Form 990 (Rev January 2020) Department 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.

2019
Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number NORTH CAROLINA ELECTRIC MEMBERSHIP Addres CORPORATION 56-0995910 Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Final return/ termin-ated 3400 SUMNER BOULEVARD 919-872-0800 1,324,502,608. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amend return RALEIGH NC 27616 H(a) is this a group return Applica-tion pending JOSEPH P. BRANNAN Yes X No F Name and address of principal officer for subordinates? SAME AS C ABOVE Nο H(b) Are all subordinates included? 501(c)(3) X 501(c) ((insert no.) 4947(a)(1) If "No," attach a list. (see instructions) Tax-exempt status J Website: WWW.NCEMCS.COM H(c) Group exemption number K Form of organization: X Corporation Other > M State of legal domicile; NC Year of formation: 1949 Trust Association Part I Summary SALE OF ELECTRIC POWER TO NC Briefly describe the organization's mission or most significant activities DISTRIBUTION MEMBER COOPERATIVES if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 50 Number of voting members of the governing body (Part VI, line 1a) 49 Number of independent voting members of the governing body (Part VI, line 1b) 207 Total number of individuals employed in calendar year 2019 (Part V, line 2a) ۵ Total number of volunteers (estimate if necessary) 36,600. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) ٥. Program convice serienue (Part VIII, line 2g) 1,188,876,220 1,187,850,241. 1750 REC 21,736,919 31,216,187. investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 35,520 36,600. 1,210,648,659 1,219,103,028 960,692 671,335 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or fer members (Part IX, column (A), line 4)
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) IRS-39,271,193 42,347,370. 0. ۵ 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,146,084,323. 1,140,416,774 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,189,103,028. 1,180,648,659 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 30,000,000 30,000,000. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 2,180,228,388 2,183,458,229 20 Total assets (Part X, line 16) 1,920,590,942 1,920,806,761, 21 Total liabilities (Part X, line 26) 262,867,287 259,421,627, Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Sign RICHARD M. FEATHERS SENIOR VP GENERAL COUNSEL Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature BRIAN GAREAU 05/07/20 P00847877 Paid self-employed DELOITTE TAX LLP 86-1065772 Preparer Firm's EIN Firm's name Firm's address > 191 PEACHTREE STREET NE SUITE 2000 **Use Only** 1750 RECEIVED 1750 Phone no.404-220-2000 ATLANTA, GA 30303-1943 May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions. 2020 Form 990 (2019) 932001 01-20-20

AUSTIN, TEXAS

Part III Statement of Program Service Accomplishments	Form	990 (2019) CORPORATION	56-0995910	Page 2
Bellify describe the organization's mission SALE OF ELECTRIC FOWER TO NC DISTRIBUTION MEMBER COOPERATIVES. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 930 E27 If "Fest," describe these new services on Schedule O Or the organization coase conducting, or make significant changes in how it conducts, any program services or conducting, or make significant changes in how it conducts, any 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 expenses, and revenue, any for ceach program service reported. Record (Code) (Coperate to Many for each program service reported. RECORD (CODERATION AND TRANSHISSION SERVICES TO 25 MEMBER SELECTRIC DISTRIBUTION COOPERATIONS TATAL PROVIDES TEAT PROVIDES VEICE TO OVER ONE NILLION HOMES, FARNS, AND BUSINESSES IN NORTH CAROLINA. 46 (Code) (Coperate to Program services (Describe on Schedule O) (Program services) (Program servi				
## 2ALE OF ELECTRIC POWER TO NO DISTRIBUTION MEMBER COOPERATIVES. Did the organization undertake any significant program services during the year which were not listed on the price form \$90 or \$90 ces \$		Check if Schedule O contains a response or note to any line in this Part III		
prior form 980 or 990 €2? Yes X No If Yes, 'describe these new services on Schedule O If Yes, 'describe these new services on Schedule O If Yes, 'describe these changes on Schedule O If Yes, 'describe these changes on Schedule O Yes, 'describe these changes on Schedule O Secribe the organization's program service secomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service reported. 4a (code) (spenses to code	1			
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	prior Form 990 or 990-EZ?		Yes X No
40 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 expenses, and reversely, if any, for each program services reported. 4a (code	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
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4e Total program service expenses	4d	Other program services (Describe on Schedule O.)		
FARM SAME COLOR	<u>4e</u>	Total program service expenses ▶		rm 990 (2010)

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Form 990 (2019) CORPORATION

Part IV Checklist of Required Schedules

56-0995910

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	ļ	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		i	
	public office? If "Yes," complete Schedule C, Part I	3		X
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	_		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├	<u> </u>	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		х
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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			_
=	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
ä	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
м	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		-
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		,
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
932003	01-20-20	Form	990	(2019)

Form **990** (2019)

Pai	rt IV Checklist of Required Schedules (continued)			ugo .
<u> </u>	Continued)		Yes	No
00	Did the expenses on various mare than \$5,000 of grants or other equiptions to or for demostic individuals on		res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-22		
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		x	
	Schedule J	23		
24 a	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			х
	Schedule K If "No," go to line 25a	24a		
	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		
	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 I	25a	<u> </u>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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		X
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? If "Yes," complete Schedule L, Part III	27		X
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)		<u> </u>	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes, " complete Schedule L, Part IV	28b	х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
O.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
ω	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
54		34	x	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of costion 512(b)(13)?	35a	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 		
D		254		х
20	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?	0.0		
	If "Yes," complete Schedule R, Part V, line 2	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	 - 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		١.,	
Da	Note: All Form 990 filers are required to complete Schedule 0	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 55	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>

56-0995910

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Form	990 (2019) CORPORATION 56-099593	. 0	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		N. A.	
	filed for the calendar year ending with or within the year covered by this return 207			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	. SQUINNI SANS
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	also de	M	3200
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	355 A 2225
		3b	х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	35	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_ما		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1.::0:50	J. 4.54
D	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	A22420	1.516.00	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	 ^- -
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	-	├
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			l
	were not tax deductible?	6b	. 67.55%	17.7.1
7	Organizations that may receive deductible contributions under section 170(c).		11.15	19.15
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
 b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		- 72/12/4
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		ļ	
	to file Form 8282?	7c	ļ.,	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d		1,7,333	The state
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>.</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	L	
-	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	The state of	4.00	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1421	1.11	-j-1.4
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		مسعرب عقد
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	Mary 1	11.12	0.1.3.12.3
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		14.3	
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders 11a 1,046,094,796.			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.) 11b 135,523,876.		性變	
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-india	الشنشنة ا
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	135.56	0.34	112.7345
	•	182		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	20 14586	2,323,3
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	. 144638	-1: : 12:
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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	概點		
	Enter the amount of reserves on hand	No See H		ST MARCH
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X -
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	├-	┼
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		<u>.</u>	
	excess parachute payment(s) during the year?	15	X	Sec. 85.
	If "Yes," see instructions and file Form 4720, Schedule N.			*
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			EAG

Form 990 (2019) CORPORATION 56-0995910 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 on Schedule O. 49 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 4 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? x 5 Did the organization become aware during the year of a significant diversion of the organization's assets? x Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X —The governing body?— Яa X b Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 384 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe x 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation Ž. in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AR, AZ, GA, CA, IN, NC, MD, MN, MS Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records LARK S. JAMES - 919-872-0800

3400 SUMNER BOULEVARD, RALEIGH, NC

27616

Form 990 (2019) Part VII 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 VII

