DLN: 93493130002083

Form **990**

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A F	or the	2012 cal	lendar year, or tax year beginni	ng 01-01-2012 , 2012, and end	ling 12-31-	2012				
		ipplicable	C Name of organization CENTRAL ELECTRIC MEMBERSHIP		_		D Emplo	yer ide	ntification number	
— _{Ad}	dress ch	hange		CORPORATION			56-0	47815 ⁻	7	
— Na	me cha	inge	Doing Business As							
	ıtıal retu	ırn	Newsham and attend for B.O. have f	and a second delicerate delicerate	I B /					
— те	rmınate	ad.	P O BOX 1107	mail is not delivered to street address)	Room/suite	1	E Teleph	one num	ber	
_			C.t	710 . 4			(919)	774-4	900	
	nended		City or town, state or country, and SANFORD, NC 273311107	ZIP + 4						
Ap	plication	n pending					G Gross	receipts	45,310,715	
			F Name and address of pr MORRIS MCCLELION	ıncıpal officer		H(a) Is th		return		
			PO BOX 1107			affili	ates?		Γ Yes Γ No	
			SANFORD,NC 27331			H(b) Are	all affiliate	es inclu	ded?	
						If"N	Io," attach	n a list	(see instructions)	
I Ta	ax-exen	npt status	501(c)(3) 501(c) (12)	◀ (Insert no)	527	ur-> Gro	up exemp	tion niir	nher 🌬	
J W	/ebsite	e:⊫ N//	4			H(c) Gro	up exemp	cion nai	ilber F	
K For	m of or	ganization	Corporation Trust Associat	on C Other ►	<u> </u>	L Year of f	ormation 19	941 M	State of legal domicile NC	
	rt I		ımary			1				
				ion or most significant activities						
			ND DISTRIBUTION OF ELECT							
8	.									
ē	.									
Ē	,	Check t	his hoy 🗺 if the organization o	liscontinued its operations or di	snosed of	more than	25% of its	netas	sets	
Governance	-	CHECK	ms box F If the organization e	inscontinued its operations of ar	sposed of	more than	23 70 01 163	, nec as	3003	
	3	Number	of voting members of the gover	ning body (Part VI, line 1a) .				3	10	
ψ V	4	Number	of independent voting members	of the governing body (Part VI	, lıne 1b)			4	10	
Ē	5	Total nu	mber of individuals employed ir	ı calendar year 2012 (Part V , lıı	ne 2a) .			5	71	
Activities &	6	Total nu	mber of volunteers (estimate if	necessary)				6	0	
٠.	7a	Total un	related business revenue from	Part VIII, column (C), line 12				7a		
	Ь	Net unre	elated business taxable income	from Form 990-T, line 34 .				7b	0	
						Pri	or Year		Current Year	
	8	Contr	ibutions and grants (Part VIII,	line 1 h)				0	0	
a E	9	9 Program service revenue (Part VIII, line 2g)						338	45,202,147	
Ravenue	10	Inves	tment income (Part VIII, colum		50,	549	74,947			
ш	11							785	33,621	
	12			1 (must equal Part VIII, columr			45,161,	672	45,310,715	
	13						, ,	0	0	
	14			IX, column (A), line 4)			1,259,	209	2,269,395	
	15			ee benefits (Part IX, column (A		1,233,20				
8		5-10		(,,		678,	337	671,779	
Σ̈́	16a	Profes	ssional fundraising fees (Part IX	, column (A), line 11e)				0	0	
Expenses	Ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶ 0						
	17	Other	expenses (Part IX, column (A)	, lınes 11a-11d, 11f-24e) .			39,330,	006	41,236,946	
	18	Total	expenses Add lines 13–17 (m	ust equal Part IX, column (A), lı	ne 25)		41,267,	552	44,178,120	
	19	Rever	nue less expenses Subtract line	e 18 from line 12			3,894,	120	1,132,595	
88							g of Curre	nt	End of Year	
Net Assets or Fund Balances	20	Total	accete (Dart V line 16)				Year	686		
A B.	20		assets (Part X, line 16) liabilities (Part X, line 26) .				77,015, 45,121,		81,861,742 49,050,092	
る 第 第 第	21			t line 21 from line 20		-	31,894,		32,811,650	
	rt III	_	nature Block	emic 21 nom mic 20	• •	<u> </u>	J = ,U J = ,	<u> </u>	52,011,030	
		_		camined this return, including ac	companyı	na schedul	es and sta	atemen	ts and to the hest of	
my k	nowle	dge and		mplete Declaration of preparer						
		<u> </u>				I				
Sigi	•	**** Sign:	*** ature of officer				:013-05-08 Date			
əıyı Her],	RIS MCCLELION CEO AND GM							
			e or print name and title							
		17	Print/Type preparer's name	Preparer's signature	Dat	e Ch	eck 🗀 ıf	PTIN	775	
Pai	d		WILLIAM J SETLIFF	DMAN LLD		sel	P00169735			
	pare	r ˈ	Firm's name F DIXON HUGHES GOO	UITIAN LLY		Fir	m's EIN 🟲 5	ιο-υ/4/9 	01	
	e On		Fırm's address 🟲 110 EXCHANGE STRE	ET SUITE G		Ph	one no (434	1) 792-5	334	
_ •	J.,	,	DANVILLE, VA 24541							

