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DLN: 93493319059456

OMB No 1545-0047

Department of the

Internal Revenue Service

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

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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

\ E	w t bo	201 E 62	landar vaar artav vaar b	eginning 01-01-2015 , and ending 1	2 21 201	-				
		plicable	lendar year, or tax year b C Name of organization	eginning 01-01-2015 , and ending 1	.2-31-201:	·	D Emplo	ver ide	ntification number	
	dress cl		PEE DEE ELECTRIC MEMBER	RSHIP CORPORATION				-		
_	me cha	-	D h				- 56-0	12334	5	
Ini	tial retu	ırn	Doing business as							
Fir			Number and street (or P.O.	box if mail is not delivered to street address:	N Room/suit	-e	E Teleph	one num	ber	
	termina ended i		575 US HIGHWAY 52 SOUTH		, , , , , , , , , , , , , , , , , , , ,		(704)	694-2	2114	
		pending		nce, country, and ZIP or foreign postal code						
1			WADESBORO, NC 28170				G Gross	receipts :	\$ 46,961,728	
			F Name and address of	principal officer		H(a) Is th	us a grour	return	for	
			Donald H Spivey	SOUTH			ordinates?		Yes ✓	
			575 US HIGHWAY 52 S Wadesboro,NC 28170	500TH		No	- 11			
[Tax	c-exem	pt status	「501(c)(3) ▼ 501(c)	(12) ◀ (insert no)	527	H(b) Are	ali subord ided?	inates	⊤Yes 🗸 No	
1 147	- 1 1			(12) (((((((((((((((((((((((((((((((((((- 327	If"N	Io," attach	a list	(see instructions)	
	ensite	*****	w pdemc com			H(c) Gro	up exempt	tion nur	nber ▶	
K Forn	n of org	janization	✓ Corporation Trust	Association ○ Other ►		L Year of f	ormation 19	939 M	State of legal domicile No	
Do		C								
Pa	rt I		mary	nission or most significant activities						
				OF ELECTRICITY TO the members	ofPDEMO	2				
e .										
am	_									
ille	-	haalı +h	us hay 🕭 🗔 if the arganize	ation discontinued the energtions or d	.anaaad a	f mara than	3.E.0/_ o.f.t-			
NO.	2 (neck til	iis box P If the organiza	ation discontinued its operations or d	isposed o	i illore than	23% 0110	s net as	seis	
ر م	3 N	lumber	of voting members of the o	governing body (Part VI, line 1a) .				з	10	
\$ 5			-	nbers of the governing body (Part VI				4	10	
Activities & Governance			•	yed ın calendar year 2015 (Part V , lıı	•			5	67	
CIL				ate if necessary)				6		
a.				from Part VIII, column (C), line 12				7a	27	
				ome from Form 990-T, line 34				7b	-98	
						Pri	or Year	<u> </u>	Current Year	
	8	Contri	butions and grants (Part '	VIII, line 1h)			109,	801	100,357	
ēηι	9	Progra	am service revenue (Part	43,708,	639	44,198,705				
Ravenue	10	Inves	tment income (Part VIII,		443,	820	452,401			
æ	11	Other	revenue (Part VIII, colur	nn (A), lines 5, 6d, 8c, 9c, 10c, and		2,199,	079	2,210,265		
	12		revenue—add lines 8 thro	46,461,	339	9 46,961,72				
		12)								
	13		•	d (Part IX, column (A), lines 1-3)			887	 		
	14		•	(Part IX, column (A), line 4)			4,107,	91/	4,467,331	
8	15	5-10)		imployee beliefits (Part 1X, Column (A	(), illies		6,044,	994	6,160,996	
Expenses	16a	Profes	ssional fundraising fees (F	Part IX, column (A), line 11e)					(
ďχ	b	Total fu	undraising expenses (Part IX, co	lumn (D), line 25) ▶0						
ш	17	Other	expenses (Part IX, colum	nn (A), lines 11a-11d, 11f-24e) .			36,135,	561	36,393,355	
	18	Total	expenses Add lines 13-1	17 (must equal Part IX, column (A), I	ıne 25)		46,374,	359	47,162,119	
	19	Reven	ue less expenses Subtra	ct line 18 from line 12			86,	980	-200,391	
Net Assets or Fund Balances						Beginning	of Current	Year	End of Year	
sets alan	20	Total	accets (Part V. June 16)				103,520,	662	103,870,059	
Ass d B	20 21						56,227,		54,077,200	
Fun	22			ubtract line 21 from line 20		` 	47,293,		49,792,859	
	t III		ature Block				,,		,,	
Jndei ny kr	r pena nowled	Ities of Ige and	perjury, I declare that I h	ave examined this return, including a ind complete Declaration of preparer		-			•	
		****	c* *			2	016-11-14			
Sign		Signa	ature of officer			С	ate			
Here			ALD H SPIVEY CEO & EXEC VP							
		<u> </u>	or print name and title							
			Print/Type preparer's name G STEVEN GILLIAM CPA	Preparer's signature G STEVEN GILLIAM CPA	Da		eck 🗀 ıf	PTIN P00348	3264	
Paic	i	<u> </u>					f-employed		-	
Prebarer ⊢			Firm's name ADAMS JENKII Firm's address 231 WYLDERO				m's EIN 🕨	11 222 4	212	
						Ph	one no (804	+) 323-11	313	
		-	MIDLOTHIAN, \	/A 231136845						

