EXTENDED TO NOVEMBER 15, 2021

Form **990**

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.

Inte	rnal Reven	ue Service	Go to www.irs.gov	v/Form990 for instructions an	d the lates	t information.	Inspection		
Α	For the	2020 calend	dar year, or tax year beginning		ending				
	Check if applicable		of organization		_	D Employer identific	cation number		
	Addres	s PEDI	ERNALES ELECTRