

# **IRS FORM 990 (2018)**

The IRS Form 990 is Rappahannock Electric Cooperative's tax return and all tax-exempt organizations are required to file using the Form 990. The Form 990 includes, among other things, a summary of the organization (mission, number of employees, etc.), its revenue, its expenses and its assets; a statement of the Cooperative's accomplishments; and information about the Cooperative's management team and governing body.

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Form

# Return of Organization Exempt From Income Tax

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

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

2018 Open to Public Inspection

OMB No. 1545-0047

	ment of the Treasur, I Revenue Service	<ul> <li>Do not enter social security numbers on this form as it may</li> <li>Go to www.irs.gov/Form990 for instructions and the lates</li> </ul>			Open to Public Inspection
AF	or the 2018 c	alendar year, or tax year beginning , and ending			
BC	neck if applicable:	C Name of organization		D Employer	identification number
A	ddress change	RAPPAHANNOCK ELECTRIC COOPERATIVE			05040
N	ame change	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	54-1. E Telephone	135340
] Ir	itial return	247 INDUSTRIAL CT			
	inal return/	City or town, state or province, country, and ZIP or foreign postal code			N C 1975 1 1 7 7
-	rminated	FREDERICKSBURG VA 22408		G Gross rece	ipts\$ 455,560,045
4	mended return	F Name and address of principal officer.	H(a) is this a grou	in return for si	ubordinates? Yes X N
A	pplication pending	KENT D. FARMER		10.000	
		247 INDUSTRIAL CT	H(b) Are all subc		
		FREDERICKSBURG VA 22408	IT NO.	attach a list. (	see instructions)
-	ax-exempt status:	501(c)(3) X 501(c) (12) ◀ (insert no.) 4947(a)(1) or 527	-	al de la	
-		WW.MYREC.COOP	H(c) Group exem	1	
1.1000	orm of organization:		Year of formation: 1	980	M State of legal domicile: V.
Pa		Immary scribe the organization's mission or most significant activities:			
Governance	2 Check thi	AHANNOCK ELECTRIC COOPERATIVE s box ▶	5% of its net assets	3	9
8		of independent voting members of the governing body (Part VI, line 1b)		4	9
Activities		her of individuals employed in calendar year 2018 (Part V, line 2a)		5	441
ctiv		nber of volunteers (estimate if necessary)		6	0
۲		elated business revenue from Part VIII, column (C), line 12		7a	176,678
	a ser a secondar a s	ated business taxable income from Form 990-T, line 38	*********	7b	38,873
			Prior Yea		Current Year
	8 Contributi	ons and grants (Part VIII, line 1h)	202 405	0	452 105 554
Revenue	•	service revenue (Part VIII, line 2g)	383,427		453,185,554
Sev		nt income (Part VIII, column (A), lines 3, 4, and 7d)		5,444	-1,102,331
-		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	384,878	5,703	453,259,593
-		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,500	27,650
		nd similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)	17,762		21,334,844
		other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,558		70,405,918
ses		nal fundraising fees (Part IX, column (A), line 11e)		0	
xpenses		draising expenses (Part IX, column (D), line 25) ► 0	100		
ă		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	311,372	2,988	361,318,078
	and the second	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	385,748		453,086,490
_	19 Revenue	less expenses. Subtract line 18 from line 12		9,534	173,103
Net Assets or Fund Balances			Beginning of Cur		End of Year
Sset		ets (Part X, line 16)	897,920	-	935,998,307
let A		ilities (Part X, line 26)	506,231		<u>529,793,799</u> 406,204,508
		ts or fund balances. Subtract line 21 from line 20	1 391,000	1,11	100,204,300
_		gnature Block perjury, I declare that I have examined this return, including accompanying schedules and staten	mente and to the her	t of my kno	wledge and belief it is
tru	e, correct, and co	omplete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowledge	L OI INY KIO	wiedge and belief, it is
Sig	n 🕨 s	Signature of officer		Date	
Her		KENT D. FARMER PRES	SIDENT & C	EO	
		ype or print name and title			
	Print/Type	e preparer's name Preparer's signature	Date	Check	if PTIN
				self-em	ployed P00348264
Paid	G STEV	VEN GILLIAM, CPA		John Gill	
Prep	G STEV	ADAMO TENUTIO E OUEAEUAM	F	imi's EIN	54-1320089
Prep	G STEV	me ADAMS, JENKINS & CHEATHAM 231 WYLDEROSE DR	F	-	54-1320089
Prep Use	G STEV parer Firm's na Only Firm's ad	ADAMS, JENKINS & CHEATHAM 231 WYLDEROSE DR MIDLOWILLAN VA 22112		-	

Part III       Statement of Program Service Accomplishments         Check if Schedule contains ar segonase or note to any line in this Part III         1       Briefy describe the expanization mission:         SAFE AND EFFECTIVE DISTRIBUTION OF ELECTRICITY TO THE MEMBERS OF RAPPAHANNOCK ELECTRIC COOPERATIVE         2       Did the organization undertake any significant program services during the year which were not listed on the pror form 580 or 580-527         1       Wrex (describe these new services on Schedule O.         2       Did the organization case accompliation, or make significant changes in how it conducts, any program services?         11 "Yes" describe these changes on Schedule O.       Image: service of the sectors program service accompliations are required to report the amount of grants and allocations to others.         14 (records of Dic(2) and St(C)(4) organizations are required to report the amount of grants and allocations to others.         14 (records of Dic(2) and St(C)(4) organizations are required to report the amount of grants and allocations to others.         15 (Stephenes 5)       including grants of \$       ) (Revenue \$         26 (Code:       ) (Expenses 5       including grants of \$       ) (Revenue \$         27 (Code:       ) (Expenses 5       including grants of \$       ) (Revenue \$         28 (Code:       ) (Expenses 5       including grants of \$       ) (Revenue \$         39 (Code:       ) (Expenses 5       including			ECTRIC COOPERATIVE	54-1135340	Page
<ul> <li>1 Sinely describe the organization's mission:</li> <li>SAFE AND EFFECTIVE DISTRIBUTION OF ELECTRICITY TO THE MEMBERS OF</li> <li>RAPPAHANNOCK ELECTRIC COOPERATIVE</li> <li>2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990-627</li> <li>11 'Yes,' describe these new services on Schedule 0.</li> <li>3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. School 501(0):00 and 501(0):00 anguitation are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</li> <li>44 (Code:</li></ul>					
SAFE AND EFFECTIVE DISTRIBUTION OF ELECTRICITY TO THE MEMBERS OF         RAPPAHANNOCK ELECTRIC COOPERATIVE         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27       If 'Yes,'' describe these new services on Schedule O.         3       Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         44       (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$         SAFE AND EFFECTIVE DELIVERY OF ELECTRICITY TO THE MEMBERS OF RAPPAHAINNOCCI         ELECTRIC COOPERATIVE. THE THREE LARGEST PROGRAM SERVICES, AS MEASURED EY         EXPENSES ARE AS FOLLOWS:         COST OF POWER \$293,833,107         OTHER SALARTIES AND WAGES \$55,225,630         DEPRECIATION \$38,721,508         40       (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A         41       (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A			ns a response or note to any lir	ne in this Part III	
RAPPAHANNOCK       ELECTRIC       COOPERATIVE         2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27       If "Yes," describe these new services on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services?       Image: Ves [         4" Yes," describe these changes on Schedule 0.       Image: Ves [       Image: Ves [         4" Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         4a       (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ SAFE AND EFFECTIVE DELIVERY OF ELECTRICITY TO THE MEMBERS OF RAPPAHAINNOCI ELECTRIC COOPERATIVE, THE THREE LARGEST PROGRAM SERVICES, AS MEASURED EYEXPENSES ARE AS FOLLOWS:         COST OF POWER \$293,833,107       OTHER SALARTES AND WAGES \$55,225,630         DEPRECIATION \$38,721,508       ) (Revenue \$ ) (Revenue \$ N/A         4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A         4c (code: ) (Expenses \$ including grants of \$ ) (Revenue \$ N/A			TRITTON OF FIFOTRI	CTTV TO TUE MEMOI	DC OF
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	e na statute de la s				
					*******
4d Other program services (Describe in Schedule O.)					
(Expenses \$ including grants of \$ ) (Revenue \$ )       4e Total program service expenses ▶			ncluding grants of \$	) (Revenue \$	)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		12	12.1
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		A
11				
1	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		12.1	1.1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b	-	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?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		X
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		A
15		15		X
16	bit the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
10		16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 11		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018)	RAPPAHANNOCK	ELECTRIC	COOPERATIVE	54-1135340
Part IV	Checklist of Required	d Schedules (	continued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		v	
	employees? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b	24a		X
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	-	~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	-	
c	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		-	
Lou	transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	- 19 Pr		1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	11		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1.22		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		- 11
32		32		x
22	complete Schedule N, Part II	52		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	55		
34	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			0.01
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	100 C		1.00
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		127	-
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
P	art 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			$-\Box$
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 151		16	0.2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	151		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
-	reportable gaming (gambling) winnings to prize winners?	10	X	

# Form 990 (2018) RAPPAHANNOCK ELECTRIC COOPERATIVE 54-1135340 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Page 5		P	а	a	e	5
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			Yes	No
2a		1000		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 441		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30	A	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		x
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		A
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ve V	1000	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b		5c		A
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	0a		A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
-	gifts were not tax deductible?	00		- 01
7	Organizations that may receive deductible contributions under section 170(c).		-	-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		
	and services provided to the payor?	7a 7b		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	70	-	-
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e	74	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		-
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			-
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	-	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/1		12101
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?	0	10.01	12.3
9	Sponsoring organizations maintaining donor advised funds.	0.0		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	-
10	Section 501(c)(7) organizations. Enter:	-		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter:		1.00	
а	Gross income from members or shareholders 11a 454,559,897			
b	Gross income from other sources (Do not net amounts due or paid to other sources		-	1
	against amounts due or received from them.) [11b] 7,251,837			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			0
	the organization is licensed to issue qualified health plans 13b		100	
C	Enter the amount of reserves on hand	44-	-	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	-	X
1	If "Yes," see instructions and file Form 4720, Schedule N.			-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X
	If "Yes" complete Form 4720. Schedule O			1

# Form 990 (2018) RAPPAHANNOCK ELECTRIC COOPERATIVE 5

54-1135340

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

	Check if Schedule O contains a response or note to any line in this Part VI			******		Х
Sec	tion A. Governing Body and Management					
				_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	9	_	1	1.1
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1.5		
	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1.1	-	
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year t	by the fi	ollowing:		199	
а	The governing body?			8a	X	-
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			10.1		
1	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	anad		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	mal R	evenue C	ode.)		
				_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				1	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		manan	10b	_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th	e form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflic	ts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				1.5	
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			A	1.	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			1	1-1	1
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			No.	1	0000
	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?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Secti	on 501(	c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request X Other (explain in Schedule O)					

20	ate the name.				who	possesses the or	ganization's	books and	records I	•
5	COOPERA'			A 11 11 11		INDUSTRIAL				

### Form 990 (2018) RAPPAHANNOCK ELECTRIC COOPERATIVE 54-1135340

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	Х
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	_
1a Complete organization's	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the s tax year.	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

. List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one yox, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) EUGENE L. CAMPBE										
	15.00	x						42,900	0	0
DIRECTOR	0.00	1	-		-	+ +	-	42,900	0	0
(2) JESSE R. THOMAS,	JR. 12.00									
TREASURER	0.00	X		X				41,900	0	0
(3) SANFORD REAVES,	JR.	1.					-			
(0) 51111 5105 11211125 /	15.00									
DIRECTOR	1.00	X						41,000	0	0
(4) DARLENE H. CARPI		1								
()	21.00									
DIRECTOR	20.00	X					-	40,100	0	0
(5) LINDA R. GRAY		1								
14	20.00									
DIRECTOR	5.00	X					-	39,700	0	0
(6) J. MARK WOOD										
	12.00									
SECRETARY	0.00	X	-	X				38,400	0	0
(7) CHRISTOPHER G. S	HIPE									
	20.00									
CHAIRMAN	1.00	X		X				37,500	0	0
(8) WILLIAM C. FRAZI	ER									
	20.00									
DIRECTOR	1.00	X						32,200	0	0
(9) MICHAEL W. LINDS	AY									
	18.00									
VICE CHAIRMAN	0.00	X		Х				31,200	0	0
(10) KENT D. FARMER	co. 00									
PRESIDENT & CEO	60.00			x				1,182,028	0	168,740
(11) JOHN D. HEWA	10.00	-	+	A	-		+	1,102,020		+00//10
INCOM D. REWA	60.00							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
VP-CORP SERVICES	0.00	-		x				387,919	0	83,608
DAA	0.00	-	1	1 22				5511515		Form 990 (2018

(A) Name and title	(B) (C) Average Position hours per (list any officer and a director/trustee hours for						an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amour othe compens	Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(44-21105-11130)	organiza and rel organiza	ation lated	
(12) DAVID F. KOO												
	60.00							200 542			0.0	001
(13) RONALD W. HAI	10.00	+	-	Χ			-	322,543	0		80,	43.
13) RONALD W. HAI	60.00											
P-ENG & OPERATIONS	0.00			x				284,593	0		73,	45
	ANDREWS		1									
	50.00											
SSISTANT TREASURER	0.00			Х				184,275	0		55,	582
15) DEANNA C. KUI	RZ											
	50.00										~ ~	~ ~ ~
SSISTANT SECRETARY	1.00	-	-	X	-		-	143,858	0		30,	90.
16) KEITH R. FORM	and the second se											
TD MEG MOME	40.00					x		253,174	0		42,	65
(17) STERLING F.	SCHOONOVE	R	T	R.	-	A	-	200,114			141	0.5.
IN SIERDING I.	40.00	1.	0									
IGR MEMBER SERV	0.00					x		203,611	0		50,	98
18) JOHN S. CRAW												
	50.00											
MGR SAFETY, RISK	0.00					X		200,352	0		42,	25
(19) MATTHEW A. F.	AULCONER											
	50.00							and the second sec				
AGR EXT AFFAIRS	15.00		1	1.1	_	X	-	191,929	0		56,	
1b Sub-total		i el le i	n e		int.	61.7		3,699,182			85,	
c Total from continuation she	ets to Part VII, S	Sectio	on A			*14.4	2	185,023			55, 41,	
d Total (add lines 1b and 1c) 2 Total number of individuals (in	cluding but not lin	nitod	to th	020	listo	d aho			000 of	1	41,	01.
reportable compensation from					ISICI		we)	who received more than \$100	,000 01		1.	
				1	1			1. And the second second second			Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"						•		vee, or highest compensated		3		x
								and other compensation from	the			-
organization and related organ											v	
5 Did any person listed on line 1			omp		ion i	form	0.04	uprolated ergenization or indiv	in a la contra contr	4	X	
5 Did any person listed on line 1 for services rendered to the or									luuai	5		X
ection B. Independent Contracto												
1 Complete this table for your fit	ve highest compe	nsate	ed in	depe	nder	nt cor	ntrad	ctors that received more than \$	\$100,000 of			
compensation from the organiz		npen	Isatio	n for	the	caler	ndar	r year ending with or within the	organization's tax year.		(C)	_
	(A) id business address								3) of services	C	(C) ompensa	tion
LOCKHEED MARTIN GOVERNMENT INC PO BOX 13522												
NEWARK NJ 07188 IT SERVICES							-	4,461	1,14			
CW WRIGHT CONSTRUCT			20		115	00	1000	CONBRIDGE RD		-		
CHESTER		4 2	238		DO	DO	-	CONSTRUCTION		-	4,375	2,51
WOLF TREE EXPERTS, 1 NASHVILLE	INC. TN	1 3	372		PU	BOX		115000 RIGHT OF WAY			1 225	2 64
LEWIS TREE SERVICE,		¥ 3	12		PO	BOX	-	731897			4,222	104
DALLAS	TY TY	( 7	753			201	T	RIGHT OF WAY			2,929	9,80
				_	_	-						,
NATIONAL INFORMATION	SOLUTIONS	S C	OOF		PO	BOY	4 1	1147				

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37

Pa	ne 8
	90 0

	(A) Name and title	(B) Average hours per week (list any	verage Position Reporta purs per (do not check more than one compense week box, unless person is both an from ist any officer and a director/trustee) the purs for organiza					an		(E) Reportable compensation from related organizations (W-2/109-MISC)	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(w-51089-MISC)	organization and related organizations
(20)	DAVID M. ROZE										
MGR	EAST REGION	55.00 1.00			_		x		185,023	0	55,758
111249											
c 1 d 1	Sub-total Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (inc	ets to Part VII, S	ecti	on A				>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	185,023 who received more than \$10	10,000 of	55,758
3 [ 4 F 5 [	eportable compensation from Did the organization list any for employee on line 1a? <i>If "Yes,"</i> For any individual listed on line organization and related organ <i>ndividual</i> Did any person listed on line 1 or services rendered to the or	rmer officer, direc complete Schedu 1a, is the sum of izations greater t a receive or accr	ctor, ile J of rep han ue c	for soortal \$150	ble c 0,000	indiv comp ? If tion	viduai ensa "Yes, from	tion " coi any	and other compensation from mplete Schedule J for such unrelated organization or ind		Yes No 3 4
Section	n B. Independent Contracto	rs						_			
1 (	Complete this table for your fiv compensation from the organiz	ation. Report cor	nsat	ed in satic	depe n for	the	cale	ntrac	year ending with or within the	he organization's tax year.	101
	Name and	(A) I business address							Descripti	(B) on of services	(C) Compensation
2	Fotal number of independent c	contractors (includ	ling	but n	ot lir	nited	to the	nose	listed above) who		

## Part VIII

			4.55	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a		AND THE OWNER	22.27	and the second	
b	Membership dues	1b		STATE OF STATE	A CONTRACTOR OF THE	2 1 2 2 2 2	
с	Fundraising events	1c				per una contra	
d	Related organizations	1d			State State State	2010 C 101	
е	Government grants (contributions)	1e		Sector Sector			
f	All other contributions, gifts, grants,			1		a second second	
	and similar amounts not included above	1f					
-	Noncash contributions included in lines 1a-	1f: \$		ALC: NO CONTRACTOR	and the second second		
h	Total. Add lines 1a-1f		P	Contract of the second			
20	CALES OF FIRSTER F	NEDOV	Busn. Code 221000	445,655,542	445,655,542	and the superior will be	
2a b	SALES OF ELECTRIC E		221000	4,578,134	4,578,134		
c	CONTRIB IN AID OF C		221000	1,652,518	1,652,518		
d	OTHER ELECTRIC REVE PATRONAGE ALLOCATIO		221000	1,299,360	1,299,360		
e	PAIRONAGE ALLOCATIO	NS REC	221000	1,200,000	1,255,500		
f	All other program service rever	nue					
	Total. Add lines 2a-2f			453,185,554			State Sta
3	Investment income (including of	lividends, interes	st,				
	and other similar amounts)			1,171,238			1,171,23
4	Income from investment of tax-	exempt bond pr	oceeds 🕨				
5	Royalties						
6.5	(i) Real		Personal	Sector Sector Sector	Contraction of the		
	Gross rents	1,	,057,271			1	
	Less: rental exps.		11,489	1.2. 1.2. 1.4.			
	Rental inc. or (loss)		,045,782	1 045 700	ALL DOR SHALL DO	45 100	1 000 50
	Gross amount from		) Other	1,045,782		45,190	1,000,59
	sales of assets (i) Securities	(1	) Outer			Service States	
	other than inventory					State Inc.	
D	Less: cost or other	2	272 560			STREET, STREET,	
	basis & sales exps.		273,569		Carl Barris		
	Gain or (loss)	-2,	213,305	-2,273,569		Denormal conclusion	-2,273,56
	Net gain or (loss) Gross income from fundraising ever	nte		-2,213,305	The state of the		2,215,50
Ua	(not including \$	113				Sector 1	
	of contributions reported on line 1c).				in the second	Contraction of the second	
	See Part IV, line 18			and the second second	and the second		
h	Less: direct expenses	b		TAUPER ST. S. S.			
	Net income or (loss) from fundi				10 C 10 C 10 C 10 C		
	Gross income from gaming activities			Sector Sector		1000	and the second second
	See Part IV, line 19	a				See State	
b	Less: direct expenses	b		C.S. C. LAND			
	Net income or (loss) from gami	ing activities					
	Gross sales of inventory, less			Sector Sector			Sector Contractor
	returns and allowances	а	18,828	and the second	and a sure of the	and the state	
b	Less: cost of goods sold	b	15,394		The second	a bangan Serti	
с	Net income or (loss) from sales	of inventory	►	3,434		3,434	
	Miscellaneous Revenue		Busn. Code				and the second
11a	ELECTRICAL SERVICES		221000	127,598		127,598	
b	PARKING LOT TAX		221000	456		456	
С	GAIN (LOSS) ON EQUITY	( INV	221000	-900	-900		
	All other revenue						
	Total. Add lines 11a-11d		🕨	127,154	Service and the	Charles and the second	and the second
12	Total revenue. See instruction	S		453,259,593	453,184,654	176,678	-101,73 Form <b>990</b> (2

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### RAPPAHANNOCK ELECTRIC COOPERATIVE Form 990 (2018)

### Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses (B) Program service (C) (D) Do not include amounts reported on lines 6b, Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 27,650 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 21,334,844 4 Benefits paid to or for members Compensation of current officers, directors, 5 3,342,638 trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 55,225,630 7 Other salaries and wages 8 Pension plan accruals and contributions (include 7,217,074 section 401(k) and 403(b) employer contributions) 2,108 9 Other employee benefits 4,618,468 10 Payroll taxes 11 Fees for services (non-employees): Management а 364,248 b Legal 92,436 Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees f g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,005,262 12 Advertising and promotion 13 Office expenses 4,774,700 14 Information technology 15 Royalties 16 Occupancy 890,537 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 333,659 Conferences, conventions, and meetings 19 17,637,728 20 Interest 21 Payments to affiliates 38,721,508 22 Depreciation, depletion, and amortization 510,279 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 293,833,107 COST OF POWER a 16,964,374 DISTRIBUTION - MAINT b CONSUMER ACCOUNTS 3,464,004 C 3,282,517 DISTRIBUTION - OPERATION d -20,556,281 e All other expenses 453,086,490 0 0 0 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Page 10

### 54-1135340

_	Check if :	Schedule O contains a response or note	to any line	in this Part X		·····	La contra con
					(A) Beginning of year		(B) End of year
	1 Cash-non-inter	Contraction Contraction and the state of			2,702,875	1	5,565,307
		mporary cash investments			78,228	2	31,725,860
	3 Pledges and gr	ants receivable, net			3		
	4 Accounts receiv	able, net		62,803,437	4	57,917,373	
	5 Loans and othe	r receivables from current and former of	officers, dire	ctors,	COLUMN ST		
	trustees, key er	nployees, and highest compensated en	nployees.			-	
	Complete Part I	I of Schedule L	********			5	
	6 Loans and othe	r receivables from other disqualified per	rsons (as d	efined under section			
	4958(f)(1)), pers	ons described in section 4958(c)(3)(B).	, and contri	buting employers and	224.2		
	sponsoring orga	nizations of section 501(c)(9) voluntary	employees	s' beneficiary			
3	organizations (s	ee instructions). Complete Part II of Sc	hedule L			6	
CIDCCH	7 Notes and loan	s receivable, net				7	
(	8 Inventories for s	ale or use			5,434,985	8	5,933,654
	9 Prepaid expens	es and deferred charges			20,278,682	9	14,872,166
	10a Land, buildings,	and equipment: cost or					
	other basis. Co	nplete Part VI of Schedule D	10a	1095877580		in a	
	b Less: accumula	ted depreciation	10b	415,130,515	671,765,018	10c	680,747,065
	11 Investments-p	ublicly traded securities			2,167,247	11	2,198,687
	12 Investments-o	ther securities. See Part IV, line 11			933,887	12	932,986
		rogram-related. See Part IV, line 11			130,777,455	13	135,136,491
	14 Intangible asse					14	
	15 Other assets. S	ee Part IV, line 11			978,439	15	968,718
	16 Total assets.	Add lines 1 through 15 (must equal line :			897,920,253	16	935,998,307
	17 Accounts payat	le and accrued expenses			67,943,009	17	71,297,922
	18 Grants payable					18	
	19 Deferred reven					19	
	20 Tax-exempt bo	nd liabilities				20	
	21 Escrow or custo	dial account liability. Complete Part IV	of Schedule	D		21	
		r payables to current and former officer		Contraction and the second s			
		nployees, highest compensated employ					
LIADIIITIES		sons. Complete Part II of Schedule L				22	
<u>ا</u> د		ges and notes payable to unrelated thi	rd parties		438,288,727	23	458,495,877
		s and loans payable to unrelated third			and the second second second	24	
		(including federal income tax, payables		hird			
		er liabilities not included on lines 17-24					
	of Schedule D					25	
		Add lines 17 through 25			506,231,736	26	529,793,799
		that follow SFAS 117 (ASC 958), che	eck here	and			
s		27 through 29, and lines 33 and 34.					
	27 Unrestricted ne					27	
ĭ I						28	
		stricted net assets	1 1 = 3 4 4 = 4 4 1 a a			29	
5		that do not follow SFAS 117 (ASC 9	58) check	here ► X and			
5		30 through 34.	ooj, oneon				
						30	
2		al surplus, or land, building, or equipme	nt fund			31	
	32 Retained earning	gs, endowment, accumulated income,	or other fur	nds	391,688,517	32	406,204,508
z		and and halances			391,688,517	33	406,204,508
		and net assets/fund balances			897,920,253	34	935,998,307

Form 990 (2018)

Form 990 (2018) RAPPAHANNOCK ELECTR	IC COOPERATIVE 54-1135340
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Page	1	2
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	rt XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)		453	,25	9,5	593
2	Total expenses (must equal Part IX, column (A), line 25)	2	453	,08	36,4	190
3	Revenue less expenses. Subtract line 2 from line 1		12.23	17	73,:	10
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		391	,68	88,5	51
5	Net unrealized gains (losses) on investments		1.2.2.		1	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				-
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14	,34	2,8	388
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1.5				
_	33, column (B))	10	406	,20	)4,5	508
Pa	rt XII Financial Statements and Reporting					-
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			3		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.			1		
2a				2a		Х
2a	Schedule O.	*******		2a		X
2a	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
2a	Schedule O. 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			2a		X
	Schedule O. 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:			2a 2b	x	X
	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis				x	X
	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis         Were the organization's financial statements audited by an independent accountant?				x	X
	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis         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				x	X
b	Schedule O. 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: Separate basis Consolidated basis Both consolidated and separate basis 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:				x	X
b	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis         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:         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:         IX       Separate basis         Consolidated basis       Both consolidated and separate basis         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:         IX       Separate basis         Consolidated basis       Both consolidated and separate basis         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				x	X
b	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis         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:         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:         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:         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?			2b		X
b	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis         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:         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:         IX       Separate basis         Consolidated basis       Both consolidated and separate basis         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:         IX       Separate basis         Consolidated basis       Both consolidated and separate basis         If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			2b		X
b	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis         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:         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:         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:         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 in			2b		X
b	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis         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:         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:         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:         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 in Schedule O.         As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			2b		X
b c 3a	Schedule O.         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:         Separate basis       Consolidated basis       Both consolidated and separate basis         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:         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:         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:         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 in Schedule O.			2b 2c		

SCHEDI (Form 9 Department o Internal Rever	990) of the Treasury		► Complete if the organiza Part IV, line 6, 7, 8, 9, 10, 11a ► Atta	Financial Statements ation answered "Yes" on Form 990 a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ch to Form 990. or instructions and the latest inform	OMB No. 1545-0047 2018 Open to Public Inspection				
Name of the	organization		oo to www.no.gow onnoo			identification number			
			COOPERATIVE		54.1	125240			
Part I			COOPERATIVE	ds or Other Similar Funds o		54-1135340			
Parti	Complete	if the organiza	tion answered "Yes" on F	orm 990. Part IV. line 6.	ACCOUNT	5.			
-				(a) Donor advised funds		(b) Funds and other accounts			
1 Tota	al number at end o	f year							
2 Agg	regate value of co	ntributions to (durin							
3 Agg	regate value of gr	ants from (during ye	ear)						
	regate value at en	<ul> <li>Control and the second sec second second sec</li></ul>							
			d donor advisors in writing that th			Π. Π.			
			bject to the organization's exclusi			Yes No			
				iting that grant funds can be used					
			he benefit of the donor or donor a						
Part II	and the second se	ation Easeme	nte						
raitii			ition answered "Yes" on F	orm 990, Part IV, line 7.					
1 Pur			eld by the organization (check all						
			e.g., recreation or education)	Preservation of a historically i	important land	area			
H	Protection of natu	8 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		Preservation of a certified his	toric structure				
H	Preservation of op	oen space							
2 Con	nplete lines 2a thro	ough 2d if the organ	nization held a qualified conserva	tion contribution in the form of a cons	ervation				
ease	ement on the last	day of the tax year.				Held at the End of the Tax Yea			
a Tota	al number of cons	ervation easements			2a				
		ed by conservation							
				ed in (a)	2c				
			ded in (c) acquired after 7/25/06,	and not on a					
		I in the National Re			2d				
	and a second	on easements mod	fied, transferred, released, exting	guished, or terminated by the organization	ation during th	ie .			
	year ►	a anarati subject	to concentration concernant is los	atad N					
			to conservation easement is loc icy regarding the periodic monito						
			rvation easements it holds?	ing, inspection, handling of		Yes No			
1.2.02.02	THE ROOM FOR DUCK			iolations, and enforcing conservation	easements du				
	in and volunteer no		into ing, inspecting, nanding or v	ionations, and emotoring concertation		and your			
7 Amo	ount of expenses	incurred in monitori	ng, inspecting, handling of violati	ons, and enforcing conservation ease	ments during	the year			
Þs			5,						
8 Doe	es each conservati	on easement repor	ted on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)	(i)				
	section 170(h)(4)					Yes No			
				s in its revenue and expense stateme					
				ganization's financial statements that	describes the				
		ting for conservatio			01	A			
Part II			ation answered "Yes" on F	Historical Treasures, or Othe orm 990 Part IV line 8	er Similar	Assets.			
4- 16 16				to report in its revenue statement and	balance shee	at			
	•	Contraction of the second second second		hibition, education, or research in furt					
				statements that describes these items					
				eport in its revenue statement and bal					
				hibition, education, or research in furt					
			unts relating to these items:						
						► \$			
		Form 990, Part X				► \$			
2 If th	ne organization rec	eived or held works		her similar assets for financial gain, p	rovide the				
	•		d under SFAS 116 (ASC 958) re						
						► \$			
						\$			

