Form **990**

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.

OMB No. 1545-0047 2019

DLN: 93493260009280

Departi Freasui interna	ry	of the enue Service		nov/Form990 for instructions and the	latest in	formation.		Inspection
A F	or th	e 2019 d		nning 01-01-2019 , and ending 12-3	1-2019			
☐ Ad	dress	applicable: change	C Name of organization PEE DEE ELECTRIC MEMBERSHIP C	CORP		D Employ 56-012		fication number
□ Na □ Ini	tial re	-	Doing business as					
☐ Am	ende	d return	Number and street (or P.O. box if r	mail is not delivered to street address) Room/su	ıite	E Telephor		
⊔ Ар	plicati	ion pending	City or town, state or province, cou	untry, and ZIP or foreign postal code		(704) 6	94-2114	
			WADESBORO, NC 28170			G Gross re	ceipts \$ 4	7,455,438
			F Name and address of princip DONALD H SPIVEY	al officer:	1	Is this a group re	turn for	
			575 US HIGHWAY 52 SOUTH			subordinates? Are all subordina	tes	□Yes ☑No
[Tax	k-exe	mpt status	 WADESBORO, NC 28170 □ 501(c)(3) ☑ 501(c) (12) 	◀ (insert no.)	1 `´i	included? If "No," attach a		Yes No instructions)
J W	ebsit	te:► W\	WW.PDEMC.COM		H(c) (Group exemption	number	>
K Forn	n of o	rganizatior	n: 🗹 Corporation 🗌 Trust 🗌 Ass	ociation Other ►	L Year of	f formation: 1939	M State	of legal domicile: NC
Pa	ırt I		nmary					
			escribe the organization's mission of E	or most significant activities: LECTRICITY TO THE MEMBERS OF PDEMC				
e Ce	:	SAI L AIVE	D EFFECTIVE DISTRIBUTION OF E	ELECTRICITY TO THE MEMBERS OF THEME	,			
ie i								
Governance	,	Check th	ais how if the organization di	iscontinued its operations or disposed of r	more than	25% of its net =	scetc	
				ing body (Part VI, line 1a)			3	10
න් ග	4	Number	of independent voting members of	of the governing body (Part VI, line 1b) .			4	10
E E	5	Total nu	mber of individuals employed in c	5	70			
Activities &	6	Total nu	mber of volunteers (estimate if ne	ecessary)			6	
ď	l			rt VIII, column (C), line 12			7a	C
	b	Net unre	elated business taxable income fro	m Form 990-T, line 39		n: v	7b	
		Contribu	itions and grants (Part VIII, line 1h		-	Prior Year 1,587,	556	Current Year 472,354
	l		ncons and grants (Part VIII, line 11) service revenue (Part VIII, line 2g	47,283,		46,263,45		
Ravenue	l	Investm	393	303,160				
Œ	l	Other re	921	344,910				
	l	Total rev	270	47,383,883				
	13	Grants a	and similar amounts paid (Part IX,	column (A), lines 1–3)		161,	301	110,54
	14	Benefits	paid to or for members (Part IX, o	column (A), line 4)		3,796,	851	3,545,39
&	15	Salaries,	, other compensation, employee b	enefits (Part IX, column (A), lines 5-10)		7,408,	508	7,360,10
Expenses	l		5 , ,	umn (A), line 11e)				
S	l		draising expenses (Part IX, column (D),	· -				
	l			: 11a-11d, 11f-24e)	-	39,701,	-	37,966,399
	l		penses. Add lines 13–17 (must eq e less expenses. Subtract line 18 f			51,067, -1,489,	-	-1,598,56
× 00		Revenue	tiess expenses. Subtract file 10 f	101111111111111111111111111111111111111	Begir	nning of Current Y		End of Year
Net Assets or Fund Balances								
Bal	l		sets (Part X, line 16)			124,687,	705	127,912,87
	l		bilities (Part X, line 26)			63,941,	_	63,134,238
			ets or fund balances. Subtract line	21 from line 20		60,746,	653	64,778,64
	rt II pen		nature Block perjury, I declare that I have exar	nined this return, including accompanying	schedule	es and statement	s, and to	the best of my
	edge	and beli		e. Declaration of preparer (other than offi				
		****	**			2020-09-02		
Sign		Signat	ture of officer			Date		
Here	:		ALD H SPIVEY CEO & EXEC. VP or print name and title					
		17	Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	1		7 - 7 P - P Pariot o Tracillo		2020-09-03		P0034826	4
		Firm's name ► ADAMS JENKINS & CHEATHAM Firm's EIN ► 54-1320						
Use			Firm's address ► 231 WYLDEROSE DR			Phone no. (804)	323-1212	
		-	MIDLOTHIAN, VA 23:	113		1.110110110. (004)	1313	
		1	FILDESTITION, VA 23.			1		