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

✓ Yes 厂No

Form	1990 (2012)				Page 2
Par		ment of Program Service Ac			
1	Briefly descr	the the organization's mission	· ·		· ·
SAL	E AND DISTRI	BUTION OF ELECTRICITY TO MEM	BERS		
2	the prior Forn	nization undertake any significant prog n 990 or 990-EZ?			┌ Yes ┌ No
		ribe these new services on Schedule			
3	services? .	nization cease conducting, or make sig			┌ Yes ┌ No
	If "Yes," desc	cribe these changes on Schedule O			
4	expenses Se	organization's program service accon ection 501(c)(3) and 501(c)(4) organi enses, and revenue, if any, for each pr	zations are required to report the		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	SALE AND DIST	RIBUTION OF ELECTRICITY TO MEMBERS			
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	Other progra	am services (Describe in Schedule O)		
→u	(Expenses \$	•	•) (Revenue \$)
 4е		m service expenses ►	·	· · · · · · · · · · · · · · · · · · ·	•
	iotai piogia	III JOI VICE EXPENSES F			Form 990 (2012)

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)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Νo
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
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? If "Yes," complete Schedule D, Part IX	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
L		28a		No_
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

	Chack if School 10 Coopting a vaccing to any question in this Part V			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
ı	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 30			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
		2-		NI.
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		N
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ı	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	OD		
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	טפ		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes" has it filed a Form 7.20 to report these payments? If "No" provide an explanation in Schedule 0	14h	i l	

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a			Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶DOUGLAS S ROWLES 128 WILSON ROAD SANFORD, NC (919)774-4900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) L FRANK COMER III	5 20	×						15,517	0	0
DIRECTOR								10,011	ŭ	
(2) EDITH C COX	3 40	×						10,620	0	0
DIRECTOR								,		
(3) R G WADSWORTH JR	2 00	x						13,767	0	0
DIRECTOR										
(4) CARL OUTZ	2 00	x						5,863	0	0
DIRECTOR (5) HENRY RANDOLPH	3 30									
	3 30	х						14,517	0	a
DIRECTOR (6) NANCY G HOLMES	1 50	-								
	1 30	х						6,370	0	0
DIRECTOR (7) JAMES B BROOKS	1 00									
SECRETARY-TREASURER				х				5,235	0	0
(8) W PHILLIP THOMPSON JR	3 10									
ASSISTANT SECRETARY				Х				15,267	0	0
(9) REBECCA G PASCHAL-COGAN	4 90									
PRESIDENT				Х				24,875	0	0
(10) J THOMAS DALRYMPLE	5 30									
VICE-PRESIDENT				Х				14,132	0	0
(11) MORRIS MCCLELION	40 00							456 500		47.640
CEO AND GENERAL MANAGER				Х				156,503	0	47,648
(12) DOUGLAS S ROWLES	40 00			х				111,685	0	42.010
CHIEF FINANCIAL OFFICER								111,665	U	42,818
(13) MICHAEL ADCOCK	40 00					x		109,048	0	57,990
MANAGER OF OPERATIONS								103,040	· ·	37,550
		I	I	l	I	I	ı	l l		