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, and 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 See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	,,,		(C	ition	l than o		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	unle	ss per	son :	man o s both r/trus	n an	compensation	compensation	amount of
-	week (list any hours for related organizations below line)	ndıvıdual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOSEPH P. BRANNAN	34.00	-	_		Ť		_			
EXECUTIVE VP & CEO	6.00			х				1,630,578.	0.	289,143.
(2) LARK S. JAMES	34.00									-
SENIOR VP, FINANCE & CFO	6.00			х				778,204.	0.	144,873.
(3) MICHAEL W. BURNETTE	40.00						Г			
SENIOR VP & COO					х			678,951.	0.	123,466.
(4) RICHARD M. FEATHERS	34.00						Г			
SENIOR VP, GENERAL COUNSEL	6.00			х				454,437.	0.	120,688.
(5) NELLE P. HOTCHKISS	10.00									
SENIOR VP & COO, NCAEC	30.00					х		419,678.	0.	117,736.
(6) CHRISTOPHER W. VANLOKEREN	34.00									-
CHIEF INFORMATION OFFICER	6.00					x		304,262.	0.	67,453.
(7) LONNIE E. MOORE	2.00				ļ					
SENIOR VP & COO, TEMA	38.00					х	<u> </u>	298,511.	0.	72,250.
(8) LEE S. RAGSDALE	40.00									
SENIOR VP, GRID INFRASTRU						Х	L	259,462.	0.	101,444.
(9) DOUGLAS R. BROWNE	34.00						l	1		
VICE PRESIDENT, FINANCE & ACCOUNTING	6.00		L.		_	х	<u> </u>	236,257.	0.	93,559.
(10) CHARLES E. BAYLESS	34.00									
ASSISTANT SECRETARY/TREASURER	6.00		<u> </u>	Х	L	_	<u> </u>	217,206.	0.	73,493.
(11) MICHAEL D. YOUTH	34.00									
ASSISTANT SECRETARY/TREASURER	6.00		_	х	_	<u> </u>	ļ	182,281.	0.	50,930.
(12) PAUL SPRUILL	4.00	1							_	_
PRESIDENT	2,00	х	_	х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(13) W. GREG PUCKETT	4,00									
VICE PRESIDENT	2.00	х	_	х		<u> </u>	L	0.	0.	0.
(14) SUSAN E. FLYTHE	4.00					1				
SECRETARY/TREASURER	2,00	х	_	х	1	▙	<u> </u>	0.	0.	0.
(15) JERRY BOWMAN	2,00			l	1					_
DIRECTOR	2.00	X	 	<u> </u>	ـــ	⊢		0.	0.	0.
(16) CARL W. KORNEGAY, JR.	2.00	 							_	
DIRECTOR	2.00	х	-	├	_	├	├	0.	0.	0.
(17) CARMEN DIETRICH	2.00							0.	0.	,
DIRECTOR	2.00	Х			<u> </u>		Ц_	J	<u> </u>	0. 5 990 (2010)

Form 990 (2019)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)	
(A)	(B)			((2)			(D)	(E)	(F)
Name and title	Average hours per week	box	not ci	ss per	more son :	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) CHARLES H. GUERRY	2.00		ŀ							
DIRECTOR	2.00	х						0.	0.	0.
(19) CHRISTOPHER SPEARS	2.00									
DIRECTOR	2.00	x						0.	0.	0.
(20) CURTIS WYNN	2.00									
DIRECTOR	2.00	x						0.	0.	0.
(21) LEE ROY KIRK, JR.	2.00									
DIRECTOR	2.00	x		ŀ	ŀ			0.	0.	0.
(22) DELORIA IRBY	2.00									
DIRECTOR	2.00	x						0.	0.	0.
(23) DONALD H. SPIVEY	2.00									
DIRECTOR	2.00	x						0.	0.	0.
(24) DOUGLAS W. JOHNSON	2.00									7
DIRECTOR	2.00	x						0.	0.	0.
(25) ELBERT RAY PITT, JR.	2.00									
DIRECTOR	2.00	х						0.	0.	0.
(26) GARY W. RAY	2.00									-
DIRECTOR	2.00	x					İ	0.	0.	0.
1b Subtotal							<u>►</u>	5,459,827.	0.	1,255,035.
c Total from continuation sheets to Part VI	, Section A						•	0.	0.	0.
d Total (add lines 1b and 1c)							>	5,459,827.	0.	1,255,035.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	ove) wh	o re	ceived more than \$100,	000 of reportable	95 Vas Na

- 3 X
- 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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

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

Section B. Independent Contractors

line 1a? If "Yes," complete Schedule J for such individual

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)	(B)	(C)
Name and business address	Description of services	Compensation
ACES POWER MARKETING, 4140 WEST 99TH		
STREET, CARMEL, IN 46032-7731	POWER MANAGEMENT SERVICES	3,082,405.
MCCARTER & ENGLISH LLP		
100 MULBERRY STREET, NEWARK, NJ 07102-0652	LEGAL SERVICES	925,215.
GRANT THORTON LLP, 4140 PARKLAKE AVE,		
SUITE 130, RALEIGH, NC 27612	ACCOUNTING SERVICES	467,559.
EVERSHEDS SUTHERLAND LLP		
999 PEACHSTREE STREET NE, ATLANTA, GA 30309	LEGAL SERVICES	341,655.
NELSON, MULLINS, RILEY & SCARBOROUGH		
P.O. DRAWER 2426, COLUMBIA, SC 29202	LEGAL SERVICES	141,255.
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	5	

SEE PART VII, SECTION A CONTINUATION SHEETS

<u>- orm **990** (2019)</u>

Form 990 CORPORAT	ION								56-09959	910
Part VII Section A. Officers, Director	rs, Trustees, Key E	nplo	yee	s, aı	nd F	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(с	heck	c all 1	that	app	ly)	compensation	compensation	amount of
	per		i			_	ľ	from	from related	other
	week		l			oloyee		the	organizations	compensation from the
	(list any hours for	drect				d em		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	related	JO 93	stee			nsate		(** 2) 1000 (**100)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employes	Highest compensated employee				organizations
	below	Mdual	rtution	ĕ	e m	nest c	Former			
	line)	豆	list	Officer	Key	Нg	For			
(27) GREG ANDRESS	2.00									
DIRECTOR	2.00	x						0.	0.	(
28) H. WAYNE WILKINS	2.00									
DIRECTOR	2.00	х						0.	0.	(
(29) J. DEAN CARPENTER	2.00									
DIRECTOR	2.00	х					L_	0.	0.	(
(30) J. DOUGLAS BRINSON	2.00									
DIRECTOR	2.00	Х						0.	0.	
(31) J. MICHAEL DAVIS	2.00	1								
DIRECTOR	2.00	Х		L				0.	0.	(
(32) JACOB JOPLIN	2.00	j	İ						 -	 -
DIRECTOR	2.00	X						0.	0.	
(33) MORRELL JONES, JR.	2.00]								
DIRECTOR	2.00	Х	L	L				0.	0.	(
(34) JEFF CLARK	2.00]								
DIRECTOR	2.00	Х					_	0.	0.	(
(35) JEFFREY N. LETCHWORTH	2.00	1								
DIRECTOR	2.00	Х						0.	0.	
(36) BENJAMIN R. LYBRAND	2.00	1								
DIRECTOR	2.00	Х	_	Ļ_	$oxed{oxed}$			0.	0.	(
(37) JOHN L. PIERCE	2.00									
DIRECTOR	2.00	Х	_	_				0.	0.	(
(38) JOHN W. SPENCE	2.00	1								
DIRECTOR	2.00	Х	L.	L_	<u> </u>		_	0.	0.	
(39) KELLY HARRINGTON	2.00									
DIRECTOR	2.00	Х	_					0.	0.	(
(40) L.V. (TOBY) SPEAKS	2.00							_	_	
DIRECTOR	2.00	X	_	<u> </u>	lacksquare		_	0.	0.	
(41) ALLEN W. SPELLER	2.00								_	
DIRECTOR		X	_				_	0.	0.	- '
(42) MITCHELL L. KEEL	2.00	۱		l				_	_	
DIRECTOR		X	\vdash	\vdash	\vdash	_	_	0.	0.	
43) BILL R. BARBER	2.00	1							_	
DIRECTOR		X	₩		\vdash		<u> </u>	0.	0.	
44) REBECCA P. COGAN	2.00	┨							_	
DIRECTOR	2.00	X	\vdash	\vdash	\vdash	\vdash	<u> </u>	0.	0.	
(45) RICHARD A. MIDGETT	2.00	- ₋					1		_	
DIRECTOR	2.00	X	<u> </u>	_		_	<u> </u>	, 0.	0.	
(46) JAMES E. MANGUM, JR.	2.00	- _ }					1		_	
IRECTOR	2,00	Х						0.	0.	