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No

Form	990 (2019)				Page 2
Pa	t III Stateme	ent of Program Service Acc	omplishments		
	Check if S	chedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe th	he organization's mission:			
SAFE	AND EFFECTIVE D	ISTRIBUTION OF ELECTRICITY T	O THE MEMBERS OF PDEMC		
	B:1.1				
2	=		gram services during the year which w	vere not listed on	☐ Yes ☑ No
					⊔ Yes ⊻ No
_	•	these new services on Schedule			
3	_	<u>-</u> .	gnificant changes in how it conducts, a	any program	☐ Yes ☑ No
	services?				⊔ Yes ⊻ No
	•	these changes on Schedule O.			
4	Section 501(c)(3)	anization's program service accom) and 501(c)(4) organizations are venue, if any, for each program s	plishments for each of its three larges required to report the amount of grar ervice reported.	st program services, as measur nts and allocations to others, th	red by expenses. Le total
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(Code.) (Expenses \$	including grants or \$) (Neverlue \$,
4d	· -	ervices (Describe in Schedule O.)			
	(Expenses \$	including of	grants of \$	(Revenue \$)
4e	Total program s	service expenses >			

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Par	t 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	1	Yes	No No
	Schedule A	2	 '	⊢ No
	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	<u> </u>	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		
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? <i>If "Yes," complete Schedule D,</i> Part **J	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? <i>If "Yes," complete Schedule D,</i> 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	
b	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
	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	11c	Yes	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d	Yes	
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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	'	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	, , , , , , , , , , , , , , , , , , , ,	$\overline{}$	─	+

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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14b

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Yes

Form **990** (2019)

Nο

Nο

Nο

Nο

Nο

Nο

Nο

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Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

(gambling) winnings to prize winners? .

1c

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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						
	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		No			
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					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes				
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		No			
	Organizations that may receive deductible contributions under section 170(c).	7a					
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand	_					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No			
16	6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.						

Pa	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											
Se	ection A. Governing Body and Management											
			Yes	No								
1a	a Enter the number of voting members of the governing body at the end of the tax year	10										
	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	1b 10											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	ther 2		No								
3	Did the organization delegate control over management duties customarily performed by or under the direct supe of officers, directors or trustees, or key employees to a management company or other person? .	rvision 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												
6	Did the organization have members or stockholders?	. 6	Yes									
7a	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?											
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?											
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yethe following:	ear by										
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											
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Revenu											
			Yes	No								
	a Did the organization have local chapters, branches, or affiliates?	10a		No								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with the organization's exempt purposes?	10b										
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a	Yes									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990											
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risconflicts?	12b	Yes									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	in 12c	Yes									
13	Did the organization have a written whistleblower policy?	. 13	Yes									
14	Did the organization have a written document retention and destruction policy?	14	Yes									
15	Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	lent										
	The organization's CEO, Executive Director, or top management official	15a	Yes									
b	3	15b	Yes									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exacts with respect to such arrangements?	empt										
Se	ection C. Disclosure	16b										
17	List the states with which a copy of this Form 990 is required to be filed▶											
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3 only) available for public inspection. Indicate how you made these available. Check all that apply.)s										
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interespolicy, and financial statements available to the public during the tax year.	est										
20	State the name, address, and telephone number of the person who possesses the organization's books and record >THE CORPORATION 575 HWY 52 SOUTH WADESBORO, NC 28170 (704) 694-2114											
				0 /201								

Part VII

DIRECTOR

DIRECTOR

(17) ROBERT C DAVIS JR

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part $\mbox{VII}\,\,$.

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 • 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

 List all of the organization's former officers, of reportable compensation from the organization 						sated	em	ployees who receive	ed more than \$100	0,000
• List all of the organization's former director organization, more than \$10,000 of reportable constructions for the order in which to list the	mpensation fro	m the								
	•									
☐ Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours	(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	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	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)	organization and related organizations
(1) DONALD H SPIVEY CEO & EXEC.	40.00			x				228,666	0	139,967
(2) PHILLIP MABRY CFO	40.00			x				123,708	0	56,342
(3) ANTHONY EASON VP ENG. & OP	40.00			х				141,248	0	26,726
(4) CATHY PAGE VP MEMBER SE	40.00					х		112,687	0	51,520
(5) DAVID BURR DISTRICT MGR	40.00					х		106,623	0	53,184
(6) BETTY KNIGHT VP HUMAN RES	40.00					х		120,121	0	37,358
(7) JAKE MCGEE DISTRICT MGR	40.00					х		105,218	0	48,789
(8) JANET CARSON VP IT	40.00					х		104,066	0	17,691
(9) RICHARD H JOHNSON PRESIDENT	8.00	х		х				15,423	0	0
(10) DONALD A THOMPSON VICE PRESIDE	3.00	х		х				9,944	0	0
(11) BENJAMIN LYBRAND DIRECTOR	6.00	х						9,035	0	0
(12) RICHARD V MELTON DIRECTOR	5.00	х						8,866	0	0
(13) BENJAMIN MCCALLUM JR SEC. / TREAS	3.00	х		х				6,666	0	0
(14) MARCIA A LAMBETH DIRECTOR	4.00	х						6,201	0	0
(15) WINNIE M BENNETT DIRECTOR	2.00	х						4,846	0	0
(16) CRAIG RATLIFF	1.00	v						3 430	0	0