Form 990 (2015)

Par	t IV Checklist of Required Schedules			
			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11b		No
С	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	11 c	Yes	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11 d	Yes	l I
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	17		No
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	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?	24 c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No

25b

26

27

28a

28b

28c

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35a

35b

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37

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Yes

Form 990 (2015)

Yes

Nο

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Νo

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

29

30

31

36

37

vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Pai		nts Regarding Other IRS Filings and Tax Compliance				_
	Check if S	chedule O contains a response or note to any line in this Pa	art V		 Yes	· No
1a	Enter the number r	reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 31		163	110
b	Enter the number o	of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С		on comply with backup withholding rules for reportable payments to				
_		winnings to prize winners?		1 c	Yes	
2a		of employees reported on Form W-3, Transmittal of Wage and led for the calendar year ending with or within the year covered				
	by this return .		2a 67			
b		eported on line 2a, did the organization file all required federal emplo lines 1a and 2a is greater than 250, you may be required to e-file (s		2b	Yes	
3a		on have unrelated business gross income of \$1,000 or more during t	, , , , , , , , , , , , , , , , , , ,	3a		No
b	If "Yes," has it filed	d a Form 990-T for this year? If "No" to line 3b, provide an explanation	ın Schedule O	3b		No
4a		the calendar year, did the organization have an interest in, or a sign				
	over, a financial ac account)?	count in a foreign country (such as a bank account, securities acco	ount, or other financial	4a		No
b	•	name of the foreign country				
	See instructions fo	or filing requirements for FinCEN Form 114, Report of Foreign Bank a	and Financial Accounts			
_	(FBAR)			_		
	-	on a party to a prohibited tax shelter transaction at any time during rty notify the organization that it was or is a party to a prohibited ta	,	5a		No No
	,		x sherer transaction,	5b		1110
С	ir Yes, to line 5a	or 5b, did the organization file Form 8886-T?		5c		
6a		tion have annual gross receipts that are normally greater than \$100 t any contributions that were not tax deductible as charitable contri		6a	Yes	
b	•	ganization include with every solicitation an express statement that the citible?	t such contributions or gifts	6 b		No
7	Organizations that	may receive deductible contributions under section 170(c).				
	services provided	on receive a payment in excess of \$75 made partly as a contribution to the payor?		7a		
	·	ganization notify the donor of the value of the goods or services pro		7b		
С		on sell, exchange, or otherwise dispose of tangible personal property	for which it was required to	7 c		
d		1	7d			
е	Did the organizatio	on receive any funds, directly or indirectly, to pay premiums on a per	rsonal benefit contract?	7e		
f	Did the organizatio	on, during the year, pay premiums, directly or indirectly, on a person	al benefit contract?	7f		
g		received a contribution of qualified intellectual property, did the org	janization file Form 8899 as	7g		
h	required? If the organization	received a contribution of cars, boats, airplanes, or other vehicles,	did the organization file a	, a		
_	Form 1098-C? .			7h		
8		rations maintaining donor advised funds. d fund maintained by the sponsoring organization have excess busi	ness holdings at any time	8		No
9a	Did the sponsoring	organization make any taxable distributions under section 4966?		9a		No
b	Did the sponsoring	, organization make a distribution to a donor, donor advisor, or relate	ed person?	9b		No
LO	Section 501(c)(7)	organizations. Enter				
		· · · · · · · · · · · · · · · · · · ·	.0a			
b	Gross receipts, inc facilities	cluded on Form 990, Part VIII, line 12, for public use of club	.0b			
L1	Section 501(c)(12)) organizations. Enter				
а	Gross income from	members or shareholders	. 1a 46,044,814			
b		n other sources (Do not net amounts due or paid to other sources ue or received from them)	. 1b 714,612			
L2a	Section 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 .	n lieu of Form 1041?	12 a		No
b	•	amount of tax-exempt interest received or accrued during the	.2b			
L3	year Section 501(c)(29)) qualified nonprofit health insurance issuers.				
а	-	licensed to issue qualified health plans in more than one state? Not ion the organization must report on Schedule O	te. See the instructions for	13a		No
b	Enter the amount o	of reserves the organization is required to maintain by the states	24			
	J	zation is needised to issue qualified health plans	.3b			
	Enter the amount of	L -	13c	44-		N. a
	-	on receive any payments for indoor tanning services during the tax y d a Form 720 to report these payments? <i>If "No," provide an explanati</i>		14a 14b		No
	in 105, mas it into	a a , 20 to report these payments in tho, provide an explanant	o benedure o	70		

orm	1990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Ob belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection A. Governing Body and Management			•
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	
b	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			

b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . 15a Yes ${f b}$ Other officers or key employees of the organization 15b Yes If "Yes" to line 15a or 15b, 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 **16**a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

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 made these available. Check all that apply ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