56-0995910 CORPORATION

Part VII Section A. Officers, Direction (A)		Ξmp	loye	es, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)										
(r-y	(B)			(C)			(D)	(E)	(F)
Name and title	Average				sition	ì		Reportable	Reportable	Estimated
	hours	- [(chec	k all	that	арр	ly)	compensation	compensation	amount of
	per		1					from	from related	other
	week	,	.			oyee		the	organizations	compensation
	(list any	8				en p		organization	(W-2/1099-MISC)	from the
	hours for related	1	<u> </u>		1	sated		(W-2/1099-MISC)		organization and related
	organization		l trus		aak	ubeu				organizations
	below	S S S S S S S S S S S S S S S S S S S	Institutional trustee		Кеу етріоуев	Highest compensated employee	 =			
	line)	1	Instit	Officer	Keye	Hgh	Former			
(47) DAVID EGGERS	2.00	_								
DIRECTOR	2.00	_	_	ــــــــــــــــــــــــــــــــــــــ	ļ	<u> </u>	ļ	0.	0.	0
(48) ROY STAMEY	2.00	_			ł			}		_
DIRECTOR	2.00	_			1		<u> </u>	0.	0.	0
(49) S. FRANKLIN WILLIAMS	2.00	_					ļ			
DIRECTOR	2.00	-+-	4	lacksquare	_	<u> </u>	<u> </u>	0.	0.	0
(50) STEVE HAMLIN	2.00	_		1						
DIRECTOR	2.00	_	1	_			<u> </u>	0.	0.	0
(51) TOM BATCHELOR	2.00	_					İ		0.	,
DIRECTOR (52) MARK A. SUGGS	2.00	_	+	╁	├		├─	0.	0.	0
DIRECTOR	2.00	_		Ì	Ì		ĺ	0.	٥.	o
(53) W. MAX WALSER	2.00	_	+-	╁╴	 	\vdash	\vdash			
DIRECTOR	2,00							0.	0.	0
(54) WINSTON HOWELL	2,00		+	+	\vdash					
DIRECTOR	2.00	_						0.	0.	0
(55) JOSH WINSLOW	2.00	_	\top	T	┢	-	<u> </u>			
DIRECTOR	2.00	_						0.	0.	0
(56) FREDERICK TEDDER	2.00	_	+-	T						
DIRECTOR	2.00	T x						0.	0.	0
(57) EDDIE OLDHAM	2.00	7						<u> </u>		
DIRECTOR	2.00	√ x	:					0.	0.	0
(58) CARL A. PEVIA	2.00	7								
DIRECTOR	2.00	X C						0.	0.	0
(59) S. DIRK BURLESON	2.00)								
DIRECTOR	2.00	X C			L			0.	_0.	0
(60) MIKE DICKERSON	2.00	ᅵ								
DIRECTOR	2.00) X		L	<u> </u>	L	L	0.	0.	0
(61) DALE F. LAMBERT	2.00					1				
DIRECTOR	2.00	×		_	┖	<u> </u>	_	0.	0.	0
		4			1		ļ			
		+	+	╀	╀	<u> </u>				
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		1			1_					<u> </u>
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Page 9

Pa	rt \	VIII	Statement of Re	venue						
			Check if Schedule O	contains a	response	or note to any lin			(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
st st	1	а	Federated campaigns		1a					
ran		b	Membership dues		1b					
S, G		c	Fundraising events		1c					
ar t		d	Related organizations		1d					
S E		е	Government grants (contr	ibutions)	1e					
tion S		f	, ,							
혈			similar amounts not included		1f					
Contributions, Gifts, Grants and Other Similar Amounts		9	Noncesh contributions included in	lines 1a-1f	1g \$		3.43 Sept. 1			
Qn	 	n	Total. Add lines 1a-1f	·		Business Code	1427 Ph 140 CHE ST. 15	STATE VERSET VI. VER		
•	١,	а	PROVIDE ELECTRIC PO	WER		Busiliess Code	1 187 850 241	1,187,850,241.	AT APTOMIST AND ACTOR	ANNIAMIA ITEMATICA INTERNA
Program Service Revenue	~	b				 	-,,,			
Ser		C								
ž.		d							-	
200		e								
č		f	All other program service	revenue						
		ġ	Total, Add lines 2a-2f	e e -2 e	== ==	<u> </u>	1,187,850,241.	ara activisió	TERNY WE	
	3		Investment income (include	ling divider	nds, intere	st, and				
	١.		other similar amounts)			>	20,368,735.			20,368,735.
	4		Income from investment of	of tax-exem	pt bond p	roceeds >	ļ	<u> </u>		
	5		Royalties			<u> </u>		Concidentary and a contraction	Marie Includence Side (1985)	2 880 1 93 60 C 288 1 52 47 D 250
				1 ———	Real	(ii) Personal				
	6	а	•		36,600.					
			Less rental expenses	6b	36,600.	 -				
			Rental income or (loss) Net rental income or (loss)				36,600.	Mark - was to serve a serve to	36,600.	K CLANDICION, AND COM-WINDS
	7		Gross amount from sales of		ecurities	(ii) Other				
	ľ	_	assets other than inventory	7a 16,2						
		b	Less cost or other basis				Transport			
ë	,		and sales expenses	7b 05,2	20,652.	178,928.				
Other Revenue	-	c	Gain or (loss)	7c 11,0	26,380.	-178,928.	Carrier St.			
æ		d	Net gain or (loss)		_		10,847,452.	18 V V20VIAT -A 68 PT 727 800 PT /	PG A. 24775 1986 19 30 AURONO.	10,847,452.
Je.	8	а	Gross income from fundraising	ng events (n	ot	ŀ				
δ			including \$		of	ľ				
~			contributions reported on	line 1c) Se						
•			Part IV, line 18		8a					
			Less direct expenses	£	<u>8b</u>	L	WARREST CHECKER CARREST		WHEN KEEPE JANA	
	۵		Net income or (loss) from Gross income from gamin	_	-		Were to the second	ACTACO SECTIONS		
	3	•	Part IV, line 19	g activities	9a					
		b	Less direct expenses		9b					
			Net income or (loss) from	gaming act		•				
	10		Gross sales of inventory, l							
			and allowances		10a					
			Less cost of goods sold		10b	<u> </u>			2.00 m	
		С	Net income or (loss) from	sales of inv	entory		4203MAG-0721459- 14-180-10-	2.46(245). 2.452(300).444	Manager, Commission of the Samuel	CONTRACTOR OF THE STATE OF THE
<u> 50</u>	l					Business Code				
eon e	11								· -	
lan en		b						 		· · · · · · · · · · · · · · · · · · ·
Miscellaneous Revenue		C	All other controls				 			
ž		d	All other revenue			L			######################################	The same of the sa
	12		Total. Add lines 11a-11d Total revenue. See instruction	ns			1 219 103 028	1,187,850,241.	36,600.	31,216,187.
93200							, , , , , , , , , , , , , , , , , ,	,,,,		'Form 990 (2019)

56-0995910

Form 990 (2019) CORPORATION Part X 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 respor				
	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	671,335.			arana arang kang arang kang arang kang arang kang arang kang arang kang arang kang arang kang arang kang arang
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				edizenienie eine
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,714,862.			
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	34,436,712.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	949,175.			
- 9 -	Other employee benefits	181,485.	್ರೀಕ್ಷ್ಮಿಕ್ ಮೊದ್ದ ಮೊದ್ದ ಮೊದ್ದ ಮೊದ್ದ	to the comme and the	. ಆಗ್ರಾಮ್ ಸವರವರಗ ುತ್ತಿದ್ ದರು
10	Payroll taxes	65,136.			
11	Fees for services (nonemployees)				
а	Management	_			
b	Legal	1,359,242.			
С	Accounting	774,810.			
d	Lobbying		EXITE OF A STREET WAS A CONTRACTOR OF	. 5. C. tallite	
е	Professional fundraising services. See Part IV, line 17			H-25-18-435-888-5-KF.	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		,		
	column (A) amount, list line 11g expenses on Sch O.)	111 105			
12	Advertising and promotion	141,135.			
13	Office expenses	742,626.			
14	Information technology				
15	Royalties		<u> </u>		<u>.</u>
16	Occupancy	447,162.			
17	Travel	447,102.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	59,450,519.			
20	Interest	35,430,315.			
21	Payments to affiliates	67,707,995.			
22 23	Depreciation, depletion, and amortization Insurance	37,854.			<u> </u>
23 24	Other expenses, Itemize expenses not covered	THE CHONEST A SPEC			right Court Court Gereing Act
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PURCHASED POWER	757,725,265.	327.794.6.13.14.1.19.19.19.19.19.19.19.19.19.19.19.19.1	- Comment of the Comm	**************************************
b	POWER GENERATION EXPENS	75,908,315.			
c	TRANSMISSION & ANCILLAR	71,434,233.			
ď	FUEL USED IN GENERATION	57,759,664.			
	All other expenses STATEMENT 1	52,595,503.			
25	Total functional expenses. Add lines 1 through 24e	1,189,103,028.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Charle have		l		