1.00

0

0

3,430

2,866

Page 8

Form 990 (2019)												Page 8
Part VI Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	jhes	t Compensated	l Employees	cont	tinued)	
(A) Name and title	(B) Average hours per week (list any hours for related	than d	ne b	ox, i n of tor/t	t che unles ficer trust	and a	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensatio from relate organizatior (W-2/1099	on d ns	Estima amount of compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	MISC)	-	relat organiz	:ed
8) PAUL L TURNER III	1.00	Х						2,34	1	0		(
IRECTOR		·····^						2,31				
b Sub-Total	 /II, Section A 				,	• 🗀		1,111,955				431,57
Total number of individuals (including but of reportable compensation from the orga	t not limited to			abov	/e) v	vho re	ceive	ed more than \$10	0,000			
Did the organization list any former offic line 1a? If "Yes," complete Schedule J for			key e	emp	loye	e, or h	nighe	est compensated e	employee on		Yes	No
For any individual listed on line 1a, is the organization and related organizations grindividual	sum of reporta	ble con							the	3	Yes	No
Did any person listed on line 1a receive of services rendered to the organization? If									idual for	5	163	No
Section B. Independent Contractors Complete this table for your five highest from the organization. Report compensat	compensated in									npen	sation	
· · · · · · · · · · · · · · · · · · ·	(A)	iddi ye	ur cir	anig	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 01 11			(B)		(C	
Name and by YLEM	ousiness address							Descri RIGHT OF WA	ption of services Y		Compen 1	sation ,206,468
08 E PLUME ST SUITE 250 ORFOLK, VA 23510											-,	
EE ELECTRICAL CONSTRUCTION 2828 US-501 BERDEEN, NC 28315								CONSTRUCTI				694,436
DUTHEASTERN DATA COOP INC								COMP. SOFTV	VARE			498,838
TLANTA, GA 30338 OOTH & ASSOCIATES								ENGINEERING	3			321,966
811 GLENWOOD AVE STE 109 ALEIGH, NC 27612												
NSON CONTRACTORS 135 AVERY RD OLETON, NC. 28125								GRADING				290,548
OLKTON, NC 28135	ncluding but not	t limita:	1 +0 +1	hoco	lict	od abi) (O)	who received may	10 than \$100 00	n of		

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 ▶ 8

Part \				a respo	onse or note to any	/ line in this Part VIII		<u></u>	<u> </u>
				·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1a	Federated campa	igns	1a		I_	revenue		J12 314
ons, Giffs, Grants Similar Amounts	b	• Membership dues	5	1 b					
و ق	6	Fundraising even	ts	1c					
oms, iilar A	c	d Related organizat	tions	1d					
<u>⊒</u> .5	€	Government grants	(contributions)	1e	368,889				
Sir	f	f All other contributions, gifts, grants, and similar amounts not included			102.465				
other !		above Noncash contributio	ne included in	<u> </u>	103,465				
contributions, and Other Sirr	٤	lines 1a - 1f:\$	iis iiicidded iii	1 g					
and	ŀ	h Total. Add lines :	la-1f		•	472,354			
					Business Code	,			
	2a	SALE AND DIST. OF E	ELECT.		221000	46,069,881	46,069,881		
E e		PATRONAGE ALLOC. I	DECETVED.		_	166,703	166,703		
e ve	D	PATRONAGE ALLOC.	KLCLIVLD		221000	,	,		
e e	C	CONTRIB. IN AID OF	CONST.		221000	26,869	26,869		
is									
Program Service Revenue	d								
grar	e								
<u>&</u>									
	f	All other program	service revenue	·.					
		Total. Add lines 2			46,263,453	1	Т	Ι	1
		Investment income imilar amounts)		lends, i •		286,290			286,290
	4 I	Income from invest			ond proceeds	•			
	5 F	Royalties			1	•			
			(i) Re	al	(ii) Personal				
	6a	Gross rents	6a		211,16	51			
	-	Less: rental expenses	6b						
	С	Rental income							
		or (loss)	6c		211,16	211,161			211,16
	u	Net rental income	(i) Secur		(ii) Other	211,101			211,10
	7a	Gross amount		10103					
	from sales of assets other than inventory			88,42	25				
	_	Less: cost or other basis and sales expenses	7b		71,55	55			
	c	Gain or (loss)	7c		16,87	70			
	d	Net gain or (loss)				16,870			16,870
Other Revenue		Gross income from fu (not including \$ contributions reported	of d on line 1c).						
ě		See Part IV, line 18		8a					
er f		Less: direct expen Net income or (los		8b sing ev	ents				
₹	·	Tree meanie or (103	o) mom ranarais	Sing ev					
		Gross income from See Part IV, line 19		- 1					
		Less: direct expen		9a 9b					
		Net income or (los			ies 👆				
:	10a	Gross sales of inve returns and allowa		10a					
	b	Less: cost of good		10a					
		Net income or (los		invent	ory ►				
-		Miscellaneo	us Revenue		Business Code				
	11aEARNINGS FROM EQ. INV.					133,536	133,536		
	b	OTHER				219	219		
	С								
	d	All other revenue							
		Total. Add lines 1			•				
	12	Total revenue. S	ee instructions			133,755			
					. •	47,383,883	46,397,208		514,321 Form 990 (2019)