List the States with which a copy of this Form 990 is required to be filed▶

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: h ar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) RICHARD JOHNSON	7 00									
President		×		X				12,711	0	0
	0 00 5 00									
(2) DONALD A THOMPSON		×		x				8,059	0	C
Vice President	0 00									
(3) MILLARD E RUSSELL Sec / Treas	4 00	x		x				8,031	0	(
(4) WINNIE M BENNETT	2 00									
Director	0 00	×						4,705	0	(
(5) ROBERT C DAVIS Jr	1 00									
Director	0 00	×						2,755	0	(
(6) Benjamin Lybrand	3 00									
Director	0 00	×						4,315	0	(
(7) MARCIA A LAMBETH Director	3 00	×						4,705	0	C
(8) BENJAMIN MCCALLUM JR	5 00									
Director	0 00	×						6,850	0	(
(9) RICHARD V MELTON	5 00									
Director	0 00	×						7,240	0	C
(10) CRAIG RATLIFF Director	0 00	x						2,950	0	(
(11) Donald H Spivey	40 00									
President & CEO	0 00			X				186,717	0	75,556
(12) Phillip Mabry	40 00						\vdash			
CFO	0 00			Х				103,061	0	43,174
(13) John M Rhyne	40 00									
Dir of Eng & Oper	0 00					×		120,689	0	38,336
			_	 	_					

371 Hamp Jones Rc Carrollton, GA 30117

\$100,000 of compensation from the organization \triangleright 9

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours	more t	Position (do not check more than one box, unless person is both an officer and a director/trustee)							(E) Reportable compensation from related organizations (V	٧-	(F) Estima amount of compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-M	150)	2/1099-MISC	`	rganizat relat organiza	ed
				_								\perp		
		1		\vdash								+		
												-		
				_		_						\bot		
												+		
												\perp		
1b c d	Sub-Total	ets to Part VII, S	ection A	Α.			. *		472,7	88		\vdash		157,066
2	Total number of individuals (\$100,000 of reportable com						d abov	e) w	ho received i	more t	nan			
													Yes	No
3	Did the organization list any on line 1a? <i>If "Yes," complete</i>					, key	emplo	yee,	, or highest c	omper • •	sated employee	3		No
4	For any individual listed on li organization and related orga individual											4	Yes	
5	Did any person listed on line services rendered to the orga									ızatıor • •	or individual for	5		No
	ection B. Independent C			4 4		4	h h-				th td 0.0 0.0	0 - 5		
1	Complete this table for your compensation from the organ	nization Report c									ithin the organizat			_
Acplu	ndh Tree Expert	Name and business	address						Pi	De:	(B) scription of services	_	Compe	
708 l	lair Mill Road									dili Oi	WOI			331,391
Booth 5811	v Grove, PA 19090 & Associates Inc Glenwood Ave								En	gıneerin	g Services	+		493,501
Bufor	gh, NC 27612 ds Tree								Rıç	ght of W	'ay	+		414,921
Annıs	Choctaw Trail ton, AL 36207 eastern Data Coop Inc								Co	mp Sol	tware Supp	\dashv		381,073
100 /	shford Center North a, GA 30338													, -, 0
	y Silvey Enterprises Inc								Co	nstruct	Contractor	\dashv	1	,085,915

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 99								Page 9
Part V	111	Statement o						_
		Check if Schedi	ule O contains a respoi	nse or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
Gr.	С	Fundraising eve	ents 1c					
iffs ar /	d	Related organiz	zations 1d					
s, G mi	е	Government grant	s (contributions) 1e					
ion r Si	f		ons, gifts, grants, and 1f	100,357				
ib e	g	similar amounts no Noncash contributi	ons included in lines					
Contr and C		1a-1f \$	- 4 - 46		100 257			
<u>ع ت</u>	h	Total. Add lines	s la-lf		100,357			
	2a	SALE AND DIST OF	E ELECT	Business Code	44 100 705	44 100 705		
14.V2	b	SALE AND DIST OF	F ELECT	221000	44,198,705	44,198,705		
ıń CΣ	c	_						
£ N	d	-						
აგ E	е							
Program Service Revenue	f	All other progra	am service revenue					
Ĕ	g	Total. Add lines	s 2a-2f		44,198,705			
	3		come (including dividen		423,610			423,610
	4		ar amounts) stment of tax-exempt bond	F	0			•
	5	Royalties		🔸	0			
	_		(ı) Real	(II) Personal				
	6a	Gross rents		202,302				
	b	Less rental expenses						
	С	Rental income or (loss)		202,302				
	d	Net rental inco			202,302			202,302
	7a	Gross amount	(ı) Securities	(II) O ther				
	/ 4	from sales of assets other than inventory		28,791				
	ь	Less cost or other basis and sales expenses						
	С	Gain or (loss)		28,791				
	d	Net gain or (los	ss)		28,791			28,791
an ue	8a	events (not inc	luding					
Other Revenue		of contributions See Part IV , lir	s reported on line 1c) ne 18 a					
the	ь		penses b					
0	С		(loss) from fundraising	events ▶	0			
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gamıng actı	vities ▶	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С	_	(loss) from sales of inv	entory ▶	0			
		Miscellaneou		Business Code	E7 334	E7 336		
		CONTRIB IN		221000 221000	57,326 1,807,759	57,326 1,807,759		
	b c	Earnings from E	<u> </u>	221000	142,292	1,807,739		
	`	RECEIVED						
	d	All other reven		_	586	559	27	
	e	Total. Add lines		•	2,007,963			
	12	Total revenue.	See Instructions .		46,961,728	46,206,641	27	654,703

