

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending ,																														
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> C BLUE RIDGE ELECTRIC MEMBERSHIP CORPORATION P.O. BOX 112 LENOIR, NC 28645 </td> <td style="width:40%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>56-0160075</td> </tr> <tr> <td>E Telephone number</td> <td>828-758-2383</td> </tr> <tr> <td>G Gross receipts \$</td> <td>159,519,868.</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> F Name and address of principal officer: KATIE M. WOODLE SAME AS C ABOVE </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>☐ Yes ☒ No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. (see instructions)</td> <td>☐ Yes ☐ No</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>I Tax-exempt status:</td> <td>☐ 501(c)(3) ☒ 501(c) (12) (insert no.) ☐ 4947(a)(1) or ☐ 527</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>J Website: ▶ WWW.BLUERIDGEENERGY.COM</td> <td>H(c) Group exemption number ▶</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>L Year of formation: 1936</td> <td>M State of legal domicile: NC</td> </tr> </table> </td> </tr> </table>	C BLUE RIDGE ELECTRIC MEMBERSHIP CORPORATION P.O. BOX 112 LENOIR, NC 28645	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>56-0160075</td> </tr> <tr> <td>E Telephone number</td> <td>828-758-2383</td> </tr> <tr> <td>G Gross receipts \$</td> <td>159,519,868.</td> </tr> </table>	D Employer identification number	56-0160075	E Telephone number	828-758-2383	G Gross receipts \$	159,519,868.	F Name and address of principal officer: KATIE M. WOODLE SAME AS C ABOVE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>☐ Yes ☒ No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. (see instructions)</td> <td>☐ Yes ☐ No</td> </tr> </table>		H(a) Is this a group return for subordinates?	☐ Yes ☒ No	H(b) Are all subordinates included? If "No," attach a list. (see instructions)	☐ Yes ☐ No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>I Tax-exempt status:</td> <td>☐ 501(c)(3) ☒ 501(c) (12) (insert no.) ☐ 4947(a)(1) or ☐ 527</td> </tr> </table>		I Tax-exempt status:	☐ 501(c)(3) ☒ 501(c) (12) (insert no.) ☐ 4947(a)(1) or ☐ 527	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>J Website: ▶ WWW.BLUERIDGEENERGY.COM</td> <td>H(c) Group exemption number ▶</td> </tr> </table>		J Website: ▶ WWW.BLUERIDGEENERGY.COM	H(c) Group exemption number ▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>L Year of formation: 1936</td> <td>M State of legal domicile: NC</td> </tr> </table>		K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation: 1936	M State of legal domicile: NC
C BLUE RIDGE ELECTRIC MEMBERSHIP CORPORATION P.O. BOX 112 LENOIR, NC 28645	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>56-0160075</td> </tr> <tr> <td>E Telephone number</td> <td>828-758-2383</td> </tr> <tr> <td>G Gross receipts \$</td> <td>159,519,868.</td> </tr> </table>	D Employer identification number	56-0160075	E Telephone number	828-758-2383	G Gross receipts \$	159,519,868.																							
D Employer identification number	56-0160075																													
E Telephone number	828-758-2383																													
G Gross receipts \$	159,519,868.																													
F Name and address of principal officer: KATIE M. WOODLE SAME AS C ABOVE																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>☐ Yes ☒ No</td> </tr> <tr> <td>H(b) Are all subordinates included? If "No," attach a list. (see instructions)</td> <td>☐ Yes ☐ No</td> </tr> </table>		H(a) Is this a group return for subordinates?	☐ Yes ☒ No	H(b) Are all subordinates included? If "No," attach a list. (see instructions)	☐ Yes ☐ No																									
H(a) Is this a group return for subordinates?	☐ Yes ☒ No																													
H(b) Are all subordinates included? If "No," attach a list. (see instructions)	☐ Yes ☐ No																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>I Tax-exempt status:</td> <td>☐ 501(c)(3) ☒ 501(c) (12) (insert no.) ☐ 4947(a)(1) or ☐ 527</td> </tr> </table>		I Tax-exempt status:	☐ 501(c)(3) ☒ 501(c) (12) (insert no.) ☐ 4947(a)(1) or ☐ 527																											
I Tax-exempt status:	☐ 501(c)(3) ☒ 501(c) (12) (insert no.) ☐ 4947(a)(1) or ☐ 527																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>J Website: ▶ WWW.BLUERIDGEENERGY.COM</td> <td>H(c) Group exemption number ▶</td> </tr> </table>		J Website: ▶ WWW.BLUERIDGEENERGY.COM	H(c) Group exemption number ▶																											
J Website: ▶ WWW.BLUERIDGEENERGY.COM	H(c) Group exemption number ▶																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>L Year of formation: 1936</td> <td>M State of legal domicile: NC</td> </tr> </table>		K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation: 1936	M State of legal domicile: NC																										
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation: 1936	M State of legal domicile: NC																												