Forr	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must co		_		
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗹
	not include amounts reported on lines 6b, 8b, 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	110,548			
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, lines 15 and 16.				
4	Benefits paid to or for members	3,545,395			
5	Compensation of current officers, directors, trustees, and key employees	786,275			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,783,994			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	944,445			
9	Other employee benefits	423,179			
	Payroll taxes	422,210			
	Fees for services (non-employees):	.==,===			
	Management				
	D Legal	18,680			
	Accounting	10,000			
	-				
	Desperational fundamining commisses. See Bort IV. Jime 17				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
	Office expenses				
	Information technology				
	Royalties				
	Occupancy				
	Travel	1,015,436			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,013,130			
10	Conferences, conventions, and meetings	369,590			
	Interest	1,506,025			
	Payments to affiliates	1,500,025			
	Depreciation, depletion, and amortization	4,902,558			
	Insurance	4,502,550			
	-				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a COST OF POWER	28,256,044			
	b DISTRIBUTIION MAINTENANCE	2,845,573			
	c ADMIN & GENERAL	1,549,351			
	d DISTRIBUTION OPERATION	702,408			
	e All other expenses	-3,199,266			
25	Total functional expenses. Add lines 1 through 24e	48,982,445	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).				
					Form 000 (2010)

Form 990 (2019)

1

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 (B)

End of year

Beginning of year

66,512

2,676,160

12.580.091

1.639.342

1,840,801

88,933,982

9,476,362

7,474,455

3,963,005

46,517,779

13,460,268

63.941.052

60.746.653

60,746,653

124,687,705

124,687,705

1

2

3

4

5

6 7

9

10c

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

Page **11**

44,044

3,117,870

10,250,506

1,726,226

1,739,688

92,686,222

10,527,068

7,821,254

3,894,617

48,086,216

11,153,405

63.134.238

64.778.640

64,778,640

127,912,878

Form 990 (2019)

127,912,878

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

Cash-non-interest-bearing					
Savings and temporary cash investments					
Pladage and grants receivable not					

2	Savings and temporary cash investments	
3	Pledges and grants receivable, net	
4	Accounts receivable, net	
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled	

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

130,710,897

38,024,675

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. 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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

3a

3h

Nο

Form 990 (2019)

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.

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 56-0123345

Name: PEE DEE ELECTRIC MEMBERSHIP CORP

Form 990 (2019)

Form 990, Part III, Line 4a:

SAFE AND EFFECTIVE DELIVERY OF ELECTRICITY TO THE MEMBERS OF PDEMC. THE THREE LARGEST PROGRAM SERVICES, AS MEASURED BY EXPENSES WERE AS FOLLOWS: COST OF POWER 28,256,044 OTHER SALARIES AND WAGES 4,783,994 DEPRECIATION AND AMORTIZATION 4,902,558

SCHEDULE D

DLN: 93493260009280

OMB No. 1545-0047

Supplemental Financial Statements

2019

Department of the Treasury Internal Revenue Service

(Form 990)

▶ 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 instructions and the latest information.