Form 990 (2019)
Part X Balance Sheet

82 V	NOVE	***************************************	. 4	line in this D-+V			
		Check if Schedule O contains a response or note	e to any	ine in this Part X	(A)	Г	(B)
					(A) Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			469,371,764.	2	284,658,348.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			107,332,322.	4	102,583,256.
	5	Loans and other receivables from any current or	former o	fficer, director,		240	
		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%			
		controlled entity or family member of any of thes	e person	s		5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	ın sectio	on 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net			2,125,211.	7	2,447,022.
Assets	8	Inventories for sale or use			22,200,362.	8	26,322,868.
As	9	Prepaid expenses and deferred charges			4,215,882.	9	3,063,255.
	10a	Land, buildings, and equipment cost or other			MANAGE POL	が出来	
		basis Complete Part VI of Schedule D	10a	2,659,017,384.			
	b	Less accumulated depreciation	10b	1,460,801,232.	1,153,182,409.	10c	1,198,216,152.
	11	Investments - publicly traded securities		STATEMENT 2	297,908,572.	11	358,150,254.
	12	Investments - other securities See Part IV, line 1	1	STATEMENT 3	8,873,267.	12	16,812,600.
	13 <i></i>	Investments - program-related See Part IV, line 1	1			13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11			118,248,440.	15	187,974,633.
	16	Total assets. Add lines 1 through 15 (must equa	I line 33		2,183,458,229.	16	2,180,228,388.
	17	Accounts payable and accrued expenses			155,787,873.	17	179,120,333.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or form	er office	, dırector,			
Liabilities		trustee, key employee, creator or founder, substa	antial co	ntributor, or 35%	F-38-12-20-20-20-20-20-20-20-20-20-20-20-20-20		
ap		controlled entity or family member of any of thes	e person	s		22	
	23	Secured mortgages and notes payable to unrelate	ted third	parties	1,465,911,116.	23	1,291,849,575.
	24	Unsecured notes and loans payable to unrelated	third pa	rties	- <u> </u>	24	<u> </u>
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24) (Complete Part X			
		of Schedule D			298,891,953.	25	449,836,853.
	26	Total liabilities. Add lines 17 through 25	·		1,920,590,942.	26	1,920,806,761.
w		Organizations that follow FASB ASC 958, chec	ck here	▶ .			
Š		and complete lines 27, 28, 32, and 33.		- +		-	
alar	27	Net assets without donor restrictions			<u>"</u>	27	
Ö	28	Net assets with donor restrictions			Object to be designed to the Contract of the C	28	Nadan K. Chiarra B. Printer Market Br. Act 14411 of G. Chiller M.
Ē		Organizations that do not follow FASB ASC 95	58, chec	k here 🕨 🗓		SE	
Net Assets or Fund Balances		and complete lines 29 through 33.			222	NUM!	2000
its	29	Capital stock or trust principal, or current funds	_		625.	29	625.
SSE	30	Paid-in or capital surplus, or land, building, or eq	•		. 0.	30	0.
λA	31	Retained earnings, endowment, accumulated inc	come, or	otner funds	262,866,662.	31	259,421,002.
ž	32	Total net assets or fund balances			262,867,287.	32	259,421,627.
	33	Total liabilities and net assets/fund balances			2,183,458,229.	33	2,180,228,388.

Form	1990,(2019) . CORPORATION	56-099	5910	Pag	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,219		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,189		
3	Revenue less expenses Subtract line 2 from line 1	3			000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			287.
5	Net unrealized gains (losses) on investments	5	-31	,373,	560.
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 on Schedule O)	9	-2	,072,	100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	259	,421,	627.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			ĺ
	separate basis, consolidated basis, or both		== (,;;;;		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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 X Consolidated basis Both consolidated and separate basis		*************		
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			1
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

SCHEDULE.D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NORTH CAROLINA ELECTRIC MEMBERSHIP

CORPORATION

Employer identification number 56-0995910

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6		
		(a) Donor advised funds	(b) Fi	unds 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)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pai		ganization answered "Yes" on Form 990, I	Part IV, line	7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	ition or education) Preservation of	a historical	ly important land area
	Protection of natural habitat	Preservation of	a certified l	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a consen	vation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	20	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre	
	listed in the National Register		20	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation ea	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easeme	ents during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemi	ents that de	scribes the
	organization's accounting for conservation easements			
Pai	t III Organizations Maintaining Collections of		her Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	68, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	irtherance c	of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and I	palance she	et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of p	public service,
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	· \$
	(ii) Assets included in Form 990, Part X		>	\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	l gaın, provi	de
	the following amounts required to be reported under FASB A	ASC 958 relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		>	· \$
h	Assets included in Form 990 Part Y			. c

Schedule D (Form 990) 2019

095,238,505.

1,198,216,152.

1,433,133,756.

2,528,372,261,

e Other

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

• • • • • • • • • • • • • • • • • • •	LECTRIC MEMBERSHIP		E
Schedule D (Form 990) 2019 CORPORATION			56-0995910 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-or-year market value
(1) Financial derivatives			<u> </u>
(2) Closely held equity interests			
(3) Other		<u> </u>	
(A)		<u></u> .	· · · ·
(B)		1.00	
(C)			<u> </u>
(D)			
(E)		- ··· · · · · · ·	
(F)			
(G)			·-
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1) CONSTRUCTION WORK IN PROCESS			50,338,058.
(2) DEFERRED DECOMMISSIONING COSTS			6,709,300.
(3) OTHER DEFERRED COSTS			125,620,963
(4) LOSS ON REFINANCING			5,306,312.
(5)			
(6)		75.5	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.	= 15.)		187,974,633
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f See Form 990, Part X, line	25
1. (a) Description of liability	* * * * * * * * * * * * * * * * * * * *		(b) Book value
(1) Federal income taxes			
(2) DECOMMISSIONING ASSET RETIREMENT OBLIG	GATION		292,304,256
(3) POSTRETIREMENT/POST EMPLOYMENT BENEFI			15,979,416
(4) REGULATORY LIABILITIES	·		65,761,586
(5) CAPITAL LEASE OBLIGATIONS			4,154,332
	-		71,637,263
(6) UNREALIZED GAINS & LOSSES	·····	· · · · · · · · · · · · · · · · · · ·	- ' '

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

449,836,853.

(8)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

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.

2019 Open to Public OMB No 1545-0047 Inspection

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

Employer identification number 56-0995910 NORTH CAROLINA ELECTRIC MEMBERSHIP General Information on Grants and Assistance CORPORATION

[X Yes	
1 Does the organization maintain records to substantiate the amount of 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.

2

Part	Grants and Other Assistance to Domesti	omestic Organiz	ations and Domestic	Governments. C	omplete if the orga	inization answered "Ye	ons and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	line 21, for any
	recipient that received more than \$	eived more than \$5,000 Part II can be	be duplicated if additional space is needed	nal space is need	þe			
1 (a) L	1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(c) IBC section (d) Amount of (e) Amount of (f) Method of (g) Description of	(a) Description of	(h) Purpose of grant

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if additic	onal space is neede	9			
1 (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
ECONOMIC DEVELOPMENT PARTNERSHIP 15000 WESTON PARKWAY CARY, NC 27513	46-4840814 501(C)	501(C)(3)	50,000.	0			ECONOMIC DEVELOPMENT ASSISTANCE
ENERGYUNITED PO BOX 1831 STATESVILLE, NC 28687	56-2097218 501(C)	501(C)(12)	35,334.	0			EDUCATIONAL ASSISTANCE
NRECA INTERNATIONAL FOUNDATION PO BOX 75472 BALTIMORE, MD 21275	52-1387851 501(C)	501(C)(3)	25,000.	0			CONTRIBUTION
UNC CHARLOTTE 8700 PHILLIPS ROAD CHARLOTTE, NC 28223	56-0791228 <u>501(</u> C)	501(C)(3)	25,000.	0.			EDUCATIONAL ASSISTANCE
ECONOMIC DEVELOPMENT PARTNERSHIP 15000 WESTON PARKWAY CARY, NC 27513	46-4840814 501(C)	501(C)(3)	25,000.	0.			ECONOMIC DEVELOPMENT ASSISTANCE
ELECTRIC POWER RESEARCH INSTITUTE INC 1300 WEST WT HARRIS BOULEVARD - CHARLOTTE, NC 28262	23-7175375 501(C)	501(C)(3)	25,000.	.0			ENERGY RESEARCH & DEVELOPMENT
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government org	ganizations listed in the table	line 1 table				35.
_ ر ا	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