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SAFE AND EFFECTIVE DISTRIBUTION OF ELECTRICITY TO THE MEMBERS OF BLUE RIDGE EMC</u>		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	187
	6	Total number of volunteers (estimate if necessary)	6	0
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 38.	7b	340,542.
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)	136,238,264.	147,622,242.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,284,306.	2,447,897.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,939,210.	8,633,378.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,461,780.	158,703,517.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,693.
14		Benefits paid to or for members (Part IX, column (A), line 4)	11,297,686.	11,035,267.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,382,135.	21,551,239.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	111,635,652.	122,649,043.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	143,364,166.	155,259,713.
19		Revenue less expenses. Subtract line 18 from line 12.	97,614.	3,443,804.
Net Assets or Fund Balances		20	Total assets (Part X, line 16)	409,889,681.
	21	Total liabilities (Part X, line 26)	242,017,658.	254,446,739.
	22	Net assets or fund balances. Subtract line 21 from line 20.	167,872,023.	174,776,763.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	KATIE M. WOODLE Type or print name and title	SR VP & CFO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	G. STEVEN GILLIAM, CPA				P00348264
	Firm's name ▶ ADAMS JENKINS CHEATHAM PC				Firm's EIN ▶ 54-1320089
	Firm's address ▶ 231 WYLDEROSE DR MIDLOTHIAN, VA 23113-6845				Phone no. 804-323-1313

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:SAFE AND EFFECTIVE DISTRIBUTION OF ELECTRICITY TO THE MEMBERS OF BLUE RIDGE EMC**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ including grants of \$) (Revenue \$)SAFE AND EFFECTIVE DELIVERY OF ELECTRICITY TO THE MEMBERS OF BLUE RIDGE EMC. THE
THREE LARGEST PROGRAM SERVICES, AS MEASURED BY EXPENSES ARE AS FOLLOWS:COST OF POWER \$82,389,372DEPRECIATION \$16,270,063OTHER SALARIES AND WAGES \$13,886,408**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</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? <i>If 'Yes,' complete Schedule C, Part II.</i>	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8	X
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? <i>If 'Yes,' complete Schedule D, Part IV.</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	11 a	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? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b	X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>	11 c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>	11 d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 e	X
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)? <i>If 'Yes,' complete Schedule D, Part X.</i>	11 f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>	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 foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>	20a	X
b 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? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		
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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V 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, filed for the calendar year ending with or within the year covered by this return. 2a 187		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. 3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b 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).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a 147,829,735.		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 8,729,442.		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
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. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in 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 excess parachute payment(s) during the year? 15		X
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.		

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 in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1 b 12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X SEE SCH O	X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6 X SEE SCHEDULE O	X	
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X SEE SCHEDULE O	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b X SEE SCH O	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a X	X	
b Each committee with authority to act on behalf of the governing body? 8 b X	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
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? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a X	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b X	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 12 c X SEE SCHEDULE O	X	
13 Did the organization have a written whistleblower policy? 13 X	X	
14 Did the organization have a written document retention and destruction policy? 14 X	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. 15 a X	X	
b Other officers or key employees of the organization. 15 b X SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its 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.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
THE CORPORATION PO BOX 112 LENOIR NC 28645 (828) 758-2383