Open to Public Inspection

	me of the organization DEE ELECTRIC MEMBERSHIP CORP				Emp	oloyer identification	n number
	BEE EEEE METIE METIE COM				56-0	123345	
Pa	rt I Organizations Maintaining Donor Advise				or Acc	counts.	
	Complete if the organization answered "Yes'	(a) Dong		•	1	(b) Funds and other	accounts
1	Total number at end of year	(a) Done	n auvis	ea lallas		(b) I dilds alld other	accounts
2	Aggregate value of contributions to (during year)				1		
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
	, , <u> </u>				1		
5 6	Did the organization inform all donors and donor advisors organization's property, subject to the organization's excl Did the organization inform all grantees, donors, and don	usive legal contro or advisors in wr	ol? iting th		 n be use	ed only for	Yes 🗌 No
	charitable purposes and not for the benefit of the donor of private benefit?				e conferr	_	Yes 🗌 No
Pa	t II Conservation Easements. Complete if the organization answered "Yes"	' on Form 990,	Part I	V, line 7.			
1	Purpose(s) of conservation easements held by the organiz	zation (check all	that ap	ply).			
	Preservation of land for public use (e.g., recreation	or education)		Preservation of a	an histor	ically important land	area
	Protection of natural habitat		П	Preservation of a	certifie	d historic structure	
	Preservation of open space		_	Treservation of t	a certific	a motoric ou acture	
_		1:6: 1			. ,		
2	Complete lines 2a through 2d if the organization held a que easement on the last day of the tax year.	ualified conserva	ion cor	itribution in the f	orm of a	Held at the End	of the Year
а	Total number of conservation easements				2a	Held de the End	or the rear
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified historic				2c		
d	Number of conservation easements included in (c) acquire		. ,		2d		
	structure listed in the National Register						
3	Number of conservation easements modified, transferred tax year ▶	, released, exting	uished	or terminated b	y the or	ganization during the	
4	Number of states where property subject to conservation	easement is loca	ted ►_			_	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds?				g of viola	ations,	□ No
6	Staff and volunteer hours devoted to monitoring, inspecti	ng, handling of v	iolation	s, and enforcing	conserv	ation easements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting, h ▶ \$	andling of violation	ons, an	d enforcing cons	ervation	easements during th	e year
8	Does each conservation easement reported on line 2(d) a and section 170(h)(4)(B)(ii)?				170(h)(4)(B)(i) ☐ Yes	□ No
9	In Part XIII, describe how the organization reports conset balance sheet, and include, if applicable, the text of the fu the organization's accounting for conservation easements	ootnote to the or					
Par	t III Organizations Maintaining Collections on Complete if the organization answered "Yes"				her Si	milar Assets.	
1a	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for p provide, in Part XIII, the text of the footnote to its financi	(ASC 958), not t ublic exhibition, e	o repor	t in its revenue s on, or research ir	n further		
b	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for public following amounts relating to these items:	(ASC 958), to re	port in	its revenue state	ement ar		
(i) Revenue included on Form 990, Part VIII, line 1					▶ \$	
	i)Assets included in Form 990, Part X						
2	If the organization received or held works of art, historica following amounts required to be reported under SFAS 11	Il treasures, or ot	her sim	nilar assets for fir			
а	Revenue included on Form 990, Part VIII, line 1					. > \$	
b	Assets included in Form 990, Part X					. > \$	

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tr	reasu	ires, or	Other	Similar A	ssets (cor	ntinued)	
3		the organization's acq (check all that apply):		n, and other	records,	check a	any of	the fo	llowing t	hat are a	significant	use of its co	ollection	
а		Public exhibition				d		Loan	or excha	ange prog	grams			
b		Scholarly research				e		Other	r					
C		Preservation for future	e generations											
4	Provid Part X	le a description of the o	organization's col	lections and	explain h	now the	y furth	ner the	e organiz	ation's e	xempt purpo	ose in		
5		g the year, did the orga s to be sold to raise fur										☐ Yes	□ N	lo
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forr	n 990	, Part	IV, li	ne 9, oi	r reporte	ed an amo	unt on For	m 990,	Part
1a		organization an agent ed on Form 990, Part)										Yes	□ N	lo
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	ete the fol	lowing	table:		[Amount		_
c		ning balance		•		_				1c				_
d	_	ons during the year .								1d				_
е		outions during the year							1	1e				_
f		g balance							1	1f				_
2a	•	e organization include								ccount li	ability?	☐ Yes	N	— lo
b		s," explain the arrange										_		
Pā	art V	Endowment Fund				<u> </u>			<u>'</u>					
		Complete if the org	ganization ansv								Len -			
1-	Roginni	ng of year balance .		(a) Currer	nt year	(b) ₽	rior yea	r ((c) Iwo y	ears back	(d) Three ye	ears back (e) Four yea	irs back
	_	utions												
		estment earnings, gair	as and losses											
		or scholarships												
	Other e	xpenditures for facilitie												
f	Adminis	strative expenses .												
g	End of	year balance												
2	Provid	le the estimated percei	ntage of the curre	ent year end	l balance	(line 1g	g, colui	mn (a))) held a	s:				
а	Board	designated or quasi-e	ndowment ►											
b	Perma	nent endowment ►												
С	Tempo	orarily restricted endov												
За	Are th	ercentages on lines 2a ere endowment funds				on that	are h	eld an	d admini	stered fo	r the			
	-	ization by: related organizations										3a(i	Yes	No
		elated organizations .										3a(ii		
b		s" on 3a(ii), are the rel		ıs listed as r	equired o	n Sche	dule R	?.				. 3b		
4	Descri	be in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds.							
Pa	rt VI	Land, Buildings,				000	D	T) (!:		C	000 5		10	
	Descrip	Complete if the orgotion of property	ganization ansv (a) Cost or oth (investme	ner basis	" on Forr						rm 990, Pa		10. Book valu	ie
1.2	Land .						97	29,616						829,616
	Building							-5,515						
	_	old improvements												
		ent												
u	-quipill	C116 1 1 1	l		l									

