemnification and gross-up payments		Health or social club dues or initiatio				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffe	eur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri				1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive l				2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha	at appl	у				
	Compensation committee		Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	10	Approval by the board or compensati	ion committee			
4	During the year, did any person listed in Form 990, P or a related organization	art V I	I, Section A, line 1a with respect to the	e filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt?		4a		Νo
b	Participate in, or receive payment from, a supplement	tal nor	qualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus						
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ıne 1a	, did the organization pay or accrue an	у			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue an	у			
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			-fixed	7		
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III		·		8		
9	If "Yes" to line 8 did the organization also follow the	rehutt	able presumption procedure described	Lin Regulations			

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DONALD H SPIVEY	(I) (II)	161,496			48,802	15,957	226,255	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

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DLN: 93493314026640

Transactions with Interested Persons

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Schedule L

Internal Revenue Service

var	ne o	of the	orgar	ization		
PEE	DEE	ELECT	RIC ME	MBERSHIP	CORPORA	NOITA

Employer identification number

56-0123345

Part I	Excess Benefit Transactions	(section 501(c)(3)	and section 5	501 (c)(4) d	organizations (only).	
	Complete if the organization answers	d "Vac" on Form 990	Part IV June 25	52 or 25b or	Form 990-F7	Dart V li	no 40

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under	
	section 4958	_
_		
3	Enter the amount of tax, ıf any, on lıne 2, above, reımbursed by the organızatıon	

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)O riginal principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
Phillip Mabry Purchase Computer		X	2,000	1,710		Νο	Yes		Yes	

1,710

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person

(b)Relationship between interested person and the organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

No Yes

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization PEE DEE ELECTRIC MEMBERSHIP CORPORATION Employer identification number

56-0123345

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Financial data is provided to the membership at the annual meeting and also included on the cooperative's wiebsite. In addition, the annual report is provided to the membership in the Coop's monthly magazine. Other governing documents including the form 990 are available upon request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Governing body has a compensation committee that reviews the CEO's performance annually and recommends salary changes to the board. As part of this review, the committee considers the recommendations from the outside salary consultant and other statewide comparison data from electric cooperatives throughout the state. The CEO reviews and recommends salary changes for other officers and key employees to the compensation committee for approval based on the recommendation of an outside salary consultant.
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Each director, officer and key employee must annually complete and sign a conflict of interest form
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The CEO provides a copy of the 990 to the finance committee and governing body prior to filing with the IRS
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	All members of Pee Dee EMC receive one vote with respect to selecting the governing board of directors
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Pee Dee Electric Membership Corporation is an electric membership corporation that delivers electricity to the members of the cooperative

Additional Data

Software ID:

Software Version:

EIN: 56-0123345

Name: PEE DEE ELECTRIC MEMBERSHIP CORPORATION

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TAXES	1,355,166			
DISTRIBUTION OPERATION	799,039			
DISTRIBUTION MAINTENANCE	1,189,602			
Cost of power	26,238,528			
ADMIN & GENERAL	1,527,675			