

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning , and ending**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>UNION ELECTRIC MEMBERSHIP CORP</b></p> <p>Doing business as <b>UNION POWER COOPERATIVE</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite  <b>P.O. BOX 5014</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>MONROE NC 28111-5014</b></p> <p><b>F</b> Name and address of principal officer:  <b>GREGORY S. ADDRESS</b>  <b>PO BOX 5014</b>  <b>MONROE NC 28111-5014</b></p>	<p><b>D</b> Employer identification number <b>56-0435549</b></p> <p><b>E</b> Telephone number <b>704-289-3145</b></p> <p><b>G</b> Gross receipts \$ <b>165,299,077</b></p> <p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. See instructions</p> <p><b>H(c)</b> Group exemption number <b>U</b></p>
<p><b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>12</b> ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: <b>U</b> <b>WWW.UNION-POWER.COM</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>U</b></p>		<p><b>L</b> Year of formation: <b>1939</b> <b>M</b> State of legal domicile: <b>NC</b></p>

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities:                  TO ENHANCE THE QUALITY OF LIFE OF OUR MEMBERS AND THE COMMUNITIES WE SERVE BY DELIVERING ON OUR PROMISE TO PROVIDE SAFE, RELIABLE ELECTRIC POWER AND ENERGY SERVICES WITH EXCEPTIONAL VALUE.</p>		
	<p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
	<p><b>3</b> Number of voting members of the governing body (Part VI, line 1a)</p>	<b>3</b>	9
	<p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)</p>	<b>4</b>	9
	<p><b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)</p>	<b>5</b>	147
	<p><b>6</b> Total number of volunteers (estimate if necessary)</p>	<b>6</b>	0
	<p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12</p>	<b>7a</b>	99,709
<p><b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11</p>	<b>7b</b>	92,729	
<b>Revenue</b>	<p><b>8</b> Contributions and grants (Part VIII, line 1h)</p>	Prior Year	Current Year
	<p><b>9</b> Program service revenue (Part VIII, line 2g)</p>	170,990,134	163,784,284
	<p><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</p>	1,379,938	-504,586
	<p><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</p>	274,607	633,942
	<p><b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</p>	172,644,679	163,913,640
<b>Expenses</b>	<p><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)</p>	140,879	50,131
	<p><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</p>	11,991,610	13,651,700
	<p><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</p>	16,026,634	16,305,113
	<p><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</p>		0
	<p><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>U</b></p>		0
	<p><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</p>	138,858,194	134,557,167
<p><b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</p>	167,017,317	164,564,111	
<p><b>19</b> Revenue less expenses. Subtract line 18 from line 12</p>	5,627,362	-650,471	
<b>Net Assets or Fund Balances</b>	<p><b>20</b> Total assets (Part X, line 16)</p>	Beginning of Current Year	End of Year
	<p><b>21</b> Total liabilities (Part X, line 26)</p>	416,034,398	427,874,947
	<p><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</p>	239,743,939	239,498,882
		176,290,459	188,376,065

**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.

<b>Sign Here</b>	<p>Signature of officer</p> <p><b>THERESA BLACKWELL</b></p>	<p>Date</p> <p><b>VP FIN &amp; ACCTG</b></p>
	<p>Type or print name and title</p>	

<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name</p> <p><b>G STEVEN GILLIAM, CPA</b></p>	<p>Preparer's signature</p>	<p>Date</p>	<p>Check <input type="checkbox"/> if self-employed</p>	<p>PTIN</p> <p><b>P00348264</b></p>	
	<p>Firm's name } <b>ADAMS, JENKINS &amp; CHEATHAM</b></p>	<p>Firm's EIN } <b>54-1320089</b></p>				
	<p>Firm's address } <b>231 WYLDEROSE DR</b> <b>MIDLOTHIAN, VA 23113</b></p>	<p>Phone no. <b>804-323-1313</b></p>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENHANCE THE QUALITY OF LIFE OF OUR MEMBERS AND THE COMMUNITIES WE SERVE BY DELIVERING ON OUR PROMISE TO PROVIDE SAFE, RELIABLE ELECTRIC POWER AND ENERGY SERVICES WITH EXCEPTIONAL VALUE.