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

Schedule D (Fo	rm 990) 2018	RAPPAHAN	JOCK	ELECTR	IC	COOPERA	ATIVE	54-12	1353	40		Page 2
Part III	Organizatio	ons Maintaining	g Colle	ections of	Art,	Historical 1	Freasures,	or Other	Simil	ar Asse	ts (continu	led)
	e organization's a items (check al	acquisition, accessio I that apply):	n, and o	ther records, o	check	any of the follo	owing that are	a significant	use of	its		
a 🗌 Publi	c exhibition			d	Loan	or exchange p	rograms					
b Scho	larly research			е	Othe							
c Prese	ervation for futur	e generations		_			Contra Oraș					
4 Provide a	description of t	he organization's co	llections	and explain h	ow th	ney further the	organization's	exempt purp	ose in	Part		
XIII.												
5 During th	e year, did the d	organization solicit o	r receive	donations of	art, h	nistorical treasur	res, or other s	similar				_
assets to	be sold to raise	funds rather than to	be mai	intained as par	rt of t	the organization	's collection?		niana	*******	Y	es No
Part IV		d Custodial Ar						and the second				
		the organization	n answ	ered "Yes"	on	Form 990, P	Part IV, line	9, or repo	rted a	in amou	nt on Form	1
	990, Part X				_							
		ent, trustee, custodia									Π.	Π.
	on Form 990, Pa										Ц <b>Ү</b>	es 🗌 No
b If "Yes," o	explain the arran	gement in Part XIII	and con	plete the follo	wing	table:				<b>—</b>	Amour	
											Amour	
c Beginning	Contraction of the Contraction o									10		
										1d		
		ear							$\pi(\bullet)=(-T)$	1e		
f Ending b										1f		es No
		de an amount on Fe							9000 M	1 (b) = (-1) (b) = (-1) (b) (b)	····· Ц '	
Part V	Endowmen	gement in Part XIII.	Спеск г	here if the exp	anat	ion has been pr	ovided on Pa	IT AIII				
Fait V		the organization		ered "Yes"	on	Form 990 F	art IV line	10				
	Complete ii	the organization		Current year		(b) Prior year		years back	(d) T	hree years ba	ck (e) Fo	ur years back
1a Poginain	a of year balanc	e	(4) 5	Junon you	-	(a) , not you	(4)	7	1-7			
1 0 13 1		( (i.e.) *** + * * * * * *			-							
	stment earnings,	gaine and			-				-			
	r scholarships						2					
	penditures for fa	cilities and										
		rcentage of the curr	ent year	end balance	line	1g, column (a))	held as:					
a Board de	esignated or qua	isi-endowment >		%								
	nt endowment											
c Tempora	rily restricted en	ndowment >		%								
The perc	entages on lines	2a, 2b, and 2c sho	uld equa	al 100%.								
3a Are there	endowment fun	ids not in the posse	ssion of	the organization	on th	at are held and	administered	for the				
organizat	ion by:											Yes No
(i) unrel	ated organizatio	ons									3a(i)	
(ii) relate	ed organizations			a selection and the design of		Louis Charles Con					3a(ii)	
b If "Yes" of	on line 3a(ii), are	the related organization	ations lis	ted as require	d on	Schedule R?					3b	
		intended uses of the			ment	funds.						
Part VI		dings, and Equ				Came 000 5	and B.C. Par	110 0-	Ferry	000 0-	+ V line 4	0
		the organization	n answ									
	Description of pr	operty	111	(a) Cost or other t (investment)	asis		or other basis (other)		Accumulat		(d) Boo	k value
A				(investment)	_			de	prociación			
1a Land			-			-						
b Buildings		****										
	d improvements		-									
d Equipme						100	587758	0 415	120	,515	680 7	47,065
e Other	e 1a through 1a	(Column (d) must e	aual Fo	m 990 Part V	( col		10		1200			47,065

Schedule D (Form 990) 2018

Schedule D (Fr	orm 990) 2018	RAPPAHANNOCK	ELECTRIC	COOPERATIVE	54-1135340
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### Part VII Investments-Other Securities.

Complete if the organization answered "Yes" on		
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	1	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
(A)		
(B)		
(C)	i	
(D)		
(E)	i	
(F)		
(G)		
(H)	4	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	4	
Part VIII Investments—Program Related. Complete if the organization answered "Yes" or	Form 000 Part IV line	11c See Form 990 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuation:
(a) Description of investment	(D) DOOR Value	Cost or end-of-year market value
A THE IN ACCOC ODC DATTONACE CADITAL	131,260,078	COST
1) INV IN ASSOC ORG - PATRONAGE CAPITAL	3,772,983	COST
2) INV IN ASSOC ORG - CAPITAL TERM CERT	103,430	COST
3) OTHER	103,430	0051
4)		
(5)		
(6)		
(7)		
(8)		
(9)	125 126 401	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	135,136,491	
Part IX Other Assets.	Free OOD Dart N/ Kas	11d Cas Farm 000 Bart X line 15
Complete if the organization answered "Yes" or	h Form 990, Part IV, line	
(a) Description		(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>
Part X Other Liabilities.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X,
line 25.		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		all is a second second second
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .

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Schedule D (Form 990) 2018 RAPPAHANNOCK ELECTRIC COOPER		54-1135340		Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem			rn.	
Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12	a.	1	452,664,386
<ol> <li>Total revenue, gains, and other support per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li> </ol>	********		-	152/001/000
a Net unrealized gains (losses) on investments	2a		1.11	
b Donated services and use of facilities				
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	452,664,386
3 Subtract line 2e from line 1			3	452,004,300
<ul> <li>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li> <li>a Investment expenses not included on Form 990, Part VIII, line 7b</li> </ul>	4a			
b Other (Describe in Part XIII.)		595,207		
a Add lines to and th			4c	595,207
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	453,259,593
Part XII Reconciliation of Expenses per Audited Financial Stater			eturn	
Complete if the organization answered "Yes" on Form 990,	Part IV, line 12	a.	- 1	421 200 540
1 Total expenses and losses per audited financial statements			1	431,329,542
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
a Donated services and use of facilities				
<ul> <li>b Prior year adjustments</li> <li>c Other losses</li> </ul>	20			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	
3 Subtract line 2e from line 1			3	431, 329, 542
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b Other (Describe in Part XIII.)	4b 2	1,756,948		
			4c	21,756,948
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		one-menter	5	453,086,490
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. P	art 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 a PART X - FIN 48 FOOTNOTE				
THE COOPERATIVE FOLLOWS THE GUIDANCE FOR "U	NCERTAIN	TAX POSIT	ION	S" IN
ACCORDANCE WITH ASC 740. THE COOPERATIVE H	AS DETERM	INED THAT	IT	IS MORE
LIKELY THAN NOT THAT THEIR TAX POSITIONS WI	LL BE SUS	STAINED UP	ON	EXAMINATION
BY THE INTERNAL REVENUE SERVICE.				ariana minan Guni
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED	ON RETTIR	N - OTHER		*******
CONTRIBUTIONS IN AID TO CONSTRUCTION				,578,134
PATRONAGE CAP CASH TO ACCRUAL ADJ				,405,487
EXP NETTED AGAINST REV ON TAX RETURN		\$		26,883
INC (EXP) RECLASSES ON TAX RETURN		\$		395,221
		скатераларан каладар (2006) (С		**********
PARKING LOT TAX		\$	Series	456

Schedule D (Form 990) 2018         RAPPAHANNOCK         ELECTRIC         COOPERATIVE         E           Part XIII         Supplemental Information (continued)         E	54-1135340	Page 5
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETU	RN - OTHER	
NON-CASH PATRONAGE ALLOC ADJ	\$ 2:	1,334,844
EXP NETTED AGAINST REV ON TAX RETURN	\$	26,883
INC (EXP) RECLASSES ON TAX RETURN	\$	395,221