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must	complete column	(A)
---	-----------------	-----

Check if Schedule O contains a response or note to any line in this Part IX

	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21	140,437			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	4,467,331			
5	Compensation of current officers, directors, trustees, and key employees	470,829			
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	4,157,714			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	793,230			
9	Other employee benefits	383,423			
10	Payroll taxes	255 200			
11	Fees for services (non-employees)	355,800			
a	Management	0			
b	Legal	33,736			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	869,747			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	218,938			
20	Interest	1,831,529			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,522,715			
23 24	Insurance	0			
а	Cost of power	28,582,761			
b	ADMIN & GENERAL	1,687,624			
c	DISTRIBUTION MAINTENANCE	1,611,542			
d	DISTRIBUTION OPERATION	596,034			
е	All other expenses	-2,561,271			
25	Total functional expenses. Add lines 1 through 24e	47,162,119	0	0	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

End of year

-57,108

1.891.334

2,616,472

1,486,028

3,156,407

81.410.511

6,780,480

6,585,935

2,964,434

41,426,032

9,686,734

54,077,200

49,792,859

49,792,859

103,870,059 Form 990 (2015)

103,870,059

0

Beginning of year

41,456

7,897,818

3,277,061

1,511,173

3,384,006

76,122,334

6,001,355

5.285.459

4.290.762

42,057,268

9,879,010

56,227,040

47,293,622

47,293,622

103,520,662

103,520,662

115,564,066

34,153,555

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Part X	Balance She
	Check if Sched

Cash-non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

 $key\ employees, highest\ compensated\ employees, and\ disqualified$ persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Less accumulated depreciation .

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets .

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

1

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b

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Fund Balances

ō

Net Assets

101111 330 (.	2013)							Ра	ge
Part X	Balance Sheet								
	Check if Schedule O contains a response or note to any line in this Part X	•							۰
			(A)			(B)	

10a

10b

FOITH 990 (2015)		Page
Part X	Balance Sheet	
	Check of Cahadula O cantains a response or note to any line in this Bart V	г

Form 990 (2	2015)	Pag
Part X	Balance Sheet	

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

9

10

2,699,628

49,792,859

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D

(Form 990)

Treasury

Department of the

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493319059456

Open to Public Inspection

nterr	nal Revenue Service			<u> </u>
	me of the organization : DEE ELECTRIC MEMBERSHIP CORPORATION			oyer identification number
_	O and allow Material as Base	Ad tood English Other Charles		123345
P G	Organizations Maintaining Donor A Complete if the organization answered		unas c	or Accounts.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	(a) Dones davided lande	(-)	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to the		nor advıs	sed Yes No
5	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the beconferring impermissible private benefit?	2 2		r purpose Yes No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes" (on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all that apply)		
	Preservation of land for public use (e g , recreaeducation)		n histor	ically important land area
	Protection of natural habitat	Preservation of a	certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	eld a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement	ts	2b	
c	Number of conservation easements on a certified h	nistoric structure included in (a)	2c	
d	Number of conservation easements included in (c) historic structure listed in the National Register	acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminat	ed by th	e organization during the
	tax year ▶			
4	Number of states where property subject to conser	vation easement is located >		
5	Does the organization have a written policy regardiviolations, and enforcement of the conservation ear	· · · · · · · · · · · · · · · · · ·	ıdlıng of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, in year	specting, handling of violations, and enforc	ing cons	servation easements during the
	>			
7	A mount of expenses incurred in monitoring, inspec \$ \\$	ting, handling of violations, and enforcing o	onserva	tion easements during the year
В	Does each conservation easement reported on line $(B)(I)$ and section $170(h)(4)(B)(II)$?	e 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation easi	f the footnote to the organization's financia		
ar	t III Organizations Maintaining Collecti	ions of Art, Historical Treasures,	or Oth	er Similar Assets.
	Complete if the organization answered If the organization elected, as permitted under SFA	· · · · · · · · · · · · · · · · · · ·	nuo at-	coment and halance sheet
1a	works of art, historical treasures, or other similar a service, provide, in Part XIII, the text of the footno	ssets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SFA			
-	works of art, historical treasures, or other similar a service, provide the following amounts relating to t		or resea	arch in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