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 DISTRIBUTION OF ELECTRICITY TO THE MEMBERS OF UNION EMC. THE CORPORATION'S THREE LARGEST PROGRAM SERVICES, AS MEASURED BY EXPENSES ARE AS FOLLOWS:

COST OF POWER \$99,907,635
PATRONAGE DIVIDENDS PAID (ASSIGNED TO MEMBERS) \$13,651,700
DEPRECIATION EXPENSE \$13,376,276

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4d Other program services (Describe on 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)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
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		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? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I See instructions		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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		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
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check 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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	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
<b>2a</b>	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		
	<b>2a</b> 147		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	162,029,263
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	2,648,753
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** NONE
- 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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

THE CORPORATION  
MONROE

1525 N ROCKY RIVER ROAD

NC 28110

704-289-3145

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

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

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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 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) GREGORY S. ANDRESS EVP VP & GEN MGR	40.00 0.00			X			492,109	0	255,868	
(2) DAVID GROSS VP ENG. & OPER.	40.00 0.00			X			268,617	0	176,447	
(3) NUMA ROBERTSON VP. CORP. SERV.	40.00 0.00			X			249,769	0	117,546	
(4) THERESA BLACKWELL VP FIN & ACCTG	40.00 0.00			X			236,464	0	123,733	
(5) LONNIE D. KIRKLEY MGR. OF OPERATIONS	40.00 0.00				X		178,102	0	146,853	
(6) WAYNE HATHCOCK MGR. OF ENG.	40.00 0.00				X		182,578	0	98,846	
(7) JEREMY BLACK MGR. OF INFO SYSTEMS	40.00 0.00				X		169,921	0	75,482	
(8) TODD HARRINGTON MGR. E&O SUPPORT	40.00 0.00				X		157,446	0	65,008	
(9) JAMES MURPHY MGR. FIN & ACCTG	40.00 0.00				X		150,596	0	29,059	
(10) LEE ROY KIRK, JR. PRESIDENT	4.00 0.00	X		X			19,328	0	0	
(11) DENT H. TURNER VICE PRESIDENT	3.50 0.00	X		X			18,566	0	0	

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

(A) Name and title	(B) Average hours per week 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			
(12) DAVID G. HYATT	3.00									
ASST. SEC-TREAS	0.00	X		X			17,366	0	0	
(13) TOM J. CAUDLE	2.00									
DIRECTOR	0.00	X					16,766	0	0	
(14) THOMAS E. PORTER, JR.	2.00									
DIRECTOR	0.00	X					16,766	0	0	
(15) SUE THREATT	2.00									
DIRECTOR	0.00	X					16,766	0	0	
(16) SHERISE JONES	2.00									
SEC-TREAS	0.00	X		X			16,203	0	0	
(17) NEIL W. HASTY	2.00									
DIRECTOR	0.00	X					16,019	0	0	
(18) B.L. STARNES	2.00									
DIRECTOR	0.00	X					16,019	0	0	
<b>1b Subtotal</b>							2,239,401		1,088,842	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,239,401		1,088,842	

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 **u** 37

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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	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	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
COOPERATIVE BUILDING SOLUTIONS ST. LOUIS MO 63146	77 WESTPORT PLAZA DR, STE 250 BLDG CONSULTANT	6,988,892
LEWIS TREE SERVICE DALLAS TX 75373-1897	PO BOX 731897 TREE SERVICE	2,148,188
TRULLS POWERLINE CO INC SHELBY NC 28150	3135 OLA COURT CONSTRUCTION	1,601,290
SUMTER UTILITIES INC SUMTER SC 29153	1151 N. PIKE W CONSTRUCTION	1,360,423
PIKE ELECTRIC LLC MT. AIRY NC 27030	100 PIKE WAY CONSTRUCTION	1,164,308