Schedule D (Form 990) 2018

as of the organization RAP DAHANNOCK ELECTRIC COOPERATIVE <b>3rt 1 General Information on Grants and Assistance.</b> <b>art 1 General Information on Grants and Assistance.</b> Dress the organizations are assistance and the parals or assistance, and the source of the grants or assistance and the parals of assistance. The grantees eligibility for the grants or assistance, and December in Part IV, line 2.1 for any recipient that December Compared more than S5.000. Part II can be duplicated if additional spaces is non- part IV, line 2.1 for any recipient that December Organizations and Domestic Organizations and Domestic Organizations <b>art II</b> State and address of organization <b>art II</b> State and Address of organization or governments. Complete if the organization alter VA POUNDATION PAR. SULTER 200 CEHWOND ARBORRTUM PLACE. SULTER 200 CEHWOND CEHWOND 23-7004354 <b>art III</b> Complete if the organization (CHWOND CEHWOND 23-7004354 <b>brack of the parals of the grant of the parals of the grant of the parals of the p</b>	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Go to <i>www.irs.gov/Form990</i> for the latest information.	<b>ZU18</b> Open to Public Inspection
art I Does the Describe i art II 300 ARB 300 ARB 300 ARB CHMOND	Employer Identification n 54-1135340	Employer identification number 54 - 1135340
ant II ant II an		
art II (a) (a) (a) (b) (a) (b) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
art II (a) 3 00 ARB 3 00 ARB CHMOND	2	
(a) Name and address of organization or government     (b) EIN     (g) NC (appred)     (b) Amount of rash grant     (c) Amount of r	plete if the organization answered "Yes" of ional space is needed.	l "Yes" on Form 990,
THE VA FOUNDATION FOR COMM COLLEGE 300 ARBORETUM PLACE SUTTE 200 COHMOND VA 23236 23-7004354 10,000 COHMOND VA 23236 23-7004354 10,000 COMMOND VA 23236 23-7004354 10,000	scription of assistance	(h) Purpose of grant or assistance
		EDUCATION ACCESS
(6)		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		
Enter total number of other organizations listed in the line 1 table		<b>A</b>

(a) Type of grant or assistance (b) Number of recipients					
	(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
Part IV Supplemental Information. Provide the information		Juired in Part I, line	be the information required in Part I, line 2; Part III, column (b); вор момттортися тиве пее ов срамте влило	required in Part I, line 2; Part III, column (b); and any other additional information. דאת ידעיד דופיד סיד משמאיידי ידואוסים	nformation.
E IS AN ADO	OLICY FOR DON	R 8	IN GENERAL, THE CEO IS	EO IS	
ONLY AUTHORIZED TO APPROVE REQUESTS	OF	\$2,500 OR LESS.	3. THOSE REQUESTS FOR	ESTS FOR	
GREATER THAN \$2,500 ARE SUB	SUBMITTED TO THE BOARD.		DONATIONS WILL BE GRANTED	GRANTED	
IN GENERAL PROPORTION TO NUMBER OF MEMBERS IN EACH COUNTY IN REC'S	MBER OF MEMBEI	S IN EACH CO	JUNTY IN REC'S		
TERRITORY ONLY 501 (C) 3 ORGANIZATIONS		ARE ELIGIBLE	ARE ELIGIBLE (NO INDIVIDUALS).	ALS).	
THESE ORGANIZATIONS HAVE TO BE	LOCATED	IN AND AROUND	AROUND REC'S SERVICE		
TERRITORY AND PROVIDE SERVICES TO OUR MEMBERS OR EMPLOYEES. FINALLY, THE	CES TO OUR ME	MBERS OR EMPI	LOYEES. FINAL	LY, THE	
ORGANIZATION AND CAUSE MUST HAVE BROAD		INS ALINNMMO	COMMUNITY SUPPORT, ADDRESS SPECIFIC	SPECIFIC	
COMMUNITY NEEDS, AND DEMONSTRATE	FISCAL	AND ADMINISTRATIVE	RATIVE STABILITY	TY.	

SCHEDULE J	c	compensation Information	OMB No. 1545-0047
(Form 990)		ers, Directors, Trustees, Key Employees, and Highest	2018
	Complete if the o	Compensated Employees rganization answered "Yes" on Form 990, Part IV, line 23.	
Department of the Treasury	<b>N</b> 0.4	Attach to Form 990.	Open to Public Inspection
Internal Revenue Service Name of the organization	Go to www.irs.g	ov/Form990 for instructions and the latest information.	ployer identification number
	APPAHANNOCK ELECT		1-1135340
Part I Questions	Regarding Compensatio	n	
			Yes No
and the second sec		any of the following to or for a person listed on Form	
		de any relevant information regarding these items.	
First-class or charte		Housing allowance or residence for personal use Payments for business use of personal residence	100
Travel for companio	and gross-up payments	Health or social club dues or initiation fees	
Discretionary spend		Personal services (such as maid, chauffeur, chef)	
_		_	
	방송 가지 성상 이야지 않는 것이 가지 않는 것 같아?	ation follow a written policy regarding payment	
or reimbursement or pro explain	ivision of all of the expenses descr	ibed above? If "No," complete Part III to	16
скрат			
2 Did the organization req	uire substantiation prior to reimbur	sing or allowing expenses incurred by all	
directors, trustees, and o	officers, including the CEO/Executi	ve Director, regarding the items checked on line	
1a?	Y 1 4 4 1 1 4 4 4 4 4 4 4 1 4 4 4 4 4 4		2
2 Indicate which if any of	the following the filing organization	a used to establish the componentian of the	200 0.00
		n used to establish the compensation of the . Do not check any boxes for methods used by a	300 1100
	이 가슴 옷을 잘 들어 가슴이 다른 것이 가슴을 잘 잘 넣었다.	/Executive Director, but explain in Part III.	
X Compensation com	1997 - State Content and State (State (St	X Written employment contract	
X Independent compe		X Compensation survey or study	
X Form 990 of other of		X Approval by the board or compensation committee	
	Second Vistadian Francisco Dadivi	II. Contine A line do with account to the filling	
4 During the year, did any organization or a related		II, Section A, line 1a, with respect to the filing	
	ayment or change-of-control payme	ent?	4a X
	e payment from, a supplemental no		4b X
	e payment from, an equity-based of		4c X
If "Yes" to any of lines 4	a-c, list the persons and provide the	ne applicable amounts for each item in Part III.	
Only agetion E01/aV/2)	501/0V/A) and 501/0V/20) organ	izations must complete lines E.O.	
		izations must complete lines 5–9. a, did the organization pay or accrue any	
compensation contingen		a, did the organization pay of accide any	THE REAL PROPERTY AND INCOME.
a The organization?	ton the revenues of.		5a
b Any related organization	12		5b
If "Yes" on line 5a or 5b,			
6 For persons listed on Fo	m 990 Part VII Section A line 1	a, did the organization pay or accrue any	
	t on the net earnings of:	a, are are organization pay or addide any	100 S 100 S 100 S
a The organization?	and the second		6a
b Any related organization	2		Ch
If "Yes" on line 6a or 6b,			
7 For persons listed on Fo	orm 990 Part VII Section & line 1	a, did the organization provide any nonfixed	
	on lines 5 and 6? If "Yes," describ	a in Part III	7
		r accrued pursuant to a contract that was subject	
		ection 53.4958-4(a)(3)? If "Yes," describe	
in Part III		and a second	8
a standard and a second	and the state of the state	The state of the second second second	
		ttable presumption procedure described in	
Regulations section 53.	4958-6(C)?		9

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

# Schedule J (Form 990) 2018 RAPPAHANNOCK ELECTRIC COUPERATIVE DEFINITION 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.