129,881,281

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

91,856,606

92,686,222

38,024,675

Part VII	Investments—Other Securities.			D- 1 V P- 42
	Complete if the organization answered "Yes" on Form 990, Par (a) Description of security or category	t IV, li (b)		, Part X, line 12. nod of valuation:
	(including name of security)	Book		of-year market value
(4) =: :		value		
(1) Financia (2) Closely- (3)Other <u> </u>	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.			Bart W. Bar 42
	Complete if the organization answered 'Yes' on Form 990, Par (a) Description of investment	t IV, II	(b) Book value	(c) Method of valuation:
	(a) Description of Investment		(b) Book value	Cost or end-of-year market value
(1)PATRONA	AGE CAPITAL CERTIFICATES		9,561,401	С
	TERM CERTIFICATES		767,437	С
(3)OTHER	CHID EEEC		193,730	<u>С</u> С
(4)MEMBER (5)	SHIP FEES		4,500	C
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•	10,527,068	
Part IX	Other Assets.	TV/ lie	20 11d Car Farm 000 F	inst V. Brade
	Complete if the organization answered 'Yes' on Form 990, Part (a) Description	. IV, III	ie 11u. See Form 990, F	(b) Book value
(1)EQUITY I	NVESTMENTS			6,069,109
(2)WCMA IN (3)	IVESTMENTS			1,752,145
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col.(B) line 15.)	•		7,821,254
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part	IV, lir	ne 11e or 11f.See Forr	n 990, Part X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Federal (5)	income taxes			
(6)				+
(7)				
(8)				
(9)				+
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 25.)			▶ 11,153,405
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footnote to			tements that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	e if the	text of the footnote has	been provided in Part XIII 🔽

2

b

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

1

Page 4

395,758 47.383.883

d	Other (Describe in Part XIII.)) .		•	 				2	d		1,	890,375		
е	Add lines 2a through 2d .												•	2e	1,890,375
3	Subtract line ${f 2e}$ from line ${f 1}$				-									3	46,988,125

2a

2b

2c

3	Subtract line 2e from line 1			3	
ļ	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	395,758		

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities .

Recoveries of prior year grants .

	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			395,758		
	Add lines 4a and 4b		•		333,733	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	4
Dor	YII Poconciliation of Evnonces nor Audited Financial Statem	onto	With	Evno	ncoc nor E	20+115	

_	Total Teverine 17 (and miles & and Tel (miles males equal Fermi 550) Fare 17 miles 221	•					17,505,005
Par	t XII Reconciliation of Expenses per Audited Financial Staten	ents	With F	xpenses	per Retu	rn.	
	Complete if the organization answered 'Yes' on Form 990, Par	t IV, I	<u>ine 12a</u>				
1	Total expenses and losses per audited financial statements				1		44,957,613
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					
_	Other leaves	2-				1	

_	Total expenses and losses per address interior statements in the interior in t		11,557,015
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		
С	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	44,957,613

b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d						2e	
3	Subtract line 2e from line 1						3	44,957,613
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						
b	Other (Describe in Part XIII.)	4b				4,024,832		
С	Add lines 4a and 4b						4c	4,024,832
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)							48,982,445

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									
b	Other (Describe in Part XIII.)									
c	Add lines $4a$ and $4b$	4c	4,024,832							
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	5	48,982,445							
Pai	t XIII Supplemental Information		•							
	rovide 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 I, 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

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 56-0123345

DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITIONS WILL BE SUSTAINED UPON

Name: PEE DEE ELECTRIC MEMBERSHIP CORP

Supplemental Information

Return Reference Explanation SCHEDULE D, PAGE 3, PART X THE CORPORATION FOLLOWS THE GUIDANCE FOR "UNCERTAIN TAX POSITIONS" IN ACCORDANCE WITH ACCO UNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE CORPORATION HAS

EXAMINATION BY THE INTERNAL REVENUE SERVICE.

Supplemental Information		_
Return Reference	Explanation	
SCHEDULE D, PAGE 4, PART XI, LINE 2D	ADJ. FOR CASH PAT. REC. 1,041,095 BOOK TAX DIFFERENCE SANDHILLS UTILITY SERV 952,745 CARE TO SHARE RECLASS -103,465]

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	CIAC 26,869 FEMA 368,889

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	CARE TO SHARE ACTIVITY 110,548 PAT. DIV. PAID TO MEMBERS 3,545,395 FEMA 368,889

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

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.

OMB No. 1545-0047

DLN: 93493260009280

Open to Public Inspection

reasury nternal Revenue Service		₽ G 0 t0 <u>ww</u>	/W.IIS.gov/Forili990	the latest illiormatic	JII.		
ame of the organization	D. CODD					Employer identification	ation number
EE DEE ELECTRIC MEMBERSHII						56-0123345	
	nation on Grants						
 Does the organization ma the selection criteria used Describe in Part IV the organization 	to award the grants	or assistance?				e, and	☐ Yes ☑ No
Part II Grants and Other			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(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) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of sect 3 Enter total number of other	. , . ,	-					
or Paperwork Reduction Act Noti				Cat. No. 50055			edule I (Form 990) 2019

Schedule I (Form 990) 2019 Part III Grants and Other Assistance Part III can be duplicated if addi		. Complete if the orga	nization answered "Yes"	on Form 9	990, Part IV, line 22.	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount cash gran			e) Method of valuation (FMV, appraisal, other	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