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 **u**

10



**Part VIII Statement of Revenue**

Check 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>					
	<b>Program Service Revenue</b>	<b>2a</b> SALE OF ELECTRICITY	Business Code 221000	162,029,263	162,029,263		
<b>b</b> CIAC		900099	1,178,269	1,178,269			
<b>c</b> PATRONAGE ALLOC. RECEIVED		900099	576,752	576,752			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	163,784,284				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	779,132		2	779,130	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real	13,200				
		(ii) Personal	534,522				
		<b>6b</b> Less: rental expenses	319				
	<b>6c</b> Rental inc. or (loss)	12,881	534,522				
	<b>d</b> Net rental income or (loss)	<b>u</b>	547,403		13,168	534,235	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	101,400				
		<b>7b</b> Less: cost or other basis and sales exps.	1,385,118				
	<b>7c</b> Gain or (loss)	-1,283,718					
	<b>d</b> Net gain or (loss)	<b>u</b>	-1,283,718	-1,283,718			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
		<b>8b</b> Less: direct expenses					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
	<b>9b</b> Less: direct expenses						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
	<b>10b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
<b>Miscellaneous Revenue</b>	<b>11a</b> NET PROFIT - USUC LLC	Business Code 811000	86,539		86,539		
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	86,539				
<b>12 Total revenue.</b> See instructions	<b>u</b>	163,913,640	162,500,566	99,709	1,313,365		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	50,131			
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	13,651,700			
5 Compensation of current officers, directors, trustees, and key employees	2,074,352			
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	11,049,376			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,927,038			
9 Other employee benefits	270,640			
10 Payroll taxes	983,707			
11 Fees for services (nonemployees):				
a Management				
b Legal	98,404			
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	2,139,786			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	146,351			
20 Interest	7,052,338			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	13,376,276			
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COST OF POWER	99,907,635			
b DISTR EXP - MAINT	7,704,375			
c DISTR EXP - OPERATION	3,835,223			
d ADMIN AND GENERAL	2,187,603			
e All other expenses	-1,890,824			
25 Total functional expenses. Add lines 1 through 24e	164,564,111	0	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	1 Cash—non-interest-bearing	14,573,570	1	8,901,741
	2 Savings and temporary cash investments	29,003,394	2	32,009,971
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	23,802,430	4	24,040,667
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	368,663	7	1,600,461
	8 Inventories for sale or use	1,699,346	8	2,077,566
	9 Prepaid expenses and deferred charges	882,542	9	1,678,306
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 454,743,110		
	b Less: accumulated depreciation	10b 133,718,504	312,624,831	10c 321,024,606
	11 Investments—publicly traded securities	783,311	11	854,847
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	31,761,645	13	35,227,256
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	534,666	15	459,526
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	416,034,398	16	427,874,947	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	21,072,456	17	19,536,296
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	201,317,969	23	206,498,139
	24 Unsecured notes and loans payable to unrelated third parties	517,083	24	517,083
	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	16,836,431	25	12,947,364
	26 <b>Total liabilities.</b> Add lines 17 through 25	239,743,939	26	239,498,882
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	176,290,459	31	188,376,065
	32 Total net assets or fund balances	176,290,459	32	188,376,065
33 Total liabilities and net assets/fund balances	416,034,398	33	427,874,947	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	163,913,640
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	164,564,111
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-650,471
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	176,290,459
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	12,736,077
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	188,376,065

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	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>b</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 on 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

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

UNION ELECTRIC MEMBERSHIP CORP

56-0435549

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-8 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

**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 make significant use of its collection items (check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

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

- a Board designated or quasi-endowment **u** .....
- b Permanent endowment **u** .....
- c Term endowment **u** .....

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

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

- (i) Unrelated organizations .....
- (ii) Related organizations .....

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....		454,743,110	133,718,504	321,024,606
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....			<b>u</b>	321,024,606

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) PATRONAGE CERTIFICATES	34,021,305	COST
(2) CAPITAL CERTIFICATES	1,203,951	COST
(3) OTHER	2,000	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b> 35,227,256	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED CREDITS	5,619,500
(3) OTHER POSTRETIREMENT BENEFITS	4,312,665
(4) CONSUMER DEPOSITS	3,015,199
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u</b> 12,947,364

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers (1, 2, 3, 4, 5), sub-row labels (2a-2e, 4a-4c), and a final column for totals.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers (1, 2, 3, 4, 5), sub-row labels (2a-2e, 4a-4c), and a final column for totals.

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.

Large area with horizontal dotted lines provided for supplemental information input.





**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>UNION ELECTRIC MEMBERSHIP CORP</b>	Employer identification number <b>56-0435549</b>
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**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.