> \$ _

	dule D	(Form 990) 2 Organizat		ing	Collections of	Art, His	toric	al T	reasures,	or C	ther	Similar	Asse	ets	Page 2
3	Using	<i>(continued)</i> the organizat	ion's acquisition,	acce	ession, and other re	cords, ch	ieck ar	ny of	the following	that a	are a s	ıgnıfıcant ι	se of	its	
		•	neck all that apply)					·						
а		Public exhibiti	on			d		Loar	n or exchang	e prog	irams				
b		Scholarly rese	arch			е	Г	Oth	er						
c		Preservation f	or future generation	ons											
4	Provid Part X		on of the organizat	ion's	s collections and ex	xplaın hov	v they	furth	er the organı	ızatıon	's exe	mpt purpos	e ın		
5					it or receive donat an to be maintained								es	□ No	
Par	t IV	Escrow ar	nd Custodial A f the organization	rra											
1a		e organization ded on Form 99		cus	todian or other inte	ermediary	for co	ntrıbı	utions or oth	erass	ets no	t 	es	┌ No)
b	If"	Yes," explain	the arrangement	ın Pa	art XIII and comple	ete the fol	lowing	table	e			А	moun	t	
c	Вед	ginning balanc	e							1c					
d	Ado	ditions during	the year							1d					
е	Dis	tributions dur	ing the year							1e					
f	End	ding balance								1f					
2 a	Did th	ne organizatior	າ include an amou	nt or	n Form 990, Part X	, lıne 21,	for esc	row	or custodial	accou	nt lıab	ılıty? Y	es	┌ No)
b Da	If"Ye rt V				XIII Check here if te if the organiza										
ra	V	Liidowille	it i dilds. con	ipiei	(a)Current year		or year		b (c) Two years) Four ye	ars back
1a	Begir	nning of year b	alance									·		,	
b		ributions													
c	Net II losse		rnings, gains, and												
d	Grant	ts or scholarsI	nips												
e		r expenditures programs	for facilities												
f	A dmı	nistrative exp	enses												
g		of year balance													
2	Provid	de the estimat	ed percentage of	the c	current year end ba	lance (lin	e 1g, d	olun	nn (a)) held a	is			•		
а	Board	l designated o	r quası-endowmer	nt 🕨											
b	Perma	anent endowm	ent ►												
c	Temp	orarily restric	ted endowment >	200	should equal 100%	1									
За		_			session of the orga		that ar	e hel	d and admin	ıstere	d for th	ie			
	organ	ızatıon by		, , , ,							- · · ·	_		Yes	No
	(i) un	related organı	zations	•									Ba(i)		
b			ations re the related orga		ations listed as req	 uıred on S	 Schedu	ile Rā	· · ·			 	a(ii) 3b		
4	Desci	rıbe ın Part XI	II the intended us	es o	of the organization's	endowm	ent fur	ıds							
Par	t VI		dings, and Eq		ment. Inswered 'Yes' to	Form 0	۵0 D=	r+ T\	/ line 11a	ا مم ۶	-orm	QQA Dart	V lir	aa 10	
			tion of property	<u> </u>	iliswered res to	Co	(a) st or oth	er bas	(b) her bas		Accumulate)depreciation	1		k value
12	Land						(ınvestn	rent)	(oth	er) 809,1	22		+		809,122
	Buildin			•		· · —				003,1.			+		003,122
-															
c	Leaseh	old improvem	ents												
d	Equipm	nent													
е	Other									17540		24 452 7			0 604 202
Tot a	I. A dd I	lines 1a throug		mus	t equal Form 990, Pa	art X colu	nn (R)	line		1,754,9	+4	34,153,5	22		0,601,389 1,410,511
. 51.4	nuu I	mics ta dillou	g ic (Column (d)		L cyau i oi iii 330, Pe	are A, corar	(D),	me	±0(c// •	· ·	• •	Schedul	e D (F		

(a) Description of Security or Catagory (b) bear and deprenated (Cast of end in Year analysis would be deprenated on the Cast of end in Year analysis would be deprenated by the cast of the deprenated by the cast of the cas	Part VII Investments—Other Securities. Co	omplete if the orga	nızatıon answered 'Yes	on Form 990, Part IV, line 11b.
Totals (Convey pol most count from 900, fort X and (6, one 20) Part IV, line 110. See Form 900, Part X, line 13.	(including name of security)	у	(b) Book value	(c)Method of valuation Cost or end-of-year market value
Total, (Column (s)) must exerticen seq. Part X, or (s) to 23 P. Part VIII Investments—Program Related. Complete of the organization answered Yes' on Form 990, Part X, line 11C See Form 990, Part X, line 13. (g) Tessenghan or investment (h) Reservation				
Total. (Column (b) must equal from 990, Part X, col (b) Inter 15 Total. (Column (b) must equal from 990, Part X, col (b) Inter 15 Total. (Column (b) must equal from 990, Part X, col (b) Inter 15 Total. (Column (b) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (b) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15 Total. (Column (c) must equal from 990, Part X, col (d) Inter 15	(3)0 ther			
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(a) Description of investment (b) Book value Cost or end of year market value Total. (Column (a) must equal from 990, Part X, col (b) Ine 23.) Part IX Other Assets. Complete if the organization answere: Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value Total. (Column (b) must equal from 990, Part X, col (b) Ine 23.) (b) Book value (c) Pert IX Other Labilities. Complete if the organization answere: Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15. (b) Book value (c) Pert IX Other Labilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 25. (c) Description of Ix	Part VIII Investments—Program Related.			
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15 (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	(a) Description of investment		(b) Book value	Cost or end-of-year market value
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15 (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15 (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes APBO 5,644,642 CONSUMER DEPOSITS 755,125 Deferred Credits 2,317,942 OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 9,686,734 Z. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part.				
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes APBO 5,644,642 CONSUMER DEPOSITS 755,125 Deferred Credits 2,317,942 OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 9,686,734 Z. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part.				
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Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value Federal income taxes APBO 5,644,642 CONSUMER DEPOSITS 755,125 Deferred Credits 2,317,942 OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 9,686,734 Z. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part.	Total (Column (h) must equal Form 990, Part V, col (R) line	15)		6 585 035
1. (a) Description of liability (b) Book value Federal income taxes APBO 5,644,642 CONSUMER DEPOSITS 755,125 Deferred Credits 2,317,942 OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 9,686,734 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part			d 'Yes' on Form 990, P	
Federal income taxes APBO 5,644,642 CONSUMER DEPOSITS 755,125 Deferred Credits 2,317,942 OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) > 9,686,734 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part	(-) Descriptions of healths.	(b) Book value		
APBO 5,644,642 CONSUMER DEPOSITS 755,125 Deferred Credits 2,317,942 OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) Possible 1	. (272 222 472 222 222 222 222 222 222 222	(2) 2 2 3 1 1 2 1 2	-	
Deferred Credits 2,317,942 OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2,886,734 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part	Federal income taxes			
Deferred Credits 2,317,942 OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 9,686,734 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part	APBO	5,644,	642	
OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 9,686,734 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part.	CONSUMER DEPOSITS	755,	125	
OTHER CURRENT LIABILITIES 969,025 Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 9,686,734 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part.	Deferred Credits	2,317,	942	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 9,686,734 2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part.	OTHER CORRENT LIABILITIES	969,	023	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part.				
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part.				
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organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part	Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	9,686,	734	
ALL DE				