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one both	box, an d r/tru	heck unless officer stee)	1	Repor comper from organiza	table isation the tion (W-	(E) Reportable compensation from related organizations (W	,_	(F) Estima mount o compens from t	ited f other sation :he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relati organiza	ed
1b c	Sub-Total	. . . ts to Part VII, S	· · ection A	٠.	•		•	•						
d	Total (add lines 1b and 1c) .						•	١		503,399		0		148,456
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> " <i>Yes," complete</i> 5					key •	emplo	yee,	, or highes	t compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											tax year	
	N	(A) lame and business	address							Des	(B) cription of services		(C Comper	
LEE E	LECTRICAL CONSTRUCTION INC PO BO										AND UNDERGROUND	\top		,361,215
LEWIS	S TREE SERVICE INC PO BOX 8000 BUF	FALO NY 14267								TREE REMO		+		385,718
												\Rightarrow		
	Total number of independent co \$100,000 of compensation fror			not	lımıt	ed t	o thos	e list	ted above)	who rece	ıved more than			

Form 99								Page 9
Part \	ДШ		of Revenue ule O contains a respo	nse to any question :	n this Part VIII .			
		Once in General	are o contamo a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s s	1a	Federated cam	paigns 1a					
Gifts, Grants ilar Amounts	ь	Membership du	ues 1b					
يق ق	c	Fundraising ev	ents 1 0					
ifts,	d	Related organiz	zations 1d					
n::G:	e	Government grant	ts (contributions) 1e					
Sir	f		ons, gifts, grants, and 1f					
uti Ter	'	similar amounts no	ot included above					
┋	g	Noncash contributi 1a-1f \$	ions included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add line:	s 1 a - 1 f					
				Business Code				
Program Serwce Revenue	2a	SALE OF ELECTRIC	CITY AN	221000	44,191,729	44,191,729		
ex. ex	ь	PATRONAGE ALLO	CATIONS	221000	711,049	711,049		
ъ. Н	c	CONTRIBUTIONS I	IN AID	221000	194,251	194,251		
er vi	d	POLE RENTAL INCO	OME	221000	105,118			105,118
Ø ⊊	e							
graf.	f	All other progra	am service revenue					
Š	g	Total Add line	s 2a-2f	b -	45,202,147			
	3		come (including divider					
		and other sımıl	ar amounts)	🟲 📙	32,092			32,092
	4		stment of tax-exempt bond	·				
	5	Royalties .						
	6a	Gross rents	(ı) Real	(11) Personal 6,600				
	Ь	Less rental		0				
	c	expenses Rental income		6,600				
		or (loss)	ma ar (laga)		6,600	6,600		
	d	Net rental inco	me or (loss)	(II) O ther	0,000	0,000		
	7a	Gross amount	(i) Securities					
		from sales of assets other		42,855				
	Ь.	than inventory Less cost or						
	"	other basis and sales expenses		0				
	c	Gain or (loss)		42,855				
	d	Net gain or (los	ss)		42,855	42,855		
ın e	8a	Gross income fevents (not inc	from fundraising :luding					
Other Revenue			s reported on line 1c) ne 18					
ā ē	ь	Less direct ex	penses b					
ರ	С		(loss) from fundraising					
	9a		from gaming activities					
		See Part IV, Iir	ne 19 a					
	ь	Less direct ex	penses b					
	c		(loss) from gaming act					
	10a	Gross sales of						
		returns and allo						
	h	less soctof-	a and sold b					
	b c		oods sold b (loss) from sales of inv	entory				
	٣	Miscellaneou		Business Code				
	11a	OTHER REVEN		221000	27,021	27,021		
	b		<u> </u>					
	c		_					
	d	All other reven	ue					
	e	Total. Add line:						
	12		See Instructions .	.	27,021			
		. J.u. ievellue.	556 1113 G GCG G G G	· · · · •	45,310,715	45,173,505	0	137,210