**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) HOSPICE OF STANLY COUNTY 960 N 1ST ST ALBEMARLE NC 28001	56-1312621	501C3	8,515				GENERAL SUPPORT
(2) COMMON HEART INC PO BOX 2761 INDIAN TRAIL NC 28079	04-6116176	501C3	10,000				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

**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.

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**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

**u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

**u Attach to Form 990.**

**uGo to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

UNION ELECTRIC MEMBERSHIP CORP

Employer identification number

56-0435549

**Part I Questions Regarding Compensation**

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

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

**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? .....

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

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

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

- |  |           |  |   |
|--|-----------|--|---|
| <b>a</b> Receive a severance payment or change-of-control payment? .....                           | <b>4a</b> |  | X |
| <b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? ..... | <b>4b</b> |  | X |
| <b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....    | <b>4c</b> |  | X |
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

**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:

- |  |           |  |  |
|--|-----------|--|--|
| <b>a</b> The organization? .....         | <b>5a</b> |  |  |
| <b>b</b> Any related organization? ..... | <b>5b</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:

- |  |           |  |  |
|--|-----------|--|--|
| <b>a</b> The organization? .....         | <b>6a</b> |  |  |
| <b>b</b> Any related organization? ..... | <b>6b</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 .....

**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 .....

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

**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				
GREGORY S. ANDRESS	(i) 492,109	(ii) 0	(iii) 0	226,960	28,908	747,977	0
1 EVP VP & GEN MGR	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
DAVID GROSS	(i) 268,617	(ii) 0	(iii) 0	147,539	28,908	445,064	0
2 VP ENG. & OPER.	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
NUMA ROBERTSON	(i) 249,769	(ii) 0	(iii) 0	88,638	28,908	367,315	0
3 VP. CORP. SERV.	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
THERESA BLACKWELL	(i) 236,464	(ii) 0	(iii) 0	94,825	28,908	360,197	0
4 VP FIN & ACCTG	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
LONNIE D. KIRKLEY	(i) 178,102	(ii) 0	(iii) 0	117,945	28,908	324,955	0
5 MGR. OF OPERATIONS	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
WAYNE HATHCOCK	(i) 182,578	(ii) 0	(iii) 0	69,938	28,908	281,424	0
6 MGR. OF ENG.	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
JEREMY BLACK	(i) 169,921	(ii) 0	(iii) 0	46,574	28,908	245,403	0
7 MGR. OF INFO SYSTEMS	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
TODD HARRINGTON	(i) 157,446	(ii) 0	(iii) 0	36,100	28,908	222,454	0
8 MGR. E&O SUPPORT	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
JAMES MURPHY	(i) 150,596	(ii) 0	(iii) 0	151	28,908	179,655	0
9 MGR. FIN & ACCTG	(ii) 0	(ii) 0	(iii) 0	0	0	0	0
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**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.

[Dotted lines for supplemental information entry]

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

UNION ELECTRIC MEMBERSHIP CORP

Employer identification number

56-0435549

FORM 990 - ADDITIONAL INFORMATION

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 UNION ELECTRIC MEMBERSHIP CORPORATION'S BY LAWS.  
THE CORPORATION IS OBLIGATED TO PAY BY CREDITS TO A CAPITAL ACCOUNT FOR  
EACH PATRON ALL SUCH AMOUNTS IN EXCESS OF OPERATING COSTS AND EXPENSES.  
IRS INSTRUCTIONS FOR LINE 4 CHANGED IN 2011 TO INCLUDE PATRONAGE DIVIDENDS  
PAID BY SECTION 501(C)(12) ORGANIZATIONS TO THEIR MEMBERS. ACCORDINGLY,  
THESE AMOUNTS ARE NOW REPORTED ON LINE 4.

990 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 ALL VEHICLES OWNED BY THE  
CORPORATION. THIS INCLUDES ALL THE LINE AND SERVICE TRUCKS USED IN THE  
DAILY OPERATIONS OF THE CORPORATION.

UNION SERVICES OF UNION COUNTY, LLC:

THROUGHOUT THE TAX RETURN, UNION SERVICES OF UNION COUNTY, LLC WILL BE  
SHOWN AS USUC LLC.

SCHEDULE R, PART V:

SCHEDULE R, PART V, REPORTS TRANSACTIONS WITH RELATED ORGANIZATIONS. NOTE  
THAT USUC LLC IS CONSIDERED A DISREGARDED ENTITY FOR TAX PURPOSES AND

Name of the organization

UNION ELECTRIC MEMBERSHIP CORP

Employer identification number

56-0435549

THEREFORE PART V IS NOT REQUIRED TO BE COMPLETED. NO TRANSACTIONS WITH  
USUC LLC HAVE BEEN INCLUDED IN THIS SECTION.