Schedule D (Form 990) 2015

b

c

information

Part X FIN48 Footnote

1	Total revenue, gains, and other support per audited financial statements			1	46,959,459
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2 c			
d	Other (Describe in Part XIII)	2d	55,057		
e	Add lines 2a through 2d			2e	55,057
3	Subtract line 2e from line 1			3	46,904,402
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 XIII)	4b	57,326		
c	Add lines 4a and 4b			4c	57,326
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)		5	46,961,728
Pari	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990, F		•	es per	Return.
1	Total expenses and losses per audited financial statements			1	42,554,351
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		7	
c	Other losses	2 c		7	
d	Other (Describe in Part XIII)	2d			

е	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts 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	

42,554,351 4,607,768

Schedule D (Form 990) 2015

47,162,119

2e 3

4c

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . Part XIII **Supplemental Information**

Other (Describe in Part XIII) .

Add lines 4a and 4b .

Return Reference

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Explanation

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Revenue Service

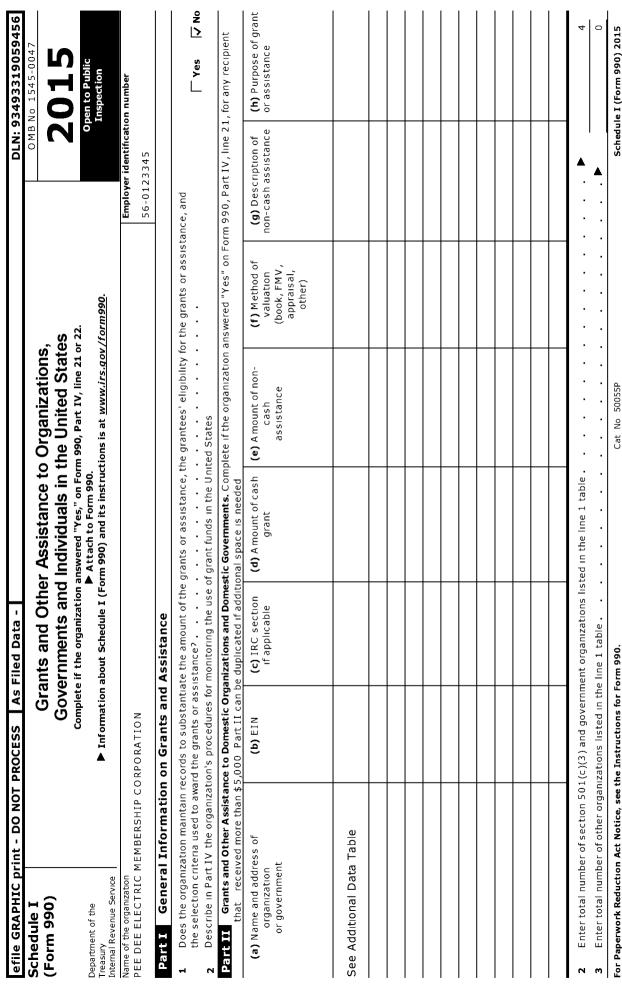
The Corporation follows the guidance for "uncertain tax positions" in accordance with accounting

principles generally accepted in the United States of America. The Corporation has determined that it is more likely than not that their tax positions will be sustained upon examination by the Internal

4,607,768

Schedule D (Form 990) 2015	Page 5	
Part XIII Supplemental In	nformation (continued)	
Return Reference	Explanation	
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	CIAC \$57326	
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Pat Div paid to members \$4467331 Care to Share Activity \$140437	

Schedule D (Form 990) 2015



Schedule I (Form 990) 2015

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Explanation

Part IV Su Return Reference

Software ID: 15000324 **Additional Data**

37CCCFO 23 Software Version: 2015v2.0

EIN: 56-U123345	Name: PEE DEE ELECTRIC MEMBERSHIP CORPORATION		
:LIN	Name:		