	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KENT D. FARMER	(0) 675,321	42,450	464,257	152,535	16,205	1,350,768	0
1 PRESIDENT & CEO	(ii) 0	0	0	0	0	0	0
JOHN D. HEWA	(0) 383,599		4,320	67,403	16,205	471,527	0
2 VP-CORP SERVICES		0	0	0	0	0	0
DAVID F. KOOGLER	0 314,613		7,930	64,026	16,205	402,774	0
3 VP-MEMBER SERV		0	0	0	0	0	0
	(1) 276,871	0	7,722	57,254	16,205	358,052	0
4 VP-ENG & OPERATIONS	0		0	0	0	0	0
LAWRENCE G. ANDREWS	(1) 179,005	4,000	1,270	39,377	16,205	239,857	0
5 ASSISTANT TREASURER	0	111111111111111111111111	0	0	0	0	0
DEANNA C. KURZ	(1) 128,003	0	15,855	28,151	2,751	174,760	0
6 ASSISTANT SECRETARY	0	0	0	0	0	0	0
KEITH R. FORRY	(1) 242,891	3,000	7,283	28,943	13,712	295,829	0
7 DIR VEG MGMT	0		0	0	0	0	0
STERLING F. SCHOONOVER, JR.	(0) 194,080	0	9,531	40,763	10,222	254,596	0
8 MGR MEMBER SERV	0		0	0	0	0	0
JOHN S. CRAWFORD	(0) 184,464	0	15,888	40,705	1,553	242,610	0
9 MGR SAFETY, RISK	(ii)		0	0	0	0	0
MATTHEW A. FAULCONER	(0) 177,419	9,500	5,010	40,632	16,205	248,766	0
10 MGR EXT AFFAIRS	(ii) 0		0	0	0	0	0
DAVID M. ROZELL	0 181,127	0	3,896	39,553	16,205	240,781	0
11 MGR EAST REGION			0	0	0	0	0
12	8						
	.0						
2	0						
14	(ii)						
15	0) (0)						وحالمه الشقيان فأنار فأقاور دوا
ž,	(0)						A DESCRIPTION OF A DESC
2							Schodula 1 (Form 990) 2018

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS         SEVERANCE, NONQUALIFIED EQUITY-BASED EQUITY-BASED         KENT D. FARMER       SEVERANCE NONQUALIFIED EQUITY-BASED         KENT D. FARMER       0       448,292       0         KEITH R. FORKY       72,000       0       448,292       0         PART III - OTHER ADDITIONAL INFORMATION       72,000       0       0       0       0         PART III - OTHER ADDITIONAL INFORMATION       72,000       0       0       0       0       0         DURING 2004, RAPPAHANNOCK ELECTRIC COOPERATIVE ADOPTED THE QUALIFIED       PARTING       2004, RAPPAHANNOCK ELECTRIC COOPERATIVE ADOPTED THE QUALIFIED         PENSION PLAN AS FURTHER DESCRIEED BELOW INFORMATION. UNDER THE VESTING       PROVISIONS FROUTDED IN THE PLAN, KENT FRAMER VESTED IN THE PLAN DURING 2017         PROVISIONS PROVIDED IN THE PLAN, KENT FRAMER VESTED IN THE PLAN DURING 2017       PROVISIONS FROUTDED IN THE PLAN, KENT FRAMER VESTED AND THE PLAN.       0         PROVISIONS PROVIDED IN THE PLAN, KENT FRAMER VESTED AND KENTING 2017       PROVISIONS FROUTDED IN THE PLAN, KENT FRAMER VESTED AND THE PLAN.       0       PARTING 2017         PROVISIONS FROUTDED IN THE PLAN, KENT FRAMER VESTED AND       CHIL PLAN, KENT FRAMER PROVIDEN VESTED AND VESTED AND       PROVIDED         ACCRUED AND EXPENSED ACCORDINGLY VESTED AND VESTED AND       PROVINC       KENT FRAMER PROSION RESTORATION ELECTR	<ul> <li>SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS</li> <li>SEVERANCE NONQUALIFIED EQUITY-BASE</li> <li>SEVERANCE NONQUALIFIED EQUITY-BASE</li> <li>0 448,292</li> <li>72,000 0</li> <li>0 448,292</li> <li>RADDITIONAL INFORMATION</li> <li>72,000 0</li> <li>0 448,292</li> <li>RER ADDITIONAL INFORMATION</li> <li>APPAHANNOCK ELECTRIC COOPERATIVE ADOPTED THE QUALIFIED</li> <li>APPAHANNOCK ELECTRIC COOPERATIVE ADOPTED THE QUALIFIED</li> <li>S FURTHER DESCRIBED BELOM INFORMATION. UNDER THE VESTING</li> <li>TIDED IN THE PLAN, KENT FARMER VESTED IN THE PLAN DURING 20</li> <li>TIDED IN THE PLAN, KENT FARMER VESTED IN THE PLAN DURING 20</li> <li>MUTH 38 YEARS OF SERVICE. THIS BENEFIT HAS BEEN</li> <li>PENSED ACCORDINGLY OVER THE LIFE OF THE PLAN. NO ADDITION</li> <li>THE DAN. THE PLAN. KENT FARMER VESTED IN THE PLAN DURING 20</li> <li>TOTED IN THE PLAN, KENT FARMER VESTED IN THE PLAN DURING 20</li> <li>TIDED IN THE PLAN, KENT FARMER VESTED IN THE PLAN ON ADDITION</li> <li>TOTED AS YEARS OF SERVICE. THIS BENEFIT HAS BEEN</li> <li>PENSED ACCORDINGLY OVER THE LIFE OF THE PLAN. NO ADDITION</li> <li>TOTED AS YEARS OF SERVICE OF THE PLAN. NO ADDITION</li> <li>TREDORIZED BY THE COOPERATIVE AS A RESULT OF THE PANNENT OF THE PANNENT OF THE PANNER PENSED ON TERFLECTED ON SCHEDULE ON SCHEDULE ON SCHEDULE ON ARCHEDULE ON AND SCHEDULE ON ARCHEDULE ON ARCHEDUN ON ARCHEDULE</li></ul>	for any additional information.	
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THE FORM 990 PART VII COLUMN D REPORTABLE COMPENSATION.	HE FORM 990 PART VII COLUMN D REPORTABLE COMPENSATION.	THIS AMOUNT IS ALSO REFLECTED	
		THE FORM 990 PART VII COLUMN D REPORTABLE COMPENSATION.	

DAA

Provide the information, explanation, or descriptions required for Part 1, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 6, and for Part II. Also complete this part for any additional information.
KEITH R. FORRY RECEIVED A ONE-TIME PAYMENT DURING 2018 TOTALING \$72,000
THAT HAS BEEN INCLUDED ON SCHEDULE J, PART II B (III) OTHER REPORTABLE
COMPENSATION.
RAPPAHANNOCK ELECTRIC COOPERATIVE IS A PARTICIPATING EMPLOYER IN THE
RETIREMENT SECURITY PLAN SPONSORED BY THE NATIONAL RURAL ELECTRIC
COOPERATIVE ASSOCIATION (NRECA) (THE "QUALIFIED PENSION PLAN"). THE
COOPERATIVE ALSO MAINTAINS THE SEVERANCE PAY PENSION RESTORATION PLAN
("SEVERANCE PRP") AND THE DEFERRED COMPENSATION PENSION RESTORATION PLAN
(THE "DEFERRED COMPENSATION PRP") FOR THOSE OF ITS KEY MANAGEMENT AND
HIGHLY COMPENSATED EMPLOYEES WHOSE BENEFITS UNDER THE QUALIFIED PENSION
PLAN ARE RESTRICTED BECAUSE OF MAXIMUM LIMITS ON BENEFITS OR COMPENSATION
THAT MAY BE PROVIDED BY THE QUALIFIED PENSION PLAN.
Schedule J (Form 990) 2018

DAA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Name of the organization

RAPPAHANNOCK ELECTRIC COOPERATIVE

54-1135340

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 THE COOPERATIVE'S BY-LAWS. THE COOPERATIVE 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.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS ANY PERSON OR OTHER LEGAL ENTITY WHO IS ABLE TO ENTER A LEGALLY BINDING CONTRACT WILL BECOME A MEMBER OF THE COOPERATIVE UPON RECEIPT OF ELECTRIC SERVICE FROM THE COOPERATIVE.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS IN ANY ELECTION FOR BOARD OF DIRECTORS, EACH MEMBER SHALL HAVE THE RIGHT TO VOTE FOR THE DULY NOMINATED CANDIDATE OF THEIR CHOICE IN PERSON AT THE ANNUAL MEETING OR UPON A PROXY FORM.