Form 990 (2012) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members	2,269,395			
5	Compensation of current officers, directors, trustees, and key employees	503,583			
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				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	114,229			
9	Other employee benefits	53,967			
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
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				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,702,549			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,881,619			
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)				
а	COST OF POWER	26,435,518			
b	DISTRIBUTION - OPERATIO	2,692,191			
c	ADMINISTRATIVE AND GENE	2,248,576			
d	DISTRIBUTION - MAINTENA	1,647,534			
е	All other expenses	3,628,959			
25	Total functional expenses. Add lines 1 through 24e	44,178,120			
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 Sheet

F G	T X	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			420,045	1	488,767
	2	Savings and temporary cash investments			1,799,058	2	1,481,275
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,273,477	4	2,425,577
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete P Schedule L	art II (of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
% %	7	Notes and loans receivable, net			389,726		311,108
ď	8	Inventories for sale or use			921.540		1,030,183
	9	Prepaid expenses and deferred charges			2,245,131	9	1,487,409
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	i	96,609,470	, ,		1, 161, 166
	Ь	Less accumulated depreciation	10b	29,848,004	62,760,181	10c	66,761,466
	11	Investments—publicly traded securities	<u> </u>			11	<u> </u>
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11			6,206,528	13	7,875,957
	14	Intangible assets				14	<u> </u>
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			77,015,686	16	81,861,742
	17	Accounts payable and accrued expenses			4,099,196	17	3,729,218
	18	Grants payable	, ,	18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Sch				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
Ĭ	23	Secured mortgages and notes payable to unrelated third partie			32,658,268	23	37,519,884
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			8,363,871	25	7,800,990
	26	Total liabilities. Add lines 17 through 25			45,121,335	26	49,050,092
S e S		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and	complete			
an	27	Unrestricted net assets				27	
е С	28	Temporarily restricted net assets				28	
돧	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h	ere 🕨	√ and			
5		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other			31,894,351	32	32,811,650
Ř	33	Total net assets or fund balances			31,894,351	33	32,811,650
z —	34	Total liabilities and net assets/fund balances			77,015,686	34	81,861,742

Pai	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	• •	• •	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		45.3	310,715
2	Total expenses (must equal Part IX, column (A), line 25)			, .	
		2		44,1	178,120
3	Revenue less expenses Subtract line 2 from line 1	3		1 1	122 505
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		1,1	132,595
•	Net assets of fund balances at beginning of year (must equal Fart X, mie 33, column (A))	4		31,8	394,351
5	Net unrealized gains (losses) on investments				
_		5			
6	Donated services and use of facilities	6			
7	Investment expenses				
		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	•			
9	Other changes in het assets of fund balances (explain in Schedule O)	9		- 2	215,296
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		32,8	311,650
Par	rt XII Financial Statements and Reporting				. ᅜ
	Check if Schedule O contains a response to any question in this Part XII	• •	• •		. 1
				Yes	No
1	Accounting method used to prepare the Form 990				
	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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie	wed 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?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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DLN: 93493130002083

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

► Attach to Form 990. ► See separate instructions.