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

Return Reference

Additional Data

DEPARTMENT 5408 WHITE STORE RD WINGATE, NC 28174 MOUNTAIN CREEK FIRE

DEPARTMENT 248 GODFREY RD ELLERBE, NC 28338

Software ID: **Software Version:**

56-1404201

(a) Name and address of (b) FIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation

organization or government	(b) LIN	if applicable	grant	cash assistance	(book, FMV, appraisal, other)
ALLEN CROSSPOADS FIRE	58-1450417		7 500		EMV/

ALLEN CROSSROADS FIRE 7,500 58-145041/

7,500

FMV

(q) Description of

non-cash assistance

(h) Purpose of grant

EQUIPMENT PURCHASE

EQUIPMENT PURCHASE

or assistance

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

EIN: 56-0123345 Name: PEE DEE ELECTRIC MEMBERSHIP CORP

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 56-1487713 7.500l ELLERBE RESCUE SQUAD IFMV IEOUIPMENT PURCHASE PO BOX 148 106 SUNSET AVE

IFMV

LEOUIPMENT PURCHASE

7.500 l

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

ELLERBE, NC 28338

ELLERBE FIRE DEPARTMENT

PO BOX 310 ELLERBE, NC 28338 56-6001219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government AOUADALE FIRE DEPARTMENT 56-1403064 7.500l IFMV IEOUIPMENT PURCHASE 11578 NC HWY 138

IFMV

LEOUIPMENT PURCHASE

7.500 l

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

NORWOOD, NC 28128
WEST END FIRE & RESCUE

PO BOX 596 4203 NC HWY 73 WEST END, NC 27376

56-1410545

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49326	0009	280		
Schedule J		С	ompensat	ion Information	c	MB No.	1545-0	0047		
`	m 990)	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.					2019 Open to Public			
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.g</u>	<i>ov/Form990</i>	instructions and the latest infor	mation.		ectio			
	me of the organiza	ation			Employer identifica					
PEE	DEE ELECTRIC MEM	BERSHIP CORP			56-0123345					
Pa	rt I Questi	ons Regarding Compens	ation		30 0123343					
	Questi	ons regulating compense					Yes	No		
1a				f the following to or for a person liste y relevant information regarding the						
	First-class	s or charter travel		Housing allowance or residence for	personal use					
		companions	님	Payments for business use of perso						
	_	nification and gross-up paymen	ts 📙	Health or social club dues or initiati						
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	ffeur, chef)					
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b				
2				or allowing expenses incurred by all		2				
	directors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked on Lii	ne 1a?					
3	organization's C	EO/Executive Director. Check a	ill that apply. Do i	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain						
	☑ Compensa	ation committee		Written employment contract						
		ent compensation consultant	✓	Compensation survey or study						
		of other organizations	\checkmark	Approval by the board or compensa	ation committee					
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a					
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No		
b		· ·		ified retirement plan?		4b		No		
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each item in Par	t III.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9						
5	For persons liste			the organization pay or accrue any						
а	The organization	n?				5a				
b						5b				
		5a or 5b, describe in Part III.								
6		ed on Form 990, Part VII, Section		the organization pay or accrue any						
а	The organization	n?				6a				
b	Any related orga	anization?				6b				
	If "Yes," on line	6a or 6b, describe in Part III.								
7				the organization provide any nonfixe rt III		7				
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8				
9				presumption procedure described in		9				
For I	Danarwork Padu	iction Act Notice, see the In	structions for Fo	orm 990 Cat No	50053T Schedule	1 /Form	990)	2019		

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 an Expression of the compensation of the compensation on row (iii) Do not list any individuals that are not listed any Expression of the compensation of the co

instructions, on row (ii). Note. The sum of colum	Do no ins (B	ot list any individuals tha)(i)-(iii) for each listed in	t are not listed on Form 9 dividual must equal the to	90, Part VII. otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficits	(6)(1)-(0)	as deferred on prior Form 990
1 DONALD H SPIVEY CEO & EXEC. VP	(i)	228,666			126,595	13,372	368,633	
	(ii)							
2 PHILLIP MABRY CFO	(i)	123,708			52,288	4,054	180,050	
	(ii)							
3 ANTHONY EASON VP ENG. & OPERATIONS	(i)	141,248			22,672	4,054	167,974	
	(ii)							
4 CATHY PAGE VP MEMBER SERVICES	(i)	112,687			47,466	4,054	164,207	
	(ii)							
5 DAVID BURR DISTRICT MGR OF OPS	(i)	106,623			53,184		159,807	
C DETTY MAJOUT	(ii)	120 121						
6 BETTY KNIGHT VP HUMAN RESOURCES	(i)	120,121			33,304	4,054	157,479	
7 JAKE MCGEE	(ii)	105,218						
DISTRICT MGR OF OPS	(i) (ii)	103,210			40,940	7,849	154,007	
	(")							
							 Schedule	J (Form 990) 2019