Name: PEE DEE ELECTRIC MEMBERSHIP CORPORATION		
Name:		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section if applicable

(b) EIN

(a) Name and address of

or government

organization

(d) A mount of cash (e) A mount of non- (f) Method of valuation

assistance

grant

lame: PEE DEE ELECTRIC MEMBERSHIP CORPORATION		
Name:		

Purchase of equipment

ourchase of equipment

ourchase of equipment

(h) Purpose of grant or assistance

non-cash assistance (g) Description of

(book, FMV, appraisal,

0 FMV

7,500

56-1403064

56-1382772

Norwood, NC 28128

12002 NC-138 Aquadale VFD

0 FMV

7,500

0 FMV

7,500

56-1534520

Monroe, NC 28112

7608 Landsford Rd Lanes Creek VFD

Candor, NC 27229

142 S School St

Candor VFD

(c) IRC section | (d) A mount of cash | (e) A mount of non- | (f) Method of valuation | (g) Description of | (h) Purpose of grant or assistance non-cash assistance Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (book, FMV, appraisal, other) cash assistance grant applicable 56-1544144 (b) EIN (a) Name and address of MtGilead, NC 27306 or government organization 5321 Pekin Rd

Pekin VFD

Schedule J (Form 990)

Department of the

Internal Revenue Service Name of the eventuation

Treasury

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493319059456 OMB No 1545-0047

2015

Open to Public Inspection Employer identification number

	DEE ELECTRIC MEMBERSHIP CORPORATION			Employer identification	Jii iiuii	IIDEI	
	5			56-0123345			
Pa	rt I Questions Regarding Compensation		·				
						Yes	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Г	Housing allowance or residence for	personal use			
	Travel for companions		Payments for business use of person	onal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiat	ion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc				1 b		
2	Did the organization require substantiation prior to reid directors, trustees, officers, including the CEO/Execut				2		
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	apply	Do not check any boxes for method	ds			
	▼ Compensation committee	Г	Written employment contract				
	✓ Independent compensation consultant	√	Compensation survey or study				
	Form 990 of other organizations	✓	Approval by the board or compensa	ation committee			
4	During the year, did any person listed on Form 990, Pa or a related organization	art VII	, Section A, line 1a with respect to t	the filing organization			
а	Receive a severance payment or change-of-control pa	yment	:?		4a		Νo
b	Participate in, or receive payment from, a supplementa	al nonc	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed con	npensation arrangement?		4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the	e applicable amounts for each item i	n Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of		·	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of	ıne 1a	, did the organization pay or accrue a	any			
а	The organization?				6 a		
b	Any related organization?				6b		
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," des			n-fixed	7		
В	Were any amounts reported on Form 990, Part VII, pa						
	subject to the initial contract exception described in R in Part ${\rm III}$	legulat	tions section 53 4958-4(a)(3)? If "\	Yes," describe			
•				. d D l . !	8		
9	If "Yes" on line 8, did the organization also follow the resection $53.4958-6(c)$?	eputta	able presumption procedure describe	ea in Regulations	9		

Schedule J	Schedule J (Form 990) 2015	Je 7
Part II	Parant Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	
For each in	or each individual whose compensation must be reported on Schedule J, report compensation from the organizations, described in the	

Note. The sum of columns (b)(1)-(III) for each listed Individual must equal the total amount of Form 990, Part VII, Section A, line Ia, applicable column (D) and (E) amounts for that individual	instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII	For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the	directly billegical mattered were mighted compensated might be supported by the support of the s
---	---	--	--

line 1a, a	(a)		
each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, a	(c) Retirement and	other deferred	compensation
l amount of Form 990,	SC compensation	(111)	Other reportable
2	(B) Breakdown of W-2 and/or 1099-MISC compensation	(11)	Bonus & incentive
	(B) Breakdown of	0	Dase

ē				
Part VII, Section A, Iir	(c) Retirement and	other deferred	compensation	
ital amount of Form 990, Part VII, Section A, line	ISC compensation	(111)	Other reportable	compensation

]) uu	(E)
I, Section A, line 1a, applicable column (I	(D) Nontaxable benefits
I, Section A, lir	etirement and ner deferred

lumns (F) Compensation in

as deferred on prior column(B) reported

Form 990

.......... 262,273

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186,717

1 Donald H Spivey

President & CEO

compensation

(I) compensation Base

(A) Name and Title

980'59

10,470

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120,689

2 John M Rhyne Dir of Eng & Oper

Ξ

32,193

6,143

159,025

Schedule J (Form 990) 2015

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S	ιt

Schedule J (Form 990) 2015

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DLN: 93493319059456

Transactions with Interested Persons

▶ 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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the

(Form 990 or 990-EZ)