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 OF THE COOPERATIVE AS PROVIDED FOR IN THE BY-LAWS.

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

ame of the organization	Employer identification number
RAPPAHANNOCK ELECTRIC COOPERATIVE	54-1135340
APPROXIMATELY ONE MONTH BEFORE THE FORM 990 IS SUBMITT	ED TO THE IRS, THE
BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM. THE C	COOPERATIVE'S
MANAGEMENT REVIEWS THE FORM 990 WITH THE BOARD AND ANS	WERS ANY QUESTIONS
BROUGHT TO THEIR ATTENTION.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS	9 POLICY
THE GOVERNING BOARD OF DIRECTORS ALONG WITH MEMBERS OF	F MANAGEMENT COMPLETE
ANNUAL CONFLICT OF INTEREST STATEMENTS.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR	TOP OFFICIAL
THE COOPERATIVE UTILIZES AN INDEPENDENT COMPENSATION C	CONSULTANT TO REVIEW
MARKET TRENDS AND CONDUCT AN ANALYSIS OF COMPENSATION.	THIS INFORMATION IS
UTILIZED BY THE COOPERATIVE'S BOARD AS PART OF THE CEC	S ANNUAL REVIEW FOR
MERIT EVALUATION.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR	OFFICERS
OTHER OFFICERS AND KEY EMPLOYEES ARE REVIEWED BY DIREC	CT SUPERVISORS FOR
MERIT EVALUATION. MARKET ADJUSTMENTS ARE DETERMINED T	THROUGH HUMAN
RESOURCES USING AN INDEPENDENT COMPENSATION CONSULTANT	REVIEW OF CURRENT
MARKET TRENDS AND COMPRABLE COMPENSATION DATA.	
FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPI	LANATION
GOVERNING DOCUMENTS AND POLICIES, AUDITED FINANCIAL ST	
THE FORM 990 ARE AVAILABLE UPON REQUEST. BY-LAWS AND	
DOCUMENTS ARE ALSO AVAILABLE ON THE COOPERATIVES WEB S	

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

PAGE 1 OF 2

Schedule O (Form 990 or 990-EZ) (2018)

chedule O (Form 990 or 990-EZ) (2018) ame of the organization	Employer identification number
RAPPAHANNOCK ELECTRIC COOPERATIVE	54-1135340
GOVERNING DOCUMENTS AND POLICIES, AUDITED FINANCIA	
THE FORM 990 ARE AVAILABLE UPON REQUEST. BY-LAWS	AND OTHER GOVERNING
DOCUMENTS ARE ALSO AVAILABLE ON THE COOPERATIVES W	EB SITE.
FORM 990, PART VII - ADDITIONAL INFORMATION	
990 PART VII SECTION A COLUMN F	
THE COOPERATIVE PARTICIPATES IN THE NRECA GROUP DE	FINED PENSION PLAN. AS
PART OF THIS PLAN, PARTICIPANTS ARE REQUIRED TO RE	COGNIZE THE ACTUARIAL
INCREASE IN THE VALUE OF THEIR ACCOUNT ON THE FORM	
RATE FOR PARTICIPANTS IN THE PLAN ARE THE SAME FOR	
PLAN. THE CHANGE IN ACTUARIAL VALUE FOR EACH PART	
WITH AGE. IN OTHER WORDS, THE OLDER A PARTICIPANT	
INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL	
THINGS BEING EQUAL.	
ININGS BEING EQUAL.	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET 4	ASSETS EXPLANATION
PAT DIV PAID TO MEMBERS' ACCTS NOT EXP PER GAAP	\$ 21,334,844
NON-CASH PATRONAGE ALLOCATIONS NOT REV PER IRS	\$ 4,405,487
CONTRIBUTIONS IN AID OF CONST NOT REV PER GAAP	\$ -4,578,134
NET RETIREMENT OF CAPITAL CREDITS	\$ -6,375,804
NET CHANGE IN OCI	\$ -443,049
PARKING LOT TAX	\$ -456
TOTAL	\$ 14,342,888
	PAGE 2 OF 2
	Schedule O (Form 990 or 990-EZ)

of the organization art I Ident	In RAPPAHANNOCK ELECTRIC COOPERATIVE dentification of Disregarded Entities. Complete if the or	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	Form 990. tructions and the k	itest information.	<ul> <li>Attach to Form 990.</li> <li>Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.</li> </ul>		Open to Public Inspection
art I	Complete if the					Employer identificatio 54-1135340	Employer identification number 54-1135340
(1) Name, address, and (2)		organization answered "Yes" on Form 990,	ered "Yes" on Fc	rm 990, Part IV,	Part IV, line 33.		
1) 2)	(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
2)							
12							
(4)							
(5)							
Part II Identification of one or more rela	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.	omplete if the org	janization answe	red "Yes" on Fo	m 990, Part IV,	line 34, because	it had
Name, addre	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicie (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) PROJECT BIG HEART PO BOX 7388 FREDERICKSBURG	54-1681276 VA 22404	CHAR. GIV.	VA	m	7	RAPP EC	
(2) COMM AWARENESS OF PO BOX 7388 FREDERICKSBURG	RAP ELEC CHARITY 20-3160667 VA 22404	CHAR. GIV.	VA	e	7	RAPP EC	x
(3)						1	
(4)							
(5)							

The state of the stat	because it had one or more related organizations treated as a partnership during the tax year.		
APPAHANNOCK ELECTRIC COMM     Interestion of Related Organizations Taxable as a Corporation or Trust Complete if the organization answ interesting in the action of the organization or the second organization and the interesting in the second organization and the interesting in the second organization or the organization organization or the organization organiz	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(1) (1) Code V—UBI General or amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No	(k) al or Percentage jing ownership er?
In the interview of the interview of the interview of the organization answer in the interview of the organization and the interview of the organization and			
Identification of Related Organizations Taxable as a Corporation of Trust. Complete if the organization answitch line 34, because it had one or more related organizations treated as a corporation of trust. Complete if the organization answitch line 34, because it had one or more related organizations treated as a corporation of trust during the tax year.       Identification of Related Organizations     In       In     0			
Interference     I			
Infertification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answ         Interview       Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answ         Interview       Int			
Apple     Name, address, and EN of related organization     (b)     (b)     (c)     (c)     (c)     (c)     (c)       APPAHANNOCK ELECTRIC COMM INC     DioX 8059     VA     22404     VA     REC     C     9       4-1509322     VA     22404     MARKETING     VA     REC     C     9	on answered "Yes" or	T Form 990, Part IV,	
COMM INC VA 22404 MARKETING VA REC C C	(1) (9) e of total Share of come end-of-year assets	(h) Percentage ssets ownership	512(b 512(b contro entit
	9000	433.005 100.00000	X Kes

Carry Sector       Carry Sector <td< th=""><th>isactions with one or more related organizations listed in Parts II–IV?</th><th></th><th></th></td<>	isactions with one or more related organizations listed in Parts II–IV?		
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(a)     (b)       Name of retated Organization     Name of retated Organization			
	(b) Transaction type (a-s)	(d) Method of determining amount involved	1
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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	) tionate ons?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1055)	() General or managing partner?	or Percentage ownership
		country)	sections 512-514)	Yes No			Yes	Ň		Yes N	No
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RAPPAHANNOCK ELECTRIC COOPERATIVE

Schedule R (Form 990) 2018

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Schedule R (F	orm 990) 2018	RAPPAHANNOCK	ELECTRIC	COOPERATIVE	54-1135340	
Part VII		tal Information.	responses to qu	uestions on Schedule	R. See Instructions.	