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	ć	

Schedule I (Form 990) CORPORATION Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go		and Organizations in the United States		(Schedule I (Form 990), Part II.)		56-0995910 Page 1
(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 non-cash assistance	(h) Purpose of grant on a sasistance
NC STATE UNIVERSITY POUNDATION 1210 VARSITY DRIVE, SUITE 202 RALEIGH, NC 27606	56-6049503	501(C)(3)	20,000.	.0			EDUCATIONAL ASSISTANCE
NC BUSINESS LEADERS FOR EDUCATION 2826 LAZY LN WINSTON SALEM, NC 27106	46-2988453		20,000.	.0			EDUCATIONAL CONTRIBUTION
NC AGRICULTURAL FOUNDATION CAMPUS BOX 7645, NC STATE UNIVERSARY CAMPUS - RALEIGH, NC 27695	56-6049304 501(C)(3	501(C)(3)	18,160.	.0			AGRICULTURAL ASSISTANCE
NC AGRICULTURAL FOUNDATION CAMPUS BOX 7645, NC STATE UNIVERSARY CAMPUS - RALEIGH, NC 27696	56-6049304 501(C)(3)	501(C)(3)	18,160.	.0			AGRICULTURAL ASSISTANCE
NC AGRICULTURAL FOUNDATION CAMPUS BOX 7645, NC STATE UNIVERSARY CAMPUS - RALEIGH, NC 27697	56-6049304 501(C)(3	501(C)(3)	18,160.	.0			AGRICULTURAL ASSISTANCE
NC AGRICULTURAL FOUNDATION CAMPUS BOX 7645, NC STATE UNIVERSARY CAMPUS - RALEIGH, NC 27695	56-6049304	501(C)(3)	18,160.	0.			AGRICULTURAL ASSISTANCE
BLUE RIDGE EMC PO BOX 250 LENOIR, NC 27502	56-0160075	501(C)(12)	16,821.	0			EDUCATIONAL ASSISTANCE
BRUNSWICK EMC PO BOX 826 SHALLOTTE, NC 27261	56-0154512 501(C)(1	501(C)(12)	15,796.	0		1	EDUCATIONAL ASSISTANCE, MEDICAL DONATION
RUTHERFORD EMC PO BOX 1569 FOREST CITY, NC 27546	56-0386171 501(C)(1	501(C)(12)	15,101.	0			EDUCATIONAL ASSISTANCE
1							Schedule I (Form 990)

Page 1

56-0995910

AGRICULTURAL ASSISTANCE AGRICULTURAL ASSISTANCE EDUCATIONAL ASSISTANCE EDUCATIONAL ASSISTANCE EDUCATIONAL ASSISTANCE EDUCATIONAL ASSISTANCE (h) Purpose of grant or assistance EDUCATION & ECONOMIC CONTRIBUTION ASSISTANCE (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) Ö Ö ٥. ο. ٥. (e) Amount of non-cash assistance ο. ó Ö 12,422. 15,000. 15,000. 13,835. 12,500. 11,487. 11,312. (d) Amount of cash grant 15,000. (c) IRC section if applicable 56-0435549 501(C)(12) 56-0283268 501(C)(12) 56-0440935 501(C)(12) 56-0305124 501(C)(12) 56-1029240 501(C)(3) 56-1029240 501(C)(6) 46-2332524 501(C)(4) 56-6001393 | 501(C)(3) (b) EIN CAROLINA PARTNERSHIP FOR REFORM SHRINERS CHILDREN'S HOSP FUND 9660-138 FALLS OF NEUSE ROAD NC AGRIBUSINESS COUNCIL INC. (a) Name and address of organization or government UNION POWER COOPERATIVE JACKSONVILLE, NC 28546 HILLSBOROUGH, NC 27894 NC JAYCEE BURN CENTER RED SPRINGS, NC 27560 CHAPEL HILL, NC 27514 2500 REGENCY PKWY 2500 REGENCY PKWY RALEIGH, NC 27615 Schedule I (Form 990) MONROE, NC 28111 259 WESTERN BLVD LUMBEE RIVER EMC JONES ONSLOW EMC SOUTH RIVER EMC 101 MANNING DR CARY, NC 27518 CARY, NC 27518 PO BOX 5014 PO BOX 1060 PO BOX 830 PO BOX 931 WAKE EMC

EDUCATIONAL ASSISTANCE

٥.

10,200

56-0405464 501(C)(12)

DUNN, NC 27702

NORTH CAROLINA ELECTRIC MEMBERSHIP CORPORATION

Schedule I (Form 990) CORPORATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Gov	vernments and Organi	izations in the Uni	- 1	(Schedule I (Form 990), Part II.)		56-0995910 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 7 7 7 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NCLBC FOUNDATION PO BOX 27862 RALEIGH, NC 27862	56-1589364 501(C)(3)	501(C)(3)	10,000.	0.			CONTRIBUTION
LEADERSHIP NORTH CAROLINA 2700 WYCLIFF RD STE 402 RALEIGH, NC 27607	56-1757109	501(C)(3)	10,000.	.0			CONTRIBUTION
INSTITUTE FOR EMERGING ISSUES CENTENNIAL CAMPUS BOX 7406 RALEIGH, NC 27695	56-6000756 501(C)(3)	501(C)(3)	10,000.	0.			EDUCATIONAL ASSISTANCE
OCCONEECHEE COUNCIL 3231 ATLANTIC AVE RALEIGH, NC 27604	56-0529984	501(C)(3)	10,000.	0			CIVIC DONATION
PIEDMONT EMC PO DRAWER 1179 HILLSBOROUGH, NC 27278	56-0358446	501(C)(12)	9,328.	0.			EDUCATIONAL ASSISTANCE
CARTERET CRAVEN EC PO BOX 1490 NEWPORT, NC 28802	56-0168825	501(C)(12)	9,316.	0.			EDUCATIONAL ASSISTANCE
HAYWOOD EMC 376 GRINDSTONE RD WAYNESVILLE, NC 28785	56-0193499	501(C)(12)	8,732.	,0			EDUCATIONAL ASSISTANCE
TOBACCO FARM LIFE MUSEUM INC PO BOX 88 KENLY, NC 28115	58-1544798	501(C)(3)	8,000.	0.			AGRICULTURAL ASSISTANCE
RONALD MCDONALD HOUSE 549 MOYE BLVD GREENVILLE, NC 27834	36-2934689	501(C)(3)	7,733.	0.			CIVIC DONATION Schedule I (Form 990)
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Schedule I (Form 990) CORPORATION	n siecinic me	MENDENSHIF					56-0995910 Page 1
Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go		and Organizations in the United States		(Schedule I (Form 990), Part II.)	t II.)	
(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 non-cash assistance	(h) Purpose of grant of or assistance
RURAL ECONOMIC DEVELOPMENT CENTER INC - 4021 CARYA DR - RALEIGH, NC 27610	56-1552375	501(C)(3)	7,500.	0.			ECONOMIC DEVELOPMENT ASSISTANCE
FOUR COUNTY EMC PO BOX 667 BURGAW, NC 28458	56-0227152	501(C)(12)	7,360.	0.			EDUCATIONAL ASSISTANCE
RANDOLPH EMC PO BOX 40 ASHEBORO, NC 28042	56-0371555 501(C)(1	501(C)(12)	7,316.	0.			EDUCATIONAL ASSISTANCE
NC AGRICULTURAL FOUNDATION CAMPUS BOX 7645, NC STATE UNIVERSARY CAMPUS - RALEIGH, NC 27606	56-6049304	501(C)(3)	.002,3	0.			AGRICULTURAL ASSISTANCE
SURRY YADKIN EMC PO BOX 305 DOBSON, NC 27505	56-0421795 501(C)(1	501(C)(12)	6,250.	.0			EDUCATIONAL ASSISTANCE
TIDELAND EMC 25831 HWY 264 E PANTEGO, NC 25831	56-0993598 501(C)(1	501(C)(12)	5,316.	.0			EDUCATIONAL ASSISTANCE
TRI COUNTY EMC 4255 ALT US HWY 117 S DUDLEY, NC 28333	56-0432086 501(C)(1	501(C)(12)	5,270.	0			EDUCATIONAL ASSISTANCE
PEE DEE EMC 575 US HWY 52 S WADESBORO, NC 28170	56-0123345	501(C)(12)	5,266.	.0	,		EDUCATIONAL ASSISTANCE
INSTITUTE OF POLITICAL LEADERSHIP 2 NEW BERN SQUARE GREENSBORO, NC 27408	56-1553715 501(C)(3	501(C)(3)	5,000.	0.			POLITICAL LEADERSHIP TRAINING
•							Schedule I (Form 990)