Open to Public
Inspection

Trevenue Service FALLac	ch to Form 990. F See separate instructions.	Inspection
nme of the organization NTRAL ELECTRIC MEMBERSHIP CORPORATION		Employer identification number 56-0478157
Organizations Maintaining Dor organization answered "Yes" to Fo	nor Advised Funds or Other Similar I orm 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the assets held in do to the organization's exclusive legal control?	onor advised Yes No
	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor, or for	
rt III Conservation Easements. Com	plete if the organization answered "Yes"	to Form 990, Part IV, line 7.
·	creation or education)	an historically important land area a certified historic structure n the form of a conservation
easement on the last day of the tax year		
Tabal and a second and a second as a second as		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation ease		2b
Number of conservation easements on a certi	. ,	2c
Number of conservation easements included in historic structure listed in the National Regist	er	
	transferred, released, extinguished, or termina	ted by the organization during
the tax year 🗠		
Number of states where property subject to co	onservation easement is located 🗠	<u></u>
Does the organization have a written policy re enforcement of the conservation easements it	garding the periodic monitoring, inspection, ha holds?	ndling of violations, and Yes No
Staff and volunteer hours devoted to monitorin	ng, inspecting, and enforcing conservation ease	ements during the year
Amount of expenses incurred in monitoring, in	ispecting, and enforcing conservation easemen	nts during the year
► \$		
Does each conservation easement reported o and section 170(h)(4)(B)(II)?	n line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	ports conservation easements in its revenue a ext of the footnote to the organization's financi n easements	
TIII Organizations Maintaining Col Complete if the organization answ	lections of Art, Historical Treasures vered "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
works of art, historical treasures, or other sim	r SFAS 116 (ASC 958), not to report in its rev ilar assets held for public exhibition, education ootnote to its financial statements that describ	, or research in furtherance of public
	r SFAS 116 (ASC 958), to report in its revenue ilar assets held for public exhibition, education g to these items	
(i) Revenues included in Form 990, Part VIII	, line 1	▶ \$
(ii) Assets included in Form 990, Part X		▶ \$
If the organization received or held works of a	rt, historical treasures, or other similar assets er SFAS 116 (ASC 958) relating to these item	for financial gain, provide the
Revenues included in Form 990, Part VIII, lin	ne 1	► \$
Assets included in Form 990, Part X		
Mobelo iliciaaea ili Fullii 990, Pall X		F >

Part	Organizations Maintaining Co	Hections of Ar	t, HIS	stori	caı ı	reasu	ires, or O	tne	r Similar As	ssets (c	ontinued)_
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the foll	owing that a	are a	significant us	e of its	
а	Public exhibition		d	Γ	Loan	orexc	hange progi	rams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın ho	w the	y furth	er the o	organızatıor	ı's ex	kempt purpose	ın	
5	During the year, did the organization solicit o								nılar	_	_
	assets to be sold to raise funds rather than t									┌ Yes	l No
Par	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an arr						n answere	a "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribi	utions	or other ass	ets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able		_				
									Aı	mount	
С	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	>						☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been p	rovided in F	art :	XIII		Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)Prior	year	b (c) ⊤	wo years back	((d)	Three years back	(e) Four y	ears back
1a -	Beginning of year balance							+			
Ь	Contributions					-		+			
С	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 curr	ent year end balar	ice (lir	ne 1g	, colum	nn (a))	held as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zatıon	that	are hel	d and a	dministere	d for	the	Yes	No
	(i) unrelated organizations		-						3a		
b	(ii) related organizations If "Yes" to 3a(ii), are the related organization	ns listed as require	ed on S	Sche	lule R?			٠.	3a	(ii) Bb	
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme Description of property	ent. See Form 99	90, Pa		, line Cost or		(b)Cost or o	ther	(c) Accumulated	1 (d) B	ook value
	Description of property				s (inves		basis (othe		depreciation	(4) 10	
1a	Land		•				880	,661			880,661
	Buildings		•				3,749	,471	919,06	55	2,830,406
C	Leasehold improvements		•								
	Equipment		•				91,979	,338	28,928,93	39 (3,050,399
	Other				5) (4611					
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colι	umn (B), line	10(c).))		🛌		66,761,466

(-) D	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
)Financial derivatives		
)Closely-held equity interests		
her		
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)		
rt VIII Investments—Program Related. Se		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
e Addıtıonal Data Table		
_		
	_	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	7,875,957	
	_	
art IX Other Assets. See Form 990, Part X, II	ne 15.	
art IX Other Assets. See Form 990, Part X, II (a) Descri		(b) Book value
		(b) Book value
(a) Descri	ption	
(a) Descri	ption	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ption	
vtal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	5.)	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	5.)	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes ONSUMER DEPOSITS	5.)	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes ONSUMER DEPOSITS FERRED CREDITS	5.)	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes DNSUMER DEPOSITS EFERRED CREDITS	5.)	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes DNSUMER DEPOSITS EFERRED CREDITS	5.)	
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes DNSUMER DEPOSITS FERRED CREDITS	5.)	
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(a) Description of liability Ederal income taxes ONSUMER DEPOSITS EFERRED CREDITS	5.)	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)	
(a) Description of liability Ederal income taxes ONSUMER DEPOSITS EFERRED CREDITS	5.)	
(a) Description of liability deral income taxes ONSUMER DEPOSITS FERRED CREDITS	5.)	