Schedule L

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Treasury				<u>www.irs.gov</u>	<u>//form990</u> .					In	specti	on
Internal Revenue Se Name of the or	ganization						En	nploye	r identi	fication	numbe	r
PEE DEE ELECTRIC	MEMBERSHIP CORI	PORATION					56	-012	3345			
Part I Exc	ess Benefit T	ransactions	(section	501(c)(3), se	ction 501(c)((4), and 501(c				only)		
	olete if the organi											
1 (a) Nan	ne of disqualified	person	(b) Rela		veen disqualif ganization	fied person and	1 (cription saction	of	(d) Corr Yes	No No
					<u>, </u>						163	110
							+					
							+					
							-					
	amount of tax inc											
	amount of tax, If a											
		F Tt.		<u> </u>								
	ans to and/o)-EZ, Part V,	line 38a, or Fo	rm 99	0, Par	t IV , lın	e 26, o	r ıf the	
	janization reporte											
(a) Name of	(b) Relationship	(c) Purpose	(d) Loan	to	(e)O riginal	(f)Balance	(a)	In	(h)	(i)Wri	tten
ınterested	with	of loan	or from t	he	principal	due	defa		Appro	ved	agreen	
person	organization		organizati	on?	amount				by boa			
			То	From			Yes	No	Yes	No	Yes	No
(1) Mark Rhyne	Employee	Computer		Х	2,500	785		Νo		Νo	Yes	
		1										+
Total	•	▶ \$		1		785				ı		
	ants or Assist											
(a) Name of	mplete if the oi	rganization a •) Relationship			rm 990, Par of assistance			ctance	(0)	Durnoc	e of ass	ıctanco
perso		terested perso		(c) Amount	or assistance	(u) Type (01 0331	Stante	(6)	ruipos	C OI d33	istance
		organızatı	on									
									_			
						+						

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Part V Supplemental I	nformation			

Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Page 2

Department of the

Internal Revenue

Treasurv

Service

As Filed Data -

DLN: 93493319059456 OMB No. 1545-0047

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization PEE DEE ELECTRIC MEMBERSHIP CORPORATION

56-0123345

Employer identification number

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS

Return Reference Explanation Form 990, Part VI, Line 6 Explanation of Pee Dee Electric Membership Corporation is an electric membership corporation that delivers Classes of Members or Shareholder electricity to the members of the cooperative. The members elect the board of directors, which is the governing body of the cooperative All members of Pee Dee EMC receive one vote with respect to selecting the governing board of Form 990, Part VI, Line 7a How Members or Shareholders Elect directors Governing Body

990 Schedule O, Supplemental Information Return Reference Explanation

	certain decisions of the governing body are subject to approval by the members as provided for in the cooperative bylaw's
Forms 000 Port VI Line 11h Forms 000 Poursus Process	The CEO presudes a serve of the COO to the finance committee and

Form 990, Part VI, Line 11b 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

990 Schedule O, Supplemental Information
Return Reference

Enforcement of Conflicts

Form 990. Part VI. Line 12c Explanation of Monitoring and

Each director, officer and key employee must annually complete and

sign a conflict of interest form

committee for approval

Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management

CEO's performance annuall
y and recommends salary changes to the board. As part of this review,
the committee consid
ers the recommendations from the outside salary consultant and other
statewide comparison
data from electric cooperatives throughout the state. The CEO reviews
and recommends salar
y changes for other officers and key employees to the compensation

based on the recommendation of an outside salary consultant

The Governing body has a compensation committee that reviews the

990 Schedule O, Supplemental Information

upon request

Return Reference

Publicly Available

Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Governing body has a compensation committee that review's 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 19 Other Organization Documents	Financial data is provided to the membership at the annual meeting and also included on the cooperative's website. In addition, the annual report is provided to the membership in t

he Coop's monthly magazine Other governing documents including the form 990 are available

Explanation

990 Schedule O, Supplemental Information

Return Reference Explanation

Care to share activity = \$40080

Other Changes In Net Assets Or Fund Balances - Other Decreases	Book tax difference sandhills utility services = -\$597191

Other Changes In Net Assets Or Fund Balances - Other Increases

990 Schedule O, Supplemental Information

Return Reference Explanation

ne turi ne re re re	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	contributions in aid of construction not revenue per gaap = -\$57326

Net Retirement of Capital Credits = -\$976683

Other Changes In Net Assets Or Fund Balances - Other Decreases

990 Schedule O, Supplemental Information

Return Reference Explanation

Other Changes In Net Assets Or Fund Balances - Other Increases	noncash patronge allocations not revenue per irs = \$732631

OCI adjustment = -\$929188

Other Changes In Net Assets Or Fund Balances - Other Decreases

 Return Reference
 Explanation

 Other Changes In Net Assets Or Fund Balances - Other Increases
 Patronage Div paid to members' accts not expense per gaap = \$4487305

 Form 990, Part IX, Line 4 Benefits Paid To or For Members
 Patronage dividends paid to members' accounts in accordance with the pre-existing obligation in Pee Dee Electric Membership Corporation's by-laws. The Corporation is obligated to present the pre-existing obligation.

990 Schedule O, Supplemental Information

obligated to p ay by credits to a capital account for each patron all such amounts in excess of operating costs and expenses IRS instructions for line 4 changed in 2011 to include patronage divi dends paid by section 501(c)(12) organizations to their members. Accordingly, these amount s are now reported on line 4

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part IX,	Travel costs includes the expenses of purchasing, leasing, operating, and repairing any vehicles owned by the	
Travel Costs	Corporation and used in the Corporation's activities Travel costs also include transportation costs, meals and lodging,	
	and per diem payments	