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

UNION ELECTRIC MEMBERSHIP CORPORATION IS AN ELECTRIC MEMBERSHIP CORPORATION  
THAT DELIVERS ELECTRICITY TO THE MEMBERS OF THE COOPERATIVE. THE MEMBERS  
ELECT THE BOARD OF DIRECTORS, WHICH IS THE GOVERNING BODY OF THE  
COOPERATIVE.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ALL MEMBERS OF THE UNION ELECTRIC MEMBERSHIP CORPORATION RECEIVE ONE VOTE  
WITH RESPECT TO SELECTING THE COOPERATIVE'S BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE EXECUTIVE VICE PRESIDENT AND GENERAL MANAGER INFORM THE BOARD THAT THE  
990 HAS BEEN COMPLETED AND THAT THERE ARE COPIES AVAILABLE IF THEY WOULD  
LIKE TO REVIEW THE FORM. A COPY OF THE 990 IS ALSO AVAILABLE ON THE  
COOPERATIVE'S WEBSITE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL DIRECTORS, OR TRUSTEES, AND OFFICERS ARE REQUIRED TO COMPLETE A  
QUESTIONNAIRE ON AN ANNUAL BASIS WHICH COMPELS DISCLOSURE. ALL OFFICERS,  
KEY EMPLOYEES, AND ALL OTHER EMPLOYEES ARE NOTIFIED ON AN ANNUAL BASIS, BY



Name of the organization

Employer identification number

UNION ELECTRIC MEMBERSHIP CORP

56-0435549

REFERENCE TO THE POLICY, WITH THE INTENT TO COMPEL DISCLOSURE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE GOVERNING BODY CONDUCTS A PERFORMANCE REVIEW OF THE EXECUTIVE VP AND GM  
AND APPROVES THE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
THE EXECUTIVE VP AND GM ENSURES THE WAGE AND SALARY PLAN, AS APPROVED BY  
THE BOARD OF DIRECTORS, IS CARRIED OUT WITHIN THE TERMS OF THE PLAN, WITHIN  
BUDGET CONSTRAINTS, AND BASED ON THE RESULTS OF THE INDIVIDUAL'S  
PERFORMANCE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST. FINANCIAL  
DATA IS PRESENTED TO THE MEMBERS PRIOR TO THE ANNUAL MEETING AND ALSO  
INCLUDED IN THE 990 WHICH IS ALSO AVAILABLE UPON REQUEST. THE 990 IS ALSO  
AVAILABLE ON THE COOPERATIVE'S WEBSITE.

FORM 990, PART VII - ADDITIONAL INFORMATION

990 PART VII SECTION A COLUMN F:

THE COOPERATIVE 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 IS THE SAME FOR ALL INDIVIDUALS IN THE  
PLAN. THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT; HOWEVER, VARIES  
WITH AGE. IN OTHER WORDS, THE OLDER A PARTICIPANT IS, THE GREATER THE

Name of the organization

Employer identification number

UNION ELECTRIC MEMBERSHIP CORP

56-0435549

INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, WITH ALL OTHER THINGS BEING EQUAL. THE FOLLOWING ACTUARIAL INCREASES HAVE BEEN INCLUDED IN COLUMN F:

GREGORY ANDRESS	\$ 226,675
DAVID GROSS	\$ 147,270
LONNIE KIRKLEY	\$ 117,767
THERESA BLACKWELL	\$ 94,589
NUMA ROBERTSON	\$ 88,388
WAYNE HATHCOCK	\$ 69,755
JEREMY BLACK	\$ 46,404
TODD HARRINGTON	\$ 35,943
JAMES MURPHY	\$ 0

THESE ACTUARIAL INCREASES DO NOT REPRESENT ACTUAL CASH RECEIVED, BUT RATHER AN UNREALIZED ACTUARIAL INCREASE IN RETIREMENT ACCOUNTS THAT IS REQUIRED TO BE REPORTED ON THE FORM 990.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

NONCASH PATRONAGE ALLOCATIONS NOT REV PER IRS	\$ 3,510,258
PATRONAGE DIV PAID TO MEMBERS' ACCTS NOT EXPENSE	\$ 13,651,700
OTHER COMPREHENSIVE GAIN	\$ 232,228
CIAC NOT REVENUE PER GAAP	\$ -1,178,269
RETIREMENT OF CAPITAL CREDITS	\$ -3,479,840
TOTAL	\$ 12,736,077

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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

**u** Attach to Form 990.

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNION ELECTRIC MEMBERSHIP CORP

Employer identification number

56-0435549

**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) UNION SERVICES OF UNION COUNTY, LLC 1525 N ROCKY RIVER RD 11-3688481 MONROE NC 28110	HVAC SALES	NC	71,535	932,836	UNION EMC
(2)					
(3)					
(4)					
(5)					

**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) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**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) Disproportionate alloc.?		(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) .....												
(4) .....												