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH R. GREENE PRES. RET 9/18	5.72 0.15	X		X				24,238.	0.	0.
(2) CINDY PRICE DIRECTOR	10 0.15	X						2,940.	0.	0.
(3) JOY B. COFFEY SEC.-TREASURER	9.91 0.15	X		X				30,397.	0.	0.
(4) JEFFREY B. JOINES PRESIDENT	6.82 0.15	X		X				34,654.	0.	0.
(5) BRADLEY MCNEILL DIRECTOR	3.33 0.15	X						26,144.	0.	0.
(6) BRYAN EDWARDS DIRECTOR	3.33 0.15	X						24,335.	0.	0.
(7) KELLY MELTON DIRECTOR	5.59 0.15	X						17,423.	0.	9,600.
(8) JAMES B. LAWRENCE DIRECTOR	4.64 0.15	X						28,049.	0.	0.
(9) DAVID EGGERS VICE PRESIDENT	7.66 0.15	X		X				31,623.	0.	0.
(10) DAVID BOONE DIRECTOR	5.1 0.15	X						27,781.	0.	0.
(11) MITCH FRANKLIN DIRECTOR	5.44 0.15	X						27,185.	0.	0.
(12) TOM TREXLER DIRECTOR	3.69 0.15	X						25,512.	0.	0.
(13) JOHNNY WISHON ASST. SEC-TREAS	4.23 0.15	X		X				25,349.	0.	0.
(14) DOUGLAS W. JOHNSON EXEC. VP & CEO	50 10			X				576,392.	141,081.	221,087.

BAA

TEEA0107L 08/03/18

Form 990 (2018)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) BRAD SHIELDS SVP, CTO	38 17			X			260,175.	0.	138,571.
(16) ALAN MERCK SVP, COO	50 0			X			201,488.	0.	73,483.
(17) JULIE O'DELL SVP, CAO	45 5			X			260,864.	0.	83,389.
(18) KATIE M. WOODLE SVP, CFO	40 10			X			297,469.	0.	46,442.
(19) JOHN COFFEY SVP, ESG & COO	45 0			X			334,868.	0.	110,367.
(20) AMY CROWDER DIR. FINANCIAL STR	40 5					X	148,013.	0.	60,471.
(21) MICHAEL HIGH DIR. ENG. SERV.	45 0					X	169,292.	0.	92,889.
(22) SANDRA HICKS DIR. MEMBER SERV.	45 0					X	141,642.	0.	48,600.
(23) ROBERT KENT III DIR. OF OPERATIONS	40 0					X	156,155.	0.	93,457.
(24) RENEE WHITENER DIR. OF PUBLIC REL	47 0					X	133,782.	0.	59,804.
(25)									

1 b Sub-total 3,005,770. 141,081. 1,038,160.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.

d Total (add lines 1b and 1c) 3,005,770. 141,081. 1,038,160.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 59

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes,' complete Schedule J for such individual.*

	Yes	No
4	X	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person.*

	Yes	No
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JAMES R. VANNOY & SONS CONSTRUCTION PO BOX 635 JEFFERSON, NC 28640	BUILDING CONTRACTOR	1,326,874.
DAVIS H. ELLIOT CO. INC. PO BOX 37251 BALTIMORE, MD 21297	CONSTRUCTION	2,442,689.
ASPLUNDH TREE EXPERT CO 708 BLAIR MILL ROAD WILLOW GROVE, PA 19090	TREE TRIMMING	2,049,391.
SUMTER UTILITIES, INC 1151 N. PIKE W SUMTER, SC 29151	CONSTRUCTION	3,125,130.
CARTER UTILITY TREE SERVICE 213 APOLLO DRIVE MT. AIRY, NC 27030	R/W CLEARING	2,171,157.