Part	Reconciliation of F	Revenue per Audited Financia	l State	emen	ts With Re	venue	per R	eturn
1	Total revenue, gains, and oth	er support per audited financial staten	nents				1	45,310,715
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12						
а	Net unrealized gains on inves	stments		2a				
b	Donated services and use of	facilities		2b				
С	Recoveries of prior year gran	ts		2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d						2e	0
3	Subtract line 2e from line 1 .						3	45,310,715
4	Amounts included on Form 99	90, Part VIII, line 12, but not on line 1	L					
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	.	4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b		'				4c	0
5	Total revenue Add lines 3 an	nd 4c. (This must equal Form 990, Part	I, line	12).			5	45,310,715
Part	XIII Reconciliation of E	xpenses per Audited Financi	al Sta	teme	nts With Ex	kpense	s per	Return
1	Total expenses and losses pe	er audited financial statements					1	44,178,120
2	A mounts included on line 1 b	ut not on Form 990, Part IX, line 25						
а	Donated services and use of	facılıtıes		2a				
b	Prior year adjustments			2b				
C	Otherlosses			2c				
d	Other (Describe in Part XIII)		2d				
e	Add lines 2a through 2d . .						2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.						3	44,178,120
4	Amounts included on Form 99	90, Part IX, line 25, but not on line 1:						
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII)		4b				
c	Add lines 4a and 4b						4c	0
5	Total expenses Add lines 3 a	and 4c. (This must equal Form 990, Pa	rt I, lıne	18)			5	44,178,120
Part	XIII Supplemental In	formation						
Part	plete this part to provide the de V , line 4 , Part X , line 2 , Part X mation	escriptions required for Part II, lines 3 I, lines 2d and 4b, and Part XII, lines 3	, 5 , and 2 d and [,]	9, Par 4b Als	t III, lines 1a o complete th	and 4 , F	Part IV , o provid	lines 1b and 2b, de any additional
	Identifier	Return Reference				Explana	tion	
	RIPTION OF UNCERTAIN OSITIONS UNDER FIN 48	PART X, LINE 2						O THAT IT DOES NOT O TAX BENEFITS OR

OBLIGATIONS AS OF DECEMBER 31, 2012 OR 2011

Additional Data

Software ID: Software Version:

EIN: 56-0478157

Name: CENTRAL ELECTRIC MEMBERSHIP CORPORATION

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CFC MEMBERSHIP	1,000	С
(2) CFC CAPITAL TERM CERTIFICATES	490,057	С
(3) CFC PATRONAGE CAPITAL	204,416	С
(4) NCEMC PATRONAGE CAPITAL	2,913,077	С
(5) TEMA PATRONAGE CAPITAL	359,948	С
(6) SDC MEMBERSHIP	100	С
(7) PATRONAGE CAPITAL	126,594	С
(8) SANDHILLS UTILITY SERVICES	3,617,088	С
(9) FEDERATED INSURANCE	135,425	С
(10) MISCELLANEOUS	1,813	С
(11) COBANK - MEMBERSHIP	1,000	С
(12) COBANK - CAPITAL CERTIFICATES	17,683	С
(13) GREENCO - CAPITAL CERTIFICATES	6,756	С
(14) GREENCO - MEMBERSHIP	1,000	С

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DLN: 93493130002083

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization CENTRAL ELECTRIC MEMBERSHIP CORPORATION **Employer identification number**