**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) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

**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)			
(2)			
(3)			
(4)			
(5)			
(6)			

**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, unrelated, 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) Disproportionate 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) .....													
(9) .....													
(10) .....													
(11) .....													



**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

**2020**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**

**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>UNION ELECTRIC MEMBERSHIP CORP</b>	<b>D Employer identification number</b> <b>56-0435549</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C )( 12 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 5014</b> City or town, state or province, country, and ZIP or foreign postal code <b>MONROE NC 28111-5014</b>	<b>E Group exemption number</b> (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.	
<b>C</b> Book value of all assets at end of year ..... <b>u 427,874,947</b>			

**G** Check organization type **u**  501(c) corporation     501(c) trust     401(a) trust     Other trust     Applicable reinsurance entity

**H** Check if filing only to **u**  Claim credit from Form 8941     Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... **u**

**J** Enter the number of attached Schedules A (Form 990-T) ..... **u**  **2**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... **u**  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

**L** The books are in care of **u** **THE CORPORATION** Telephone number **u** **704-289-3145**

**Part I Total Unrelated Business Taxable income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	<b>1</b>	93,729
2 Reserved .....	<b>2</b>	
3 Add lines 1 and 2 .....	<b>3</b>	93,729
4 Charitable contributions (see instructions for limitation rules) .....	<b>4</b>	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	<b>5</b>	93,729
6 Deduction for net operating loss. See instructions .....	<b>6</b>	0
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	<b>7</b>	93,729
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	<b>8</b>	1,000
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	<b>9</b>	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	<b>10</b>	1,000
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	<b>11</b>	92,729

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	<b>1</b>	19,473
2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	<b>2</b>	0
3 <b>Proxy tax.</b> See instructions .....	<b>3</b>	
4 Other tax amounts. See instructions .....	<b>4</b>	
5 Alternative minimum tax (trusts only) .....	<b>5</b>	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	<b>6</b>	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	<b>7</b>	19,473

**For Paperwork Reduction Act Notice, see instructions.**



**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		19,473
<b>3</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4 Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here <b>u</b>	<b>4</b>		19,473
<b>5</b> 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		
<b>6a</b> Payments: A 2019 overpayment credited to 2020	<b>6a</b>	17,498	
<b>b</b> 2020 estimated tax payments. Check if section 643(g) election applies <b>u</b> <input type="checkbox"/>	<b>6b</b>		
<b>c</b> Tax deposited with Form 8868	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b> Backup withholding (see instructions)	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <b>u</b>	<b>6g</b>		
<b>7 Total payments.</b> Add lines 6a through 6g	<b>7</b>		17,498
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	<b>8</b>		
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed <b>u</b>	<b>9</b>		1,975
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid <b>u</b>	<b>10</b>		
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax u</b> <b>Refunded u</b>	<b>11</b>		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>u</b>		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** **u** **VP FIN & ACCTG**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Print/Type preparer's name: **G STEVEN GILLIAM, CPA** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: **P00348264**

**Paid Preparer Use Only** Firm's name: **ADAMS, JENKINS & CHEATHAM** Firm's EIN: **54-1320089**  
 Firm's address: **231 WYLDEROSE DR MIDLOTHIAN, VA 23113** Phone no.: **804-323-1313**

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

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for  
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> Name of the organization UNION ELECTRIC MEMBERSHIP CORP	<b>B</b> Employer identification number 56-0435549
<b>C</b> Unrelated Business Activity Code (see instructions) <b>u</b> 900003	<b>D</b> Sequence: 1 of 2

**E** Describe the unrelated trade or business **u** OFFICE RENTAL

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>	13,200	32
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	13,200	32

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b> 0
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement)	<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		13,168
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		13,168