NORTH CAROLINA ELECTRIC MEMBERSHIP CORPORATION

Schedule I (Form 990) CORPORATION Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go		and Organizations in the United States		(Sched ale I (Form 990), Part II.)		56-0995910 Page 1
(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 non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE OF POLITICAL LEADERSHIP 2 NEW BERN SQUARE GREENSBORO, NC 27408	56-1553715	501(C)(3)	5,000.	0			POLITICAL LEADERSHIP
NCWF P O BOX 10626 RALEICH, NC 27605	56-1564376	501(C)(3)	5,000.	0	=		ENVIRONMENTAL OUTREACH
CONSERVATION TRUST FOR NC 1028 WASHINGTON ST RALEIGH, NC 27511	58-1552188 501(C)(3)	501(C)(3)	5,000.	0	٠		ENVIRONMENTAL OUTREACH
RURAL ECCNOMIC DEVELOPMENT CENTER INC - 4021 CARYA DR - RALEIGH, NC 27610	56-1552375	501(C)(3)	5,000.	.0	: -		ECONOMIC DEVELOPMENT ASSISTANCE
AFRICAN AMERICAN ATELIER 200 N DAVIE ST # 14 GREENSBORO, NC 27401	56-1721902	501(C)(3)	5,000.	0	2200		CIVIC DONATION
NORTH CAROLINA CHAMBER 701 CORPORATE CENTER DR STE 400 RALEIGH, NC 27607	56-0340499	501(C)(6)	5,000.	0	F		ECONOMIC DEVELOPMENT ASSISTANCE
NC FREE ENTERPRISE FOUNDATION INC PO BOX 12406 RALEIGH, NC 27709	56-1782403	501(c)(3)	5,000.	.0	e a		EDUCATIONAL & CIVIC ASSISTANCE
NC FREE ENTERPRISE FOUNDATION INC PO BOX 12406 RALEIGH, NC 27709	56-1782403	501(c)(3)	5,000.	0.			EDUCATIONAL & CIVIC ASSISTANCE
NC FREE ENTERPRISE FOUNDATION INC PO BOX 12406 RALEIGH, NC 27709	56-1782403	501(c)(3)	5,000.	0.	2.422		EDUCATIONAL & CIVIC ASSISTANCE
932241 04-01-19							Schedule I (Form 990)

56-0995910

Page 1 Schedule I (Form 990) EDUCATIONAL CONTRIBUTION (h) Purpose of grant or assistance CIVIC DONATION CONTRIBUTION CONTRIBUTION CONTRIBUTION (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 。 。 ٥. 。 。 (e) Amount of non-cash assistance (d) Amount of cash grant 5,000. 5,000. 5,000. 5,000. 5,000. (c) IRC section if applicable 56-0791500 501(C)(3) 56-6001393 501(C)(3) 20-2227646 501(C)(3) 46-0568407 501(C)(3) 46-0568407 501(C)(3) (b) EIN GIRL SCOUTS NORTH CAROLINA COASTAL CORPORATION INC - PO BOX 40598 - RALEIGH, NC NC EDUCATIONAL SCHOLARSHIP FUND (a) Name and address of organization or government PINES - 6901 PINECREST RD -CAROLINA COMMON ENTERPRISE CAROLINA COMMON ENTERPRISE NC JAYCEE BURN CENTER CHAPEL HILL, NC 27514 RALEIGH, NC 27613 Schedule I (Form 990) DURHAM, NC 27702 DURHAM, NC 27702 101 MANNING DR P.O. BOX 2241 P.O. BOX 2241 27603

9) CORPORATION

Schedule I (Form 990) (2019)

Partill

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.

Page 2

56-0995910

Schedule I (Form 990) (2019) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 932102 10-26-19

SCHEDULE J (Form 990)

Compensation Information

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

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

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

Open to Public

Employer identification number

56-0995910

Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NORTH CAROLINA ELECTRIC MEMBERSHIP

CORPORATION

Questions Regarding Compensation

Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on 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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 _ Indicate which, if any, of the following the 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 toestablish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations 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 a Receive a severance payment or change-of-control payment? 4a X X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019



CORPORATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2019

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 aren't listed on Form 990, Part VII

56-0995910

Page 2

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.

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		ſ			other deferred		(B)(I)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation		(2) (3(2)	re po
			Companyation	compensation				
(1) JOSEPH P. BRANNAN	Ξ	1,630,578.	0.	0.	259,927.	29,216.	1,919,721.	0
EXECUTIVE VP & CEO	: E	0	0	0	0	0	0	0.
(2) LARK S. JAMES	Ξ	778,204.	0.	0.	116,351.	28,522.	923,077.	0.
SENIOR VP, FINANCE & CFO	: E	0	0.	0	0	.0	0.	0.
(3) MICHAEL W. BURNETTE	Ξ	678,951.	0.	0	106,387.	17,079.	802,417.	0
SENIOR VP & COO	<u> </u>	0	0	0	0	0	0.	0
(4) RICHARD M. FEATHERS	Ξ	454,437.	0.	0.	92,892.	27,796.	575,125.	0
SENIOR VP, GENERAL COUNSEL	Ξ	0	0	• 0	0	• 0	0	.0
(5) NELLE P. HOTCHKISS	Ξ	419,678.	0.	0.	90,021.	27,715.	537,414.	0
SENIOR VP & COO, NCAEC	(ii)	0.	0	.0	[0]	0	0	0
(6) CHRISTOPHER W. VANLOKEREN	(1)	304,262.	0.	.0	40,012.	27,441.	371,715.	0
CHIEF INFORMATION OFFICER	Ξ	0	0.	0	0	0	0	0
(7) LONNIE E. MOORE	Θ	298,511.	0	• 0	56,104.	16,146.	370,761.	0
SENIOR VP & COO, TEMA	Ξ	0	0	0	0.	• 0	0	0
(8) LEE S. RAGSDALE	(i)	259,462.	0.	.0	74,249.	27,195.	.906,098	0
SENIOR VP, GRID INFRASTRU	(ii)	0	0	.0	0.	0	0	0
(9) DOUGLAS R. BROWNE	Ξ	236,257.	0.	.0	66,714.	26,845.	329,816.	•0
VICE PRESIDENT, FINANCE & ACCOUNTING (ii)	(E)	0	0.	0	0	0	0.	0
(10) CHARLES E. BAYLESS	Ξ	217,206.	0.	.0	58,126.	15,367.	290,699.	0
ASSISTANT SECRETARY/TREASURER	(ii)	0.	0.	• 0	0.	0	0	0
(11) MICHAEL D. YOUTH	(3)	182,281.	0.	0.	35,939.	14,991.	233,211.	0
ASSISTANT SECRETARY/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(iii)							
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Schedule J (Form 990) 2019