56-0478157

	Questions Regarding compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person light 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding			
	First-class or charter travel Housing allowance or residence for p	ersonal use		
	Travel for companions Payments for business use of person	nal residence		
	Tax idemnification and gross-up payments Health or social club dues or initiation	on fees		
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauft	eur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding pare reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	all officers,		
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for method used by a related organization to establish compensation of the CEO/Executive Director, but exp	s		
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensat	ion committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the or a related organization ${\sf N}$	e filing organization		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue a compensation contingent on the revenues of	ıy		
а	a The organization?	5a		
b	b Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the net earnings of	ıy		
а	The organization?	6a		
b	b Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non payments not described in lines 5 and 6? If "Yes," describe in Part III	-fixed 7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Y in Part III			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described section 53 4958-6(c)?	d in Regulations		

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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 (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
(1)MORRIS MCCLELION CEO AND GENERAL MANAGER	(i) (ii)	156,503 0	0	0	34,435 0	13,213	204,151	0
(2)DOUGLAS S ROWLES CHIEF FINANCIAL OFFICER	(i) (ii)	111,685 0	0	0	29,605	13,213 0	154,503 0	0
(3)MICHAEL ADCOCK MANAGER OF OPERATIONS	(i)	109,048 0	0	0	50,189 0	7,801 0	167,038 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization CENTRAL ELECTRIC MEMBERSHIP CORPORATION

Employer identification number

56-0478157

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION OPERATES AS A COOPERATIVE MEMBERSHIP IS COMPRISED OF THOSE INDIVIDUALS AND BUSINESSES THAT USE THE ORGANIZATION'S SERVICES THERE ARE NO CLASSES OF MEMBERSHIP EACH MEMBER HAS ONE VOTE
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS IS ELECTED BY THE MEMBERSHIP
	FORM 990, PART VI, SECTION A, LINE 7B	ACTIVE MEMBERS MUST APPROVE OF THE DISPOSAL OF A SIGNIFICANT PERCENTAGE OF THE ORGANIZATION'S ASSETS
	FORM 990, PART VI, SECTION B, LINE 11	ACCOUNTING PERSONNEL REVIEW THE 990 FOR ACCURACY BEFORE FURNISHING IT TO THE CHIEF EXECUTIVE OFFICER AND THE BOARD OF DIRECTORS FOR THEIR APPROVAL
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTEREST ARE COVERED UNDER THE ORGANIZATION'S CODE OF CONDUCT, WHICH STATES, "EMPLOYEES ARE ENCOURAGED TO TALK TO SUPERVISORS, MANAGERS, OR OTHER APPROPRIATE PERSONNEL ABOUT OBSERVED ILLEGAL OR UNETHICAL BEHAVIOR, AS WELL AS ACTUAL OR SUSPECTED VIOLATIONS OF THE POLICY OF WHICH THEY ARE AWARE, OR CONCERNS ABOUT THE BEST COURSE OF ACTION IN A PARTICULAR SITUATION" A COPY OF THE POLICY IS POSTED AT EACH OFFICE LOCATION AND A COPY CAN BE REQUESTED FROM A SUPERVISOR EMPLOYEES ARE NOTIFIED ONCE A YEAR ABOUT THE POLICY EMPLOYEES ARE EXPECTED TO COOPERATE IN INTERNAL INVESTIGATIONS OF MISCONDUCT DIRECTORS ARE SIMILARY ENCOURAGED TO DISCUSS SUCH ISSUES WITH FELLOW DIRECTORS OR WITH THE PRESIDENT OF THE BOARD DIRECTORS SIGN A QUESTIONNAIRE THAT ASKS ABOUT THE POTENTIAL CONFLICTS OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION PERIODICALLY USES THE SERVICES OF A CONSULTING SERVICE WHICH COMPARES THE ORGANIZATION'S COMPENSATION WITH THAT OF SIMILAR ORGANIZATIONS SALARIES OF MANAGEMENT PERSONNEL ARE REVIEWED BY THE BOARD OF DIRECTORS, AND FILES ARE MAINTAINED FOR THE REVIEW PROCESS BY WHICH MERIT RAISES ARE GRANTED
	FORM 990, PART VI, SECTION C, LINE 19	A COPY OF THE BY LAWS ARE PROVIDED TO NEW MEMBERS A CONDENSED FINANCIAL STATEMENT IS PROVIDED TO THE MEMBERS AS A PART OF THE ORGANIZATION'S ANNUAL REPORT THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEADQUARTERS THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE ANNUAL AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANT
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CONTRIBUTIONS IN AID OF CONSTRUCTION -194,251 DECREASE IN OTHER COMPREHENSIVE INCOME - 23,800 INCREASE IN MEMBERSHIPS 2,755
		THERE WERE NO CHANGES TO THE OVERSIGHT PROCESS NOR THE AUDITOR SELECTION PROCESS