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 39

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a SALE AND DIST. OF ELECT.		Business Code			
			221000	147622242.	147622242.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			147622242.		
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)			2,442,248.		2,442,248.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6 a Gross rents		681,584.	2,403,464.		
	b Less: rental expenses		524,761.	132,821.		
	c Rental income or (loss)		156,823.	2,270,643.		
	d Net rental income or (loss)			2,427,466.	156,823.	393,786.
			(i) Securities	(ii) Other		
	7 a Gross amount from sales of assets other than inventory			164,418.		
	b Less: cost or other basis and sales expenses			158,769.		
	c Gain or (loss)			5,649.		
	d Net gain or (loss)			5,649.		5,649.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a			
	b Less: direct expenses		b			
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19		a			
	b Less: direct expenses		b			
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances		a	5,703.		
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory			5,703.		5,703.	
Miscellaneous Revenue		Business Code				
11 a CONT. IN AID OF CONST.		221000	3,656,348.	3,656,348.		
b PATRONAGE ALLOCATIONS REC		221000	1,404,357.	1,404,357.		
c INCOME FROM EQUITY INVEST		221000	1,083,834.	1,083,834.		
d All other revenue		WKS	50,670.	50,670.		
e Total. Add lines 11a-11d			6,200,209.			
12 Total revenue. See instructions			158703517.	153974274.	404,489.	4,324,754.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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.	24,164.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.	11,035,267.			
5 Compensation of current officers, directors, trustees, and key employees.	2,814,825.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.			
7 Other salaries and wages.	13,886,408.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,124,373.			
9 Other employee benefits.	460,220.			
10 Payroll taxes.	1,265,413.			
11 Fees for services (non-employees):				
a Management.				
b Legal.	575,578.			
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	2,854,440.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	335,273.			
20 Interest.	8,249,263.			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	16,270,063.			
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF POWER	82,389,372.			
b DISTRIBUTION MAINTENANCE	9,282,584.			
c GENERAL AND ADMIN	4,504,040.			
d SALES	2,110,736.			
e All other expenses.	-3,922,306.			
25 Total functional expenses. Add lines 1 through 24e.	155,259,713.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	7,792,386.	1	12,551,453.
	2 Savings and temporary cash investments	27,241.	2	30,850.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,206,976.	4	20,773,060.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,298,887.	7	3,960,510.
	8 Inventories for sale or use	4,528,102.	8	5,233,848.
	9 Prepaid expenses and deferred charges	7,300,968.	9	5,337,689.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 518,737,690.		
	b Less: accumulated depreciation	10b 169,117,701.		
		338,361,661.	10c	349,619,989.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11	17,374,901.	12	18,458,735.
	13 Investments — program-related. See Part IV, line 11	12,966,017.	13	13,224,826.
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	32,542.	15	32,542.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	409,889,681.	16	429,223,502.	
Liabilities	17 Accounts payable and accrued expenses	16,272,161.	17	18,640,272.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	198,975,274.	23	206,703,010.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,770,223.	25	29,103,457.
	26 Total liabilities. Add lines 17 through 25	242,017,658.	26	254,446,739.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	167,872,023.	32	174,776,763.
	33 Total net assets or fund balances	167,872,023.	33	174,776,763.
	34 Total liabilities and net assets/fund balances	409,889,681.	34	429,223,502.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	158,703,517.
2	Total expenses (must equal Part IX, column (A), line 25)	2	155,259,713.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,443,804.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	167,872,023.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	3,460,936.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	174,776,763.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

**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

2018**Open to Public
Inspection**

Name of the organization

BLUE RIDGE ELECTRIC
MEMBERSHIP CORPORATION

Employer identification number

56-0160075

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
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 advised 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 advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above 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 conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ► \$

b Assets included in Form 990, Part X. ► \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

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

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

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

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

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Temporarily restricted endowment ▶ _____ %

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

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

(i) unrelated organizations.....

3a(i)	Yes	No
-------	-----	----

(ii) related organizations.....

3a(ii)	Yes	No
--------	-----	----

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

3b	Yes	No
----	-----	----

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....				
e Other.....		518,737,690.	169,117,701.	349,619,989.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				349,619,989.

BAA

Schedule D (Form 990) 2018

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related.

N/A

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) .. ▶		

Part IX Other Assets.