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THE COMPANY'S EXECUTIVE BENEFIT RESTORATION ED VESTIDG TERM JOSEPH P. BRANNAN, ALCHAEL SEL, SJOS, 462, 579, 331 AND 884, 521, 6, \$238, 581, \$305, 462, 579, 331 AND 884, 521, The complete this part for any additional contents of the complete this part for any additional contents and the complete this part for any additional count for any additional contents and the complete this part for an	Schedule J (Form 990) 2019 CORPORATION	56-0995910 Page 3
ANTION FOR LINE 48: ANTION FOR LINE 48: 19 AS PER THE FRANCH OF THE COMPANY'S EXECUTIVE BENEFIT RESTORATION ANTION FOR LINE 48: TOD PARKETTS OF SISS SIS, SISS, 681, SISS, 682, \$79, \$31 AND S84, \$31, COUNTY, ANTI-CONTOUR SERVETT OF SISS SISS, 682, \$79, \$31 AND S84, \$31, CONTOURLY.	Part III Supplemental Information	
ANTER WITH THE THEMS OF THE COMPANY'S EXECUTIVE DENNEYT RESTORACTOR ANTER MITATING REQUIRED VESTING THEM JOSEPH P. BANKANA, MICHAEL BRETTE, LARK S. JANES, NELLE P. BOTCHHIES AND RICHARD M. PEATHERS PURD PAYMENTS OF \$569.516, \$2309.681, \$3305,462, \$79,931 AND \$84,621, ETIVELY. BRITTEL AND S. JANES, WILLE P. BOTCHHIES AND RICHARD M. PEATHERS PURD PAYMENTS OF \$569.516, \$2309.681, \$3305,462, \$79,931 AND \$84,621, BRITTEL AND S. JANES, WILLE P. BOTCHHIES AND RICHARD M. PEATHERS PURD PAYMENTS OF \$569.516, \$2309.681, \$3305,462, \$79,931 AND \$84,621, BRITTEL AND S. JANES, WILLE P. BOTCHHIES AND RICHARD M. PEATHERS PURD PAYMENTS OF \$569.516, \$2309.681, \$305,462, \$79,931 AND \$84,621, BRITTEL AND S. JANES, WILLE P. BOTCHHIES AND RICHARD M. PEATHERS PURD PAYMENTS OF \$569.516, \$2309.681, \$300,462, \$79,931 AND \$84,621, BRITTEL AND S. JANES, WILLE P. BOTCHHIES AND RICHARD M. PEATHERS PURD PAYMENTS OF \$569.516, \$2309.681, \$300,462, \$79,931 AND \$84,621, BRITTEL AND S. JANES, WILLE P. BOTCHHIES AND RICHARD M. PEATHERS PURD PAYMENTS OF \$569.516, \$2309.681, \$300,462, \$79,931 AND \$84,621, BRITTEL AND S. JANES, WILLE P. BOTCHHIES AND RICHARD M. PEATHERS PURD PAYMENTS OF \$569.516, \$2309.681, \$300,462, \$70,931 AND \$84,621, BRITTEL AND PAYMENTS OF \$700,402, \$70,931 AND \$84,621, BRITTEL AND PAYMENTS OF \$700,462, \$70,931 AND \$84,621, BRITTEL AND PAYMENTS OF \$700,462, \$70,931 AND \$84,621, BRITTEL AND PAYMENTS OF \$700,462, \$70,931 AND \$84,621, BRITTEL AND PAYMENTS OF \$700,462, \$70,931 AND \$84,621, BRITTEL AND PAYMENTS OF \$700,462, \$70,931 AND \$700,462, \$70,931 AND \$700,462, \$70,931 AND \$700,462, \$70,931 AND \$700,462, \$70,942, \$70	rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 3	
19 APTER APPAINANCE SECULTIVE BENEFIT RESTORATION APTER APPAINANCE SECULTIVE SENS COSENY P. BANNON, MICHAEL UND PAYMENTS OF \$155, \$228, \$61, \$305, 462, \$77, \$31 AND \$84, \$51, CTIVELY. Define	KPLANATION FOR LINE 4B:	
NUMERY S. JAMES, NELLE P. BOTCHKISS AND RICHARD M. FRANDRISH CED PAYMENTS OF \$559,515, \$258,681, \$305,462, \$79,831 AND \$84,621, CUTUVELY. P. COLVELY. P. COLVE	OF THE COMPANY'S EXECUTIVE BENEF	
LARK S. JAMES, NELLE P. HONCHKISS AND RICHARD M. PEATHERS WENTS OF \$569,516, \$238,681, \$305,462, \$79,831 AND \$84,621,	AFTER ATTAINING REQUIRED VESTING TERM JOSEPH P.	3
\$256,661, \$305,462, \$79,631 AND \$84,621,		
	ESPECTIVELY,	
		
		==
		Schedule J (Form 990) 2019
	32113 10-21-19	

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

_2019

OMB No 1545-0047

Open To Public Inspection

Name of the organization NORTH CAROLINA

NORTH CAROLINA ELECTRIC MEMBERSHIP

Employer identification number

	CORPORATI									0-033				
Part I Excess Ben	efit Trans	actio	ons (section 50	01(c)(3), secti	on 501(c)(4), and sec	ction	n 501(c)(29) orga	nızatıc	ns on	ly).			
Complete if the	organization	answ	vered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ne 40	b			
1			Relationship bety									(4)	Corre	cted?
(a) Name of disqualified	person	(U) II	person and or			········ (c	c) De	escription of tran	sactio	n				
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						1								
2 Enter the amount of tax	incurred by	the or	rganization man	agers	or disq	jualified persons dur	ıng t	he year under						
section 4958										▶ \$				
3 Enter the amount of tax	, if any, on li	ne 2, a	above, reimburs	ed by	the ord	ganization				▶ \$				
_			•	•		_								
Part II Loans to an	d/or Fron	n Inte	erested Pers	ons.										
						, Part V, line 38a or F	-orm	1990, Part IV, IIn	e 26, 6	or it tn	e orga	nizatio	n	
reported an am	ount on For	n 990	Part X, line 5, 6	_		to or (e) Original (f) Balance due (g) In			10. 3 4					
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 2 reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of (b) Relationship with organization of loan (c) Purpose of loan (d) Loan to or from the organization? (f) Balance due principal amount (f) Balance due			by bo	proved ard or	,, .,	ritten								
interested person	with organi	zation	of loan			principal amount	l		defa	ault?	comm	ittee?	agree	ment?
		1		To	From				Yes	No	Yes	No	Yes	No
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Total						▶ \$			-	•				
Part III Grants or A	ssistance	Ben	efiting Inter	este	d Per				•		•			
			-											
	ants or Assistance Benefiting Interested Persons. Inplete if the organization answered "Yes" on Form 990, Part IV, line 27													
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship with organization of loan (c) Purpose of loan (d) Loan to organization? To From (e) Original principal amount (f) Balance due (g) In default? Yes No Yes No Yes (a) Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27			ose of	Ť										
					d	assistance		assistan	ice	l	•	assist	ance	
		<u> </u>	the organiza	ation										
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019



Schedule L (Form 990 or 990-EZ) 2019 CORPO	RATION VOIVING Interested Persons.		56-09959	10	Page 2
	ered "Yes" on Form 990, Part IV, line 28a, 28	Sh or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's lues?
				Yes	No
PAUL FLYTHE	EMPLOYEE	201,996	SEE SCH O	<u> </u>	х
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Part V Supplemental Information	· · · · · · · · · · · · · · · · · · ·			.!	
•••	responses to questions on Schedule L (see ii	nstructions).			
		-			
SCHEDULE L, PART IV, COLUMN D:					
THE INDIVIDUALS WHO SERVE AS THE BO	ARD OF DIRECTORS OF THE ENTITY A	RE			
ALSO DIRECTORS, OFFICERS OR KEY EMP	LOYEES OF NCEMC'S MEMBER	<u></u>			
GOODED MILITER AND WAY BE DIDECTORS (AR DELAMED ENMIMIES MORMS DOES NO	OITI			
COOPERATIVES AND MAY BE DIRECTORS O	OF RELATED ENTITIES, NCEMC DOES NO)T			
PROVIDE ANY COMPENSATION TO ITS DIF	ECTORS IN ADDITION NORMO DOES NO	OT			
THOUSE AND COMPANDATION TO THE STA	melone. In Indiana negative				
DIRECTLY COMPENSATE NOR HAS IT UNDE	RTAKEN ANY SINGLE TRANSACTION IN				
+ 10 m					
EXCESS OF \$10,000 OR A SERIES OF TS	ANSACTIONS IN EXCESS OF \$100,000	TO			
ANY INTERESTED PERSON, INCLUDING CO	RRENT AND FORMER OFFICERS, DIRECT	rors			
AND FAMILY MEMBERS OF CURRENT AND F	ORMER OFFICERS, DIRECTORS OR KEY				
EMPLOYEES.					
· · · · · · · · · · · · · · · · · · ·					
	-				
					

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Inspection 🤔

Name of the organization

NORTH CAROLINA ELECTRIC MEMBERSHIP

CORPORATION

Employer identification number 56-0995910

FORM 990, PART VI, SECTION A, LINE 6:
THE COMPANY IS A MEMBER-OWNED GENERATION AND TRANSMISSION ELECTRIC
COOPERATIVE OWNED BY 25 NORTH CAROLINA ELECTRIC COOPERATIVES.
FORM 990, PART VI, SECTION A, LINE 7A:
THE COMPANY'S BOARD OF DIRECTORS IS COMPRISED OF 50 DIRECTORS REPRESENTING
THE GENERAL MANAGER OR CHIEF EXECUTIVE OFFICER FROM EACH OF THE 25 MEMBERS
AND 25 DIRECTORS SELECTED FROM THE BOARD OF DIRECTORS FROM EACH OF THE 25
MEMBERS. THE BOARD OF DIRECTORS ELECTS THE OFFICERS OF THE BOARD OF
DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS BY THE BOARD OF DIRECTORS ARE SUBJECT TO THE APPROVAL OF A
MAJORITY OF THE BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 2019 FORM 990 WAS DISCUSSED AT THE COMPANY'S BOARD OF DIRECTORS'
MEETING IN APRIL, 2020 AND THE FORM IS AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 12C:
THE COMPANY HAS A CONFLICT OF INTEREST POLICY IN PLACE FOR ALL STAFF AND
MEMBERS OF THE BOARD OF DIRECTORS IN 2019. DIRECTORS, OFFICERS AND SENIOR
MANAGEMENT ARE REQUIRED TO ANNUALLY DISCLOSE, VIA A WRITTEN QUESTIONNAIRE,
ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NORTH CAROLINA ELECTRIC MEMBERSHIP	Employer identification number
CORPORATION	56-0995910
COMPENSATION OF THE COMPANY'S CEO IS REVIEWED ANNUALLY BY THE EXECUTIVE	
COMMITTEE, THE EXECUTIVE COMMITTEE RECOMMENDS A COMPENSATION AMOUNT TO THE	
FULL BOARD OF DIRECTORS. THE FULL BOARD OF DIRECTORS VOTES ON THE	
COMPENSATION.	
COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED THROUGH	
ANNUAL PERFORMANCE REVIEWS AND PERIODIC INDUSTRY EVALUATIONS. COMPENSATION	
IS BASED ON BOTH QUALITATIVE AND QUANTITATIVE FACTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
NCEMC'S GOVERNING DOCUMENTS ARE AVAILABLE ON THE NORTH CAROLINA SECRETARY	
OF STATE'S WEBSITE. ALL OTHER INFORMATION IS AVAILABLE UPON REQUEST.	
	,
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
POST RETIREMENT BENEFITS ADJUSTMENT -2,072,100.	
FORM 990, SCH L, PART IV, COLUMN D	
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:	
PAUL FLYTHE, AN EMPLOYEE OF THE COMPANY, IS THE SPOUSE OF A CURRENT	
DIRECTOR.	

SCHEDULE R (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection. 2019

OMB No 1545-0047

▶ Attach to Form 990.

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

Employer identification number 56-0995910

> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 CORPORATION Part 1

Direct controlling entity Ξ End-of-year assets e Total income Ŧ Legal domicile (state or foreign country) છ Primary activity Ð Name, address, and EIN (if applicable) of disregarded entity PartII

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 related tax-exempt organizations during the tax year

,							
(a)	(Q)	(၁)	(g)	(e)	€	(g)	966.439
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Ē	contro	(c) Ya)
of related organization		foreign country)	section	status (if section	entity	entity?	٧2
				501(c)(3))		Yes	Š
NORTH CAROLINA ASSOCIATION OF ELECTRIC							
COOPERATIVES, INC 56-1189186, 3400 SUMNER							
BOULEVARD, RALEIGH, NC 27616	MEMBER SERVICES	NORTH CAROLINA	5)1(C)(6)	N/A	NO		×
HUMAN CONNECTIONS FOUNDATION, INC							
65-1261123, 3400 SUMNER BOULEVARD, RALEIGH,							
NC 27616	DISTRIBUTES RELIEF FUNDS	NORTH CAROLINA	501(C)(3)	NO	NO		×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

CORPORATION

Schedule R (Form 990) 2019

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 III

Page 2

56-0995910

		_								
3	General or Percentage managing ownership partner?									
s	Bung N									
	General or managing partner?									
8	Code V-UBI amount in box 20 of Schedule 4:1 (Form 1065)									
E	ritionate ions?									
	Oispropo allocat									
(6)	Share of end-of-year assets									
ε	Share of total income	-			-	÷		-	7-	
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)									
(P)	Direct controlling entity									
ပ	Legal domicile (state or foreign									
(q)	Primary activity									
(a) (b) (c)	Name, address, and EIN of related organization									

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

(6)	(4)	(3)	(5)	(e)	£	(a)	æ	€	
	2	2		-			-	200	
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	, ed
		country)		(react)		สรรษเร		Yes	N _o
THE TARHEEL ELECTRIC MEMBERSHIP ASSOCIATION									
- 56-0575465, 3400 SUMNER BOULEVARD,	MATERIAL AND								
RALEIGH, NC 27616	EQUIPMENT SALES	NC	N/A	C CORP					×
NCEMC SOLAR ONE, LLC - 47-1520849									.
3400 SUMNER BOULEVARD									
RALEIGH, NC 27616	SOLAR ENERGY ACTIVITY	NC	NCEMC	C CORP	1,000.	1,000.	1008		×
	<u> </u>								
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Schedule R (Form 990) 2019

56-0995910

Schedule R (Form 990) 2019

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				<u>></u>	Yes	2
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?	s with one or more re	ated organizations listed II	n Parts II-IV?	•	1	7
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-	٠		19		×
 b Gift, grant, or capital contribution to related organization(s) 				1		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19		×
 Loans or loan guarantees by related organization(s) 		_		1e		×
					. 	٦
f Dividends from related organization(s)		-		*		×
g Sale of assets to related organization(s)		-		19		<u>.</u>
h Purchase of assets from related organization(s)		=-		ŧ		×
i Exchange of assets with related organization(s)		==		ij		×
j Lease of facilities, equipment, or other assets to related organization(s)		<u></u>		į		×
k Lease of facilities, equipment, or other assets from related organization(s)		-		*	1] _× [
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	1
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ę	×	١
 Sharing of paid employees with related organization(s) 		-		9	×	ſ
a Beimhirsement haid to related organization(s) for exhances		~~ -		1 5	* 1 · · * 1	×
p reliiibuseliieli paid to leiated olganization(s) to openses					H	_
q neimbursement paid by related organization(s) for expenses				2	+	
r Other transfer of cash or property to related organization(s)] _× [
s Other transfer of cash or property from related organization(s)				1s		×
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	no must complete th	is line, including covered r	elationships and transaction thresholds			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
NORTH CAROLINA ASSOCIATION OF ELECTRIC COOPERATIVES	ŭ	578,404.	COST ALLOCATION			1
NORTH CAROLINA ASSOCIATION OF ELECTRIC COOPERATIVES	N	203,400.	203,400, COST ALLOCATION			
NORTH CAROLINA ASSOCIATION OF ELECTRIC COOPERATIVES	0	5,669,724.	COST ALLOCATION			
y tarheel electric membership association	0	3,300,908.	300,908, COST ALLOCATION			
5) TARHEEL ELECTRIC MEMBERSHIP ASSOCIATION	ī	94,843.	COST ALLOCATION			
2,163, 09-10-19		_	Schedule R (Form 990) 2019	R (Form	990) 2	019

CORPORATION Schedule R (Form 990) 2019 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

(a) (b) (c) (d)	(q)	(0)	ı	(e)	<u>(e)</u>	(6)	£	(i)	8	<u>(£</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	Are all partners sec. 501(c)(3)	Share of total	Share of end-of-vear	Olspropor- tionate	Ospropor- total amount in box 20 managing ownership	General o managing	Percentage
		country)	excluded from tax under sections 512-514)	Yes No	ıncome	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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								Schedule	R (For	Schedule R (Form 990) 2019
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Schedule R	(Form 990) 2019 CORPORATION	56-0995910	Page 5
Part VII	(Form 990) 2019 CORPORATION Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions		
	Provide additional information for responses to questions on Schedule R. See instructions	· .	•
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