efile GRAPH	IIC print - DO NOT PROCES	S As Filed Data -		DLN:	93493260009280
SCHEDUL (Form 990 or EZ)	990- Complete to	provide information fo 90 or 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on n.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Brtherofe PEE DEE ELECTRIC		ition		Employer identi 56-0123345	fication number
Return Reference			Explanation		
FORM 990	FORM 990, PART IX, LINE 4 BE ERS' ACCOUNTS IN ACCORD, IP CORPORATION'S BY-LAWS UNT FOR EACH PATRON ALL CTIONS FOR LINE 4 CHANGEI) ORGANIZATIONS TO THEIR ORM 990, PART IX, TRAVEL C PERATING, AND REPAIRING A S ACTIVITIES. TRAVEL COSTS IEM PAYMENTS.	ANCE WITH THE PRE-E . THE CORPORATION IS SUCH AMOUNTS IN EXI D IN 2011 TO INCLUDE F MEMBERS. ACCORDING OSTS TRAVEL COSTS IN NY VEHICLES OWNED	IXISTING OBLIGATION IN PEE SOBLIGATED TO PAY BY CRE CESS OF OPERATING COSTS PATRONAGE DIVIDENDS PAID GLY, THESE AMOUNTS ARE NO NCLUDE THE EXPENSES OF F BY THE CORPORATION AND N	DEE ELECTRIC M DITS TO A CAPIT AND EXPENSES. BY SECTION 501 OW REPORTED OP PURCHASING, LE JSED IN THE COM	MEMBERSH AL ACCO IRS INSTRU I(C)(12 DN LINE 4. F ASING, O RPORATION'

Return Explanation
Reference

FORM 990,	PEE DEE ELECTRIC MEMBERSHIP CORPORATION IS AN ELECTRIC MEMBERSHIP CORPORATION THAT DELIVER
PAGE 6,	S ELECTRICITY TO THE MEMBERS OF THE COOPERATIVE. THE MEMBERS ELECT THE BOARD OF DIRECTORS,
PART VI,	WHICH IS THE GOVERNING BODY OF THE COOPERATIVE.
LINE 6	

Return Explanation
Reference

FORM 990, PAGE 6, PART VI, LINE 7A

Return Explanation
Reference

FORM 990,	CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS AS PROVIDED FOR
PAGE 6,	IN THE COOPERATIVE BYLAWS.
PART VI,	
LINE 7B	ļ ļ

Return Explanation
Reference

FORM 990, PAGE 6, PART VI, LINE 11B

Return Explanation

			4
	FORM 990,	EACH DIRECTOR, OFFICER AND KEY EMPLOYEE MUST ANNUALLY COMPLETE AND SIGN A CONFLICT OF INTEREST	ı
	PAGE 6,	FORM.	ı
l	PART VI,		ı
	LINE 12C		ı

990 Schedule O, Supplemental Information

Return
Reference

Explanation

FORM 990,	THE GOVERNING BODY HAS A COMPENSATION COMMITTEE THAT REVIEWS THE CEO'S PERFORMANCE ANNUALL
PAGE 6,	Y AND RECOMMENDS SALARY CHANGES TO THE BOARD. AS PART OF THIS REVIEW, THE COMMITTEE CONSID
PART VI,	ERS THE RECOMMENDATIONS FROM THE OUTSIDE SALARY CONSULTANT AND OTHER STATEWIDE COMPARISON
LINE 15A	DATA FROM ELECTRIC COOPERATIVES THROUGHOUT THE STATE. THE CEO REVIEWS AND RECOMMENDS SALAR
	Y CHANGE.

Return Explanation
Reference

FORM 990,	THE CEO REVIEWS AND RECOMMENDS SALARY CHANGES FOR OTHER OFFICERS AND KEY EMPLOYEES TO THE
PAGE 6,	COMPENSATION COMMITTEE FOR APPROVAL BASED ON THE RECOMMENDATION OF AN OUTSIDE SALARY CONSU
PART VI,	LTANT.
LINE 15B	

Return Explanation
Reference

FORM 990, PINANCIAL DATA IS PROVIDED TO THE MEMBERSHIP AT THE ANNUAL MEETING AND ALSO INCLUDED ON THE PAGE 6, PART VI, HE COOP'S MONTHLY MAGAZINE. OTHER GOVERNING DOCUMENTS INCLUDING THE FORM 990 ARE AVAILABLE UPON REQUEST.

Return Explanation
Reference

FORM 990,	NONCASH PATRONAGE ALLOCATIONS NOT REV PER IRS 1,041,095 PAT. DIV. PAID TO MEMBERS' ACCTS N
PART XI,	OT EXP PER GAAP 3,545,395 BOOK TAX DIFFERENCE SANDHILLS UTILITY SVCS 952,745 CARE TO SHARE
LINE 9	ACTIVITY 7,083 OCI ADJUSTMENT 1,161,124 CIAC NOT REVENUE PER GAAP -26,869 NET RETIREMENT
	OF CAPITAL CREDITS -1,050,024 TOTAL 5,630,549