N/A

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) .. ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CONSUMER DEPOSITS	1,365,598.	
(3) DEFERRED CREDITS	16,070,149.	
(4) DEFERRED CREDITS CURRENT	905,613.	
(5) DUE TO RELATED PARTY	1,000,000.	
(6) OTHER	978,811.	
(7) OTHER POSTRETIREMENT BENEFITS - MED	8,783,286.	
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) .. ▶	29,103,457.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE, PART XIII.** ☒

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X - FIN 48 FOOTNOTE

THE CORPORATION FOLLOWS THE GUIDANCE FOR "UNCERTAIN TAX POSITIONS" IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE CORPORATION HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BLUE RIDGE ELECTRIC
MEMBERSHIP CORPORATION

Employer identification number

56-0160075

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

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

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
(1) BRE MEMBERS FOUNDATION P.O. BOX 112 LENOIR, NC 28645	56-1793740		0.	24,164.	CASH VALUE & FULLY DIST. COSTS	OFFICE SPACE & MANAGEMENT SUPPORT	ENERGY ASSISTANCE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE BLUE RIDGE ELECTRIC MEMBERS FOUNDATION, INC. (THE FOUNDATION), ADMINISTERS TWO TYPES OF FUNDS. GRANTS ARE ISSUED TO ORGANIZATIONS WHOM APPLY FOR GRANT FUNDS TO ACCOMPLISH STRATEGIC PROJECTS. THERE IS AN INDEPENDENT GROUP THAT REVIEWS THE APPLICATIONS AND RECOMMENDS ORGANIZATIONS; THE BOARD OF DIRECTORS APPROVES / DENIES THE RECOMMENDATIONS. THE OTHER FUNDS ARE USED FOR BOTH ELECTRIC BILL ASSISTANCE AND HEATING FUELS ASSISTANCE. THE FOUNDATION PROVIDES GUIDELINES AS TO THE AMOUNT OF ASSISTANCE ELIGIBLE AND HOW OFTEN A MEMBER CAN BE GIVEN ASSISTANCE. THE LOCAL DEPARTMENT OF SOCIAL SERVICES DOES THE QUALIFYING AND GRANTING OF THESE ASSISTANCE DOLLARS. THE FOUNDATION ALSO HAS A FINANCIAL AUDIT DONE EACH YEAR BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BLUE RIDGE ELECTRIC
MEMBERSHIP CORPORATION

Employer identification number

56-0160075

Part I Questions Regarding Compensation

1 a 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.

1 b

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

☒ Compensation committee

☒ Written employment contract

☒ Independent compensation consultant

☒ Compensation survey or study

☒ Form 990 of other organizations

☒ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

4 a

X

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4 b

X

c Participate in, or receive payment from, an equity-based compensation arrangement?

4 c

X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. **PART III**

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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?

5 a

b Any related organization?

5 b

If 'Yes' on line 5a or 5b, describe in Part III.

6 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?

6 a

b Any related organization?

6 b

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

8 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

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DOUGLAS W. JOHNSON EXEC. VP & CEO	(i)	395,000.	178,560.	2,832.	80,490.	15,597.	672,479.	0.
	(ii)	61,600.	78,296.	1,185.	125,000.	0.	266,081.	0.
2 BRAD SHIELDS SVP, CTO	(i)	184,999.	84,179.	-9,003.	125,447.	13,124.	398,746.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ALAN MERCK SVP, COO	(i)	183,874.	28,599.	-10,985.	56,339.	17,144.	274,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JULIE O'DELL SVP, CAO	(i)	222,500.	36,893.	1,471.	74,460.	8,929.	344,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KATIE M. WOODLE SVP, CFO	(i)	248,300.	52,095.	-2,926.	37,513.	8,929.	343,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JOHN COFFEY SVP, ESG & COO	(i)	269,136.	66,228.	-496.	93,378.	16,989.	445,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 AMY CROWDER DIR. FINANCIAL STR	(i)	148,046.	10,922.	-10,955.	43,576.	16,895.	208,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 MICHAEL HIGH DIR. ENG. SERV.	(i)	167,800.	12,520.	-11,028.	73,170.	19,719.	262,181.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 SANDRA HICKS DIR. MEMBER SERV.	(i)	130,400.	9,730.	1,512.	39,576.	9,024.	190,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ROBERT KENT III DIR. OF OPERATIONS	(i)	146,400.	10,922.	-1,167.	84,552.	8,905.	249,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 RENEE WHITENER DIR. OF PUBLIC REL	(i)	130,400.	9,730.	-6,348.	45,157.	14,647.	193,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT THAT IS INCLUDED WITH THE
TOTAL OF REPORTABLE COMPENSATION IN PART II COLUMN B: JOHN COFFEY \$53,866.