DLN: 93493130002083 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 PAGE 10 CENTRAL ELECTRIC MEMBERSHIP CORPORATION 56-0478157 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 500,000 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0 - If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 .▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .__. Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property **d** 10-year property **e** 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MMS/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real property ΜМ Section C-Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c40-year 40 yrs ММ S/L **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 2,881,619 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form **4562** (2012) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	Caution	: See t	he ir	struct	ions for	limits	for pa	asseng	<u>ier au</u>	tomob	<u>iles</u>
24a Do y ou hav e ev ider	nce to support t	the business/in	vestment ι	ıse claıme	d? ┌ Yes	Гио		24	b If "Yes,"	' is the e	v idence	written?	,	s L N)
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	other (husiness/investment Recovery Method/				(h) Depreciation/ deduction			(i) Elected section 1 cost			
.5 Special depreciation allo 50% in a qualified busi	· · ·		erty placed	in service	during the	tax year	and us	sed more		:5					
6 Property used more			business	use											
		%											\Box		
		% %											+		
7 Property used 50%	orless in a		SINASS IIS	<u> </u>											
r roperty ascaso A	011033 111 0	%	3111033 43						S/L -						
		%							S/L -				\Box		
	- l (l.) . l	%	27	t I					S/L -				—		—
28 Add amounts in co						ne 21, p	age :	ı L	28						—
29 Add amounts in co	olumn (ı), lıne					· .	•		• •			29			
omplete this section	for vehicles		ction B							or relat	ed ne	con			
you provided vehicles to													se vehic	les	
30 Total business/inv	vestment mil	les driven du	rına the		a)	(b	-		(c)	1 .	d)	1 .	e)		f)
year (do not inclu			• •	Vehi	icle 1	Vehic	le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle
						1				+		-		-	
31 Total commuting i		,				1				+		-		-	
32 Total other persor	•					-				_					
33 Total miles driven through 32 .	during the y	ear Add line	es 30												
34 Was the vehicle a	· · · · · · · · · · · · · · · · · · ·	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	T No
during off-duty ho		ersonar asc		163	110	163	140	163	140	163	140	163	+	163	H
35 Was the vehicle u		· · · · / by a more t	• • han 5%							+			\vdash		<u> </u>
owner or related p										_		-	ــــــ		
36 Is another vehicle															
Sectionswer these questionswer these questions or related	ns to determ		et an exc											not mo	re th
37 Do you maintain a employees?	written polic	y statement	that prof	nibits all	personal	use of	vehic	les, inc	luding co	mmutıı	ng, by	your	Y	'es	No
38 Do you maintain a employees? See t															
9 Do you treat all us	se of vehicles	s by employe	es as pe	rsonal us	e?										
10 Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormation	from	n your e	mployee	s about	the u	se of			
11 Do you meet the r				 automobi	le demoi	netratio	n 1156	2 (500	instructi	ons)	•		\vdash		
Note: If your answ	•	_	•					•		•					
	rtization	, 39, 40, 01 -	+1 15 TE	5, 40 110	Comple	te Secti	OII B	ioi tile	covered	venicie	5				
Part VI Amo	TUZALIOII	(b)	1						Τ ,	(e)					
(a) Description of c	osts	Date amortizatio begins	n	A mort a mo	ızable		С	(d) ode ction	A mor	tization iod or entage			(f) rtızatı hıs ye		
42 A mortization of co	sts that hen		ur 2012	tax vear	(see ins	truction	s)		1,22.0		1				
	T T	during ye	1 2012	tax year	(300 1113	1. 400.011	- <u>,</u>		T						—
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13 A mortization of co	ete that had	an hefore ve	ur 2012 (av vear		I				43					
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