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation u

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued from personal/real property. Row 5: Total rents received. Row 6: Total deductions. Columns A, B, C, D.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-7: Gross income, deductions, and average adjusted basis. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) BUILDING RENTAL			13,200	13,200	32
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>	SEE STATEMENT 1	u	13,200	32

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>	u			

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5 Gross income from activity that is not unrelated business income .....	5
6 Expenses attributable to income entered on line 5 .....	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Table with 4 columns (A, B, C, D) and 4 rows (A, B, C, D) for listing periodicals.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) for Gross advertising income.

a Add columns A through D. Enter here and on Part I, line 11, column (A) u

Table with 4 columns (A, B, C, D) for Direct advertising costs by periodical.

a Add columns A through D. Enter here and on Part I, line 11, column (A) u

Main calculation table with 4 columns (A, B, C, D) and rows 4-8 for advertising gain/loss, readership costs, circulation income, and excess readership costs.

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 u

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Total. Enter here and on Part II, line 1 u

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for  
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<b>A</b> Name of the organization UNION ELECTRIC MEMBERSHIP CORP	<b>B</b> Employer identification number 56-0435549
<b>C</b> Unrelated Business Activity Code (see instructions) <b>u</b> 811000	<b>D</b> Sequence: 2 of 2

**E** Describe the unrelated trade or business **u** USUC LLC-HVAC SALES/SERVICE

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance <b>u</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organization (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) SEE STMT 2	<b>12</b> 86,541		86,541
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 86,541		86,541

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income			
<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>		
<b>2</b> Salaries and wages	<b>2</b>		
<b>3</b> Repairs and maintenance	<b>3</b>		
<b>4</b> Bad debts	<b>4</b>		
<b>5</b> Interest (attach statement) (see instructions)	<b>5</b>		
<b>6</b> Taxes and licenses	<b>6</b>		1,730
<b>7</b> Depreciation (attach Form 4562) (see instructions)	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b> 0
<b>9</b> Depletion	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans	<b>10</b>		
<b>11</b> Employee benefit programs	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>		
<b>13</b> Excess readership costs (Part IX)	<b>13</b>		
<b>14</b> Other deductions (attach statement) SEE STATEMENT 3	<b>14</b>		4,250
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>		5,980
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		80,561
<b>17</b> Deduction for net operating loss (see instructions)	<b>17</b>		
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		80,561

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold

Enter method of inventory valuation u

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total (lines 1-5), 7 Inventory at end of year, 8 Cost of goods sold (line 6 - line 7), 9 Do the rules of section 263A apply? (Yes/No)

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property (A-D). Rows 2-4: Rent received or accrued (a, b, c) across columns A-D. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property (A-D). Rows 2-7: Gross income from or allocable to debt-financed property, Deductions (a, b, c), Amount of average acquisition debt, Average adjusted basis, and Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

Totals ..... **u**

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

Totals ..... **u**

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	<b>2</b>
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5	Gross income from activity that is not unrelated business income .....	<b>5</b>
6	Expenses attributable to income entered on line 5 .....	<b>6</b>
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>



Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Form with checkboxes A, B, C, D

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns: A, B, C, D and row: 2 Gross advertising income

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Table with 4 columns: A, B, C, D and row: 3 Direct advertising costs by periodical

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Table with 4 columns: A, B, C, D and row: 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

Table with 4 columns: A, B, C, D and row: 5 Readership costs

Table with 4 columns: A, B, C, D and row: 6 Circulation income

Table with 4 columns: A, B, C, D and row: 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

Table with 4 columns: A, B, C, D and row: 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1)-(4) and a Total row.

Part XI Supplemental Information (see instructions)

Dotted lines for supplemental information input.

**OFFICE RENTAL****Statement 1 - Schedule A (990T), Part VI, Line 11 - Deductions Explained**

Description	Deduction
BUILDING RENTAL	\$
OTHER	32
TOTAL	\$ 32

**Federal Statements****USUC LLC-HVAC SALES/SERVICE****Statement 2 - Schedule A (990T), Part I, Line 12 - Other Income**

Description	Amount
INTEREST - USUC LLC	\$ 2
NET PROFIT - USUC LLC	86,539
TOTAL	\$ <u>86,541</u>

**USUC LLC-HVAC SALES/SERVICE****Statement 3 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Description	Amount
PROFESSIONAL FEES	\$ 4,250
TOTAL	\$ <u>4,250</u>