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A 457(B) NON-QUALIFIED DEFERRED
COMPENSATION (NQDC) PLAN AND HAD NO CONTRIBUTIONS TO THE PLAN DURING THE CURRENT
YEAR: BRADLEY MCNEILL, JOY B. COFFEY, TOM TREXLER. THE FOLLOWING INDIVIDUALS
PARTICIPATE IN THE NQDC AND HAD THE FOLLOWING CONTRIBUTIONS TO THE PLAN DURING THE
CURRENT YEAR THAT HAVE BEEN INCLUDED ON SCHEDULE J PART II COLUMN (E): DOUGLAS W.
JOHNSON \$2,400, JULIE O'DELL \$13,000, BRAD SHIELDS \$18,500, KATIE WOODLE \$18,000,
KELLY MELTON \$9,600.

THE FOLLOWING INDIVIDUAL PARTICIPATED IN A 409 (A) NQDC AND HAD THE FOLLOWING
CONTRIBUTION TO THE PLAN DURING THE CURRENT YEAR THAT HAVE BEEN INCLUDED ON SCHEDULE
J PART II COLUMN (E): DOUGLAS W. JOHNSON \$163,567 (BLUE RIDGE ENERGIES, LLC).

PART III - ADDITIONAL INFORMATION

SCHEDULE J PART II B (COLUMNS I-III) REPRESENT INFORMATION FOR CALCULATING W2 BOX 5
EARNINGS. COLUMNS C AND D REPRESENT NON CASH EARNINGS RELATED TO CORPORATION
PROVIDED BENEFITS. COLUMN E IS A TOTAL OF ALL COLUMNS AND REPRESENTS TOTAL REWARDS

Part III Supplemental Information

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

PART III - ADDITIONAL INFORMATION (CONTINUED)

PROVIDED TO EMPLOYEES.

SCHEDULE J PART II BREAKDOWN OF W-2 COMPENSATION COLUMN III OTHER REPORTABLE
COMPENSATION:

THE NEGATIVE AMOUNTS IN THIS COLUMN ARE INCLUDED AS PART OF TOTAL COMPENSATION IN
COLUMN B(I) AND B(II) AND REPRESENT PRE-TAX DEDUCTIONS (SECTION 125) TO ARRIVE AT
W-2 BOX 5 WAGES.

SCHEDULE J PART II BASE COMPENSATION, BONUS AND INCENTIVE COMPENSATION FROM RELATED
ORGANIZATIONS ARE NOT INCLUDED IN THE MEMBERS' ELECTRIC RATES. THE FOLLOWING
AMOUNTS WERE INCLUDED IN BASE AND BONUS COMPENSATION FROM RELATED ORGANIZATIONS AS
PART OF SCHEDULE J:

THE FOLLOWING AMOUNTS INCLUDED IN REPORTABLE COMPENSATION IN PART VII SECTION A AND
SCHEDULE J PART II B(I) WERE ALLOCATED TO BLUE RIDGE ENERGIES, LLC:

JULIE O'DELL \$28,449 (BASE)

BRAD SHIELDS \$7,808 (BASE)

Part III Supplemental Information

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

PART III - ADDITIONAL INFORMATION (CONTINUED)

KATIE WOODLE \$20,271 (BASE)

AMY CROWDER \$25,410 (BASE)

THE FOLLOWING AMOUNTS INCLUDED IN REPORTABLE COMPENSATION IN PART VII SECTION A AND
SCHEDULE J PART II B(I) WERE ALLOCATED TO RIDGELINK LLC:

DOUGLAS W. JOHNSON \$34,182 (BASE) \$33,249 (BONUS AND INCENTIVE)

BRAD SHIELDS \$78,093 (BASE) \$53,850 (BONUS AND INCENTIVE)

KATIE WOODLE \$20,271 (BASE)

SCHEDULE O
(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

2018

**Open to Public
Inspection**

Name of the organization

BLUE RIDGE ELECTRIC
MEMBERSHIP CORPORATION

Employer identification number

56-0160075

990 PART VII SECTION A COLUMN F

THE CORPORATION PARTICIPATES IN THE NRECA GROUP DEFINED PENSION PLAN. AS PART OF THIS PLAN, PARTICIPANTS ARE REQUIRED TO RECOGNIZE THE ACTUARIAL INCREASE IN THE VALUE OF THEIR ACCOUNT ON THE FORM 990. THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE PLAN ARE THE SAME FOR ALL INDIVIDUALS IN THE PLAN. THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE.

FORM 990, PART IX, LINE 4 BENEFITS PAID TO OR FOR MEMBERS

PATRONAGE DIVIDENDS ARE PAID TO MEMBERS' ACCOUNTS IN ACCORDANCE WITH THE PRE-EXISTING OBLIGATION IN THE CORPORATION'S BY-LAWS. THE CORPORATION IS OBLIGATED TO PAY BY CREDITS TO A CAPITAL ACCOUNT FOR EACH PATRON ALL SUCH AMOUNTS IN EXCESS OF OPERATING COSTS AND EXPENSES.

IRS INSTRUCTIONS FOR LINE 4 CHANGED IN 2011 TO INCLUDE PATRONAGE DIVIDENDS PAID BY SECTION 501(C)(12) ORGANIZATIONS TO THEIR MEMBERS. ACCORDINGLY, THESE AMOUNTS ARE NOW REPORTED ON LINE 4.

990 PART IX LINE 17 TRAVEL

PER IRS INSTRUCTIONS THE TOTAL TRAVEL COSTS REPORTED ON THIS LINE REPRESENT ALL TRANSPORTATION COSTS OF THE CORPORATION, INCLUDING THE EXPENSE OF PURCHASING, LEASING, OPERATING, AND REPAIRING OVER 100 VEHICLES OWNED BY THE CORPORATION. THIS INCLUDES ALL THE LINE AND SERVICE TRUCKS USED IN THE DAILY OPERATIONS OF THE CORPORATION. THESE TRUCKS LOG IN APPROXIMATELY 1,000,000 MILES EACH YEAR CONSTRUCTING AND MAINTAINING THE ELECTRIC PLANT OF THE CORPORATION.

990 PART IX, LINE 24 E ALL OTHER EXPENSES

THE CORPORATION FOLLOWS THE UNIFORM SYSTEM OF ACCOUNTS (USOA) AS SET FORTH IN 7 CFR PART 1767, ACCOUNTING REQUIREMENTS FOR RURAL DEVELOPMENT ELECTRIC BORROWERS. BASED ON THE REQUIREMENTS OF THE USOA, CERTAIN EXPENSES REQUIRED TO BE REPORTED ON FORM 990 PART IX HAVE BEEN ALLOCATED OR CAPITALIZED AS PART OF NET UTILITY PLANT. AS A

Name of the organization

BLUE RIDGE ELECTRIC
MEMBERSHIP CORPORATION

Employer identification number

56-0160075

RESULT OF GROSSING UP EXPENSES TO COMPLY WITH THE TAX REPORTING REQUIREMENTS OF THIS SECTION, CERTAIN EXPENSES THAT HAVE BEEN CAPITALIZED, ARE REPORTED AS PART OF LINE 24 (E) "CAPITALIZED EXPENSES" AND REFLECTED AS CREDIT BALANCE.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

SEE ATTACHED COPY OF THE BY-LAWS.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE MEMBERS OF THE CORPORATION ELECT THE MEMBERS OF THE BOARD OF DIRECTORS THAT GOVERN THE AFFAIRS OF THE CORPORATION. EACH DIRECTOR SHALL HAVE ONE VOTE IN ALL BOARD MATTERS, AND DECISIONS SHALL BE BASED ON THE VOTE OF A MAJORITY OF THE BOARD MEMBERS PRESENT AT ANY MEETING HAVING A QUORUM OF THE BOARD.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE MEMBERS OF THE CORPORATION ELECT THE MEMBERS OF THE BOARD OF DIRECTORS THAT GOVERN THE AFFAIRS OF THE CORPORATION. THE BOARD OF DIRECTORS MEET MONTHLY WITH MANAGEMENT IN ADDITION TO OTHER COMMITTEE MEETINGS. IN ADDITION, THERE IS ONE ANNUAL MEMBERSHIP MEETING.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS AS PROVIDED FOR IN THE BY-LAWS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE CFO AND MANAGEMENT REVIEW A DRAFT OF THE 990 WITH THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE GOVERNING BOARD OF DIRECTORS ALONG WITH MEMBERS OF MANAGEMENT COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENTS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE COOPERATIVE UTILIZES AN INDEPENDENT COMPENSATION PROFESSIONAL TO REVIEW MARKET TRENDS AND CONDUCT AN ANALYSIS OF COMPENSATION INCLUDING THE CEO. THE COMPENSATION

Name of the organization **BLUE RIDGE ELECTRIC
MEMBERSHIP CORPORATION**

Employer identification number
56-0160075

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES ((

COMMITTEE OF THE BOARD CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF THE CEO AND APPROVES
THE COMPENSATION PACKAGE ASSOCIATED WITH THIS POSITION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST. THE ANNUAL REPORT,
BYLAWS AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE ON THE CORPORATION'S WEB SITE.
IN ADDITION, FINANCIAL DATA IS PRESENTED TO THE MEMBERS AT THE ANNUAL MEETING AND
ALSO INCLUDED IN THE 990 WHICH IS AVAILABLE ON THE WEBSITE.

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

AOCI ADJUSTMENT.....	\$ 1,012,832.
BOOK TAX ADJUSTMENT FUEL SALES.....	-46,265.
CONTRIBUTIONS IN AID OF CONSTRUCTION NOT REVENUE PER GAAP.....	-3,656,348.
NET CHANGE IN MEMBERSHIPS.....	-5,245.
NET RETIREMENT OF CAPITAL CREDITS.....	-5,138,114.
NON-CASH PATRONAGE ALLOCATIONS NOT REVENUE PER IRS.....	258,809.
PATRONAGE DIV. PAID TO MEMBERS' ACCTS. NOT EXPENSE PER GAAP.....	11,035,267.
TOTAL	<u>\$ 3,460,936.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

BLUE RIDGE ELECTRIC
MEMBERSHIP CORPORATION

Employer identification number

56-0160075

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

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

Part II 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) BLUE RIDGE ELEC MEMB. FOUND., INC P.O. BOX 112 LENOIR, NC 28645 56-1793740	ASSISTANCE TO NEEDY FAM & NONOPROFIT ORG	NC	501 (C) 3	CHARITY	BLUE RIDGE EMC	X	
(2) _____ _____ _____							
(3) _____ _____ _____							
(4) _____ _____ _____							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) RIDGELINK LLC 1216 BLOWING ROCK BLVD. LENOIR, NC 28645 26-3648319	TELECOMMUN ICATION SERVICES	NC	BLUE RIDGE EMC	C CORP	331,693.	15,694,423.	100.00	X	
(2) BLUE RIDGE ENERGIES, LLC 110 NUWAY CIRCLE LENOIR, NC 28645 56-2100909	FUEL PROPANE / DIST. RETAIL	NC	BLUE RIDGE EMC	C CORP	752,141.	21,560,677.	100.00	X	
(3) ----- ----- -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BLUE RIDGE ELEC MEMB. FOUND., INC	B	24,164.	FMV
(2) RIDGELINK LLC	A	222,408.	FMV = COST
(3) RIDGELINK LLC	O	326,997.	COSTS
(4) RIDGELINK LLC	P	38,829.	COST
(5) RIDGELINK LLC	Q	1,760,212.	COST
(6) BLUE RIDGE ENERGIES, LLC	A	302,353.	FMV = COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----													
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
BLUE RIDGE ENERGIES, LLC.....	O	978,579.	COST
BLUE RIDGE ENERGIES, LLC.....	P	230,505.	COST
BLUE RIDGE ENERGIES, LLC.....	Q	499,513.	COST