

Form 990
2018Department of the
Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Go to www.irs.gov/Form990 for instructions and the latest information.2018
Open to Public
Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization BRUNSWICK ELECTRIC MEMBERSHIP CORPORATION		D Employer identification number 56-0154512
Doing business as		E Telephone number (910) 754-4391
Number and street (or P O box if mail is not delivered to street address) PO BOX 826		Room/suite
City or town, state or province, country, and ZIP or foreign postal code SHALLOTTE, NC 28459		
G Gross receipts \$ 197,932,646		

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		426,393,442	429,154,883
20	Total assets (Part X, line 16)	426,393,442	429,154,883
21	Total liabilities (Part X, line 26)	278,854,167	265,945,669
22	Net assets or fund balances Subtract line 21 from line 20	147,539,275	163,209,214

Part II Signature Block

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

Sign Here	Signature of officer	2019-11-13
	Joshua Winslow CEO/General Manager	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00348264
	Firm's name ► ADAMS JENKINS CHEATHAM PC			Firm's EIN ► 54-1320089	
	Firm's address ► 231 WYLDEROSE DR MIDLOTHIAN, VA 231136845			Phone no (804) 323-1313	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions

Cat. No. 11282V

Form 990 (2018)

Part III

Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. the total

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		No
3		No

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

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

4 Section 501(c)(3) organizations

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete *Schedule A*

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?

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*

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?

	Yes	No
1		No
2		No
3		No

Part IV **Checklist of Required Schedules (continued)**

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? If "Yes," complete Schedule J

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

	Yes	No
23	Yes	
24a		No
24b		No
24c		No
24d		No

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	2a	184		
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 (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
12 At <u>100</u> time(s) during the calendar year, did the organization have an interest in, or a signature or other authority over, a <u>100</u> account(s) of another organization?				

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

	1a	13	Yes	No
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	13	2	Yes

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?

	3	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?

	4	No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

	5	No

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

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

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."

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)

(B)

(C)

(D)

(E)

(F)

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 for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Individual Trustee	Official	Key employee	Highest compensated			
(18) Lewis Shaw	50.00			X			213,796	0	175,898
Mgr Engineering	0.00								
(19) Bonita Hughes	50.00			X			185,407	0	33,743
Mgr HR	0.00								
(20) James D Green	50.00			X			184,229	0	74,348
Mgr Customer Svc	0.00								
(21) Hector C Batchelor	50.00				X		179,471	0	70,381
Mgr of Purchasing	0.00								
(22) Monte Herring	50.00				X		165,718	0	25,420
Mgr Dist Gen	0.00								
(23) John R Coleman	50.00				X		167,515	0	35,092
District Ops Supv	0.00								
(24) David Adams	50.00				X		167,909	0	96,437
Mgr Info Services	0.00								
(25) John E Johnson	50.00				X		165,372	0	35,078
District Ops Supv	0.00								

1b Sub-Total ►

c Total from continuation sheets to Part VII, Section A ►

d Total (add lines 1b and 1c) ►

2,955,815

766,435

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 69

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J 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	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Lee Electrical 12828 Highway 15-501 South Aberdeen, NC 28315	Utility line const	8,508,496
Pike Electric LLC 100 Pike Way Mt Airy, NC 27030	Utility Line Cosnt	692,062
Sumter Utilities Inc 1151 N Pike W Sumter, SC 29153	Utility line const	1,231,286
Axel Mcpherson Construction Inc 721 Jack Hayes Road Whiteville, NC 28472	Utility Line Const	623,281
New South Maintenance 837 Savannah Road Tabor City, NC 28643	Right of way maint	2,503,735
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 27		

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	620,310			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f \$					
h Total. Add lines 1a-1f		620,310			
Program Service Revenue		Business Code			
	2a Capital credits received	221000	1,307,791	1,307,791	
	b Contrib in aid of const	221000	9,581,250	9,581,250	
	c Elec sale/distribution	221000	183,138,270	183,138,270	
	d Southport O&M contract	221000	1,193,376	1,193,376	
	e Sunny Point O&M contract	221000	850,950	850,950	
	f All other program service revenue				
			196,071,637		
	g Total. Add lines 2a-2f				
Investment Income	3 Investment income (including dividends, interest, and other similar amounts)		797,736		797,736
	4 Income from investment of tax-exempt bond proceeds		0		
	5 Royalties		0		
		(i) Real	(ii) Personal		
	6a Gross rents	100,588	107,512		
	b Less rental expenses	102,178			
	c Rental income or (loss)	-1,590	107,512		
	d Net rental income or (loss)			105,922	-1,590 107,512
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory		85,968		
	b Less cost or other basis and sales expenses		70,027		
	c Gain or (loss)		15,941		
	d Net gain or (loss)			15,941	15,941

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 **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

- 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21
- 2 Grants and other assistance to domestic individuals See Part IV, line 22
- 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16
- 4 Benefits paid to or for members
- 5 Compensation of current officers, directors, trustees, and

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	228,577			
2	12,500			
3	0			
4	12,771,078			
5	2,613,852			

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

		(A) Beginning of year		(B) End of year
Assets				
1	Cash—non-interest-bearing	1,800	1	1,800
2	Savings and temporary cash investments	25,272,855	2	12,126,084
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net	25,315,760	4	29,883,029
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
6	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 II of Schedule L		6	0
7	Notes and loans receivable, net	5,652,927	7	4,648,204
8	Inventories for sale or use	6,690,856	8	7,648,342
9	Prepaid expenses and deferred charges	4,524,529	9	8,769,980
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 507,732,295		
b	Less accumulated depreciation	10b 187,214,317	315,596,376	10c 320,517,978
11	Investments—publicly traded securities		11	7,795,124
12	Investments—other securities See Part IV, line 11		12	2,361,874
13	Investments—program-related See Part IV, line 11		13	35,355,893
14	Intangible assets		14	0
15	Other assets See Part IV, line 11		15	46,575
16	Total assets. Add lines 1 through 15 (must equal line 34)	426,393,442	16	429,154,883
		426,393,442		429,154,883

related tax-exempt organizations during the tax year.

Part XI

Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	197,760,441
2	Total expenses (must equal Part IX, column (A), line 25)	2	191,158,838
3	Revenue less expenses Subtract line 2 from line 1	3	6,601,603
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,539,275
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	9,068,336
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	163,209,214

Part XII **Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

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

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

Separate basis Consolidated basis Both consolidated and separate basis

	Yes	No
2a		No
2b	Yes	
2c	Yes	

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

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

Separate basis Consolidated basis Both consolidated and separate basis

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?

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 56-0154512

Name: BRUNSWICK ELECTRIC MEMBERSHIP
CORPORATION

Form 990 (2018)

Form 990, Part III, Line 4a:

Distribution of electricity to members, which includes the purchase of electric power from suppliers, transmission operations and maintenance, distribution operations and maintenance, customer accounting, customer service, marketing, general administration, and minor non-operating activities

Form 990, Part III, Line 4b:

Patronage dividends paid to members' accounts See Part IX, line 4, 'Benefits paid to or for members', per IRS instructions

Form 990, Part III, Line 4c:

Operation, maintenance and construction of electric distribution lines for (1) the Military Ocean Terminal Sunny Point, under the terms of a long-term contract with the United States Government, and (2) the City of Southport, NC

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2018**Open to Public
Inspection**

► 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.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
BRUNSWICK ELECTRIC MEMBERSHIP
CORPORATION**Employer identification number**
56-0154512**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . .

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Temporarily restricted endowment ►

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Yes	No
3a(i)	
3a(ii)	
3b	

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		507,732,295	187,214,317	320,517,978
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				320,517,978

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	►	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	►	35,355,893

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	
(1) Federal income taxes		
Accrued annual leave	8,926,735	
Consumer deposits	3,019,983	
Deferred credits	11,565,512	
Economic development grant	1,000,000	
Other	33,252	
Other postretirement benefits	22,017,127	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	►	46,562,609

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 XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	189,877,347
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,929,896
e	Add lines 2a through 2d	2e	3,929,896
3	Subtract line 2e from line 1	3	185,947,451
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	11,812,990
c	Add lines 4a and 4b	4c	11,812,990
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	197,760,441

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	176,156,020
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	176,156,020
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	15,002,818
c	Add lines 4a and 4b	4c	15,002,818
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	191,158,838

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 56-0154512
Name: BRUNSWICK ELECTRIC MEMBERSHIP CORPORATION

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	Note A to the Financial Statements Income Taxes The Corporation has been granted exemption from income tax under Internal Revenue Service Code Section 501(c)(12) of the Internal Revenue Code. The Corporation evaluates components of the annual test for compliance to maintain its filing status as a tax exempt entity. In accordance with Accounting Standards Codification (ASC) 740 for uncertain tax positions, the Corporation had determined that it is more likely than not that their tax positions will be sustained upon examination by the Internal Revenue Service.

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Noncash patronage not revenue per IRS \$3929896

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	CIAC not revenue per GAAP \$9581250 Nonoperating items netted on F/S \$1611430 FEMA Reclassification \$620310

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Nonoperating items netted on F/S \$1611430 Patronage div paid to members' accts \$12771078 FEMA reclassification \$620310

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**Name of the organization
BRUNSWICK ELECTRIC MEMBERSHIP
CORPORATIONEmployer identification number
56-0154512**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Brunswick Family Assistance PO Box 333 Supply, NC 28462	56-1309961	501 (c) 3	44,500	0			Assistance for electric bills
(2) Columbus County Dept of Aging PO Box 1327 Whiteville, NC 28472	56-6000289		35,000	0			Assistance for electric bills

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 2

3 Enter total number of other organizations listed in the line 1 table ► 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) College scholarships	4	12,500			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	Brunswick Family Assistance and the Columbus County Department of Aging are government agencies. Any "monitoring" of the use of the proceeds could be viewed as an inappropriate invasion of the ultimate recipients' privacy, therefore, Brunswick EMC does not investigate the use of these funds (the identity of the ultimate recipients) once the funds are disbursed to the government agencies

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.**2018****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
BRUNSWICK ELECTRIC MEMBERSHIP
CORPORATION

Employer identification number

56-0154512

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

Yes**No****1b****2**

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

5a Receiving a severance payment or change-of-control payment?

4a**No**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

See Additional Data Table

Part III

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 56-0154512
Name: BRUNSWICK ELECTRIC MEMBERSHIP CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Bobby R Davis VP Technical Serv	(i) 263,605 (ii) -----	5,873	-----	4,873	32,067	306,418	-----	-----
Bonita Hughes Mgr HR	(i) 181,774 (ii) -----	3,633	-----	1,676	32,067	219,150	-----	-----
David Adams Mgr Info Services	(i) 163,833 (ii) -----	4,076	-----	64,370	32,067	264,346	-----	-----
Don Hughes CEO/General Mgr	(i) 433,201 (ii) -----	7,762	-----	11,500	42,701	495,164	-----	-----
Hector C Bachelor Mgr of Purchasing	(i) 175,202 (ii) -----	4,269	-----	38,314	32,067	249,852	-----	-----
James D Green Mgr Customer Svc	(i) 179,894 (ii) -----	4,335	-----	42,281	32,067	258,577	-----	-----
John E Johnson District Ops Supv	(i) 161,361 (ii) -----	4,011	-----	3,011	32,067	200,450	-----	-----
John R Coleman District Ops Supv	(i) 163,490 (ii) -----	4,025	-----	3,025	32,067	202,607	-----	-----
Lewis Shaw Mgr Engineering	(i) 208,937 (ii) -----	4,859	-----	143,831	32,067	389,694	-----	-----
Monte Herring Mgr Dist. Gen	(i) 162,433 (ii) -----	3,285	-----	-----	25,420	191,138	-----	-----
Russell E Shipe VP Fin & Risk	(i) 310,054 (ii) -----	6,876	-----	96,830	32,067	445,827	-----	-----

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2018**Open to Public
Inspection**

Name of the organization

BRUNSWICK ELECTRIC MEMBERSHIP
CORPORATION**Employer identification number**

56-0154512

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Operation, maintenance and construction of electric distribution lines for (1) the Military Ocean Terminal Sunny Point, under the terms of a long-term contract with the United States Government, and (2) the City of Southport, NC OTHER PROGRAM SERVICES 5 Capital credits received from suppliers for the furtherance of the distribution of electricity to members Expenses on Form 990 = \$0 Revenue on Form 990 = \$1,307,791

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Each director of Brunswick Electric Membership Corporation has a business relationship with all other directors of Brunswick Electric Membership Corporation, in their capacities as directors of Rural Consumer Services Corporation John Ward has a business relationship with Don Hughes in their capacities as directors of the North Carolina Electric Membership Corporation Calvin Duncan has a business relationship with Don Hughes in their capacities as directors of the North Carolina Association of Electric Cooperatives, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The Corporation is an electric cooperative that distributes electricity to its members. Membership is available to any individual or business that desires electric service within the Corporation's assigned service territory.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Line 1	All members of the governing body (the Directors) of the Corporation are elected by the general membership of the cooperative at the Corporation's annual membership meeting.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	All decisions made by the governing body of the Corporation are ratified by the general membership of the cooperative at the Corporation's annual membership meeting

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Prior to filing, the Form 990 is presented to the full Board of Directors, at a regularly scheduled meeting, by the CEO and VP of Finance. The Board authorizes the CEO to sign and file the return. In addition, at various meetings throughout the year, the Board receives training regarding the elements of the Form 990 by the Corporation's tax consultant and special outside legal counsel.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Officers, directors, and key employees are required to disclose interests that could give rise to conflicts at the beginning of each regularly scheduled monthly meeting of the Board of Directors. In addition, officers, directors and key employees are required to sign an annual statement disclosing any such interests

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	CEO compensation is determined by the Board of Directors of the Corporation after (1) review by the Compensation Committee of the Board of Directors, (2) comparisons with compensation surveys, (3) consultation with outside professionals, and (4) review of any other pertinent data

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation of officers and key employees is determined by the CEO after (1) consultation with the Director of Human Resources, (2) comparisons with compensation surveys, (3) consultation with outside professionals, and (4) review of other pertinent data

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	<p>All governing documents and policies (including the conflict of interest policy) are available at the Corporate offices, upon request, in accordance with State and Federal statutes</p> <p>Summary financial statements are provided free of charge to members at the annual membership meeting. Complete audited financial statements are available upon request, either paper or electronic, without charge. The Form 990 is available upon request, paper or electronic, without charge. The Form 990 is also available on-line at "guidestar.com", free of charge</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Contributions in aid of construction not revenue per GAAP = -\$9581250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Noncash patronage capital allocations not revenue per IRS = \$3929897

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Other comprehensive income = \$1916821

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Patronage div paid to members' accts not expense per GAAP = \$12771078

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Retirement of capital credits = -\$683695

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfers = \$715485

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 4 Benefits Paid To or For Members	This amount represents patronage dividends paid to members' accounts in accordance with the pre-existing obligation in Section 902 of Brunswick Electric Membership Corporation's by-laws. The Corporation is obligated to pay 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 dividends paid by section 501(c)(12) organizations to their members. Accordingly, these amounts are now reported on line 4

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part 1 question 1 and Part III question 1 - Organization Mission	The mission of Brunswick Electric Membership Corporation is to provide our cooperative membership with superior electric and consumer services through open communication, utilizing a highly-trained, efficient work force in conjunction with a knowledgeable and well-informed membership. Our primary goal is to distribute safe, affordable, reliable, and environmentally responsible electricity to our membership.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part IX, Line 17 Travel	Per IRS instructions, the total travel costs on this line represent all transportation costs of the Corporation, including the expense of purchasing, leasing, operating and repairing over 100 vehicles owned by the Corporation. This includes all the line and service trucks used in the daily operations of the Corporation. These trucks log approximately 1,000,000 miles each year constructing and maintaining the electric plant of the Corporation.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BRUNSWICK ELECTRIC MEMBERSHIP
CORPORATION

Employer identification number

56-0154512

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part IV. Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)Rural Consumer Services Corporation	j	100,588	Fully Dist Cost
(2)Rural Consumer Services Corporation	o	15,988	Fully Dist Cost
(3)Rural Consumer Services Corporation	q	141,380	Fully Dist Cost
(4)SENC Energy LLC	n	1,290	Fully Dist Cost
(5)SENC Energy LLC	o	7,677	Fully Dist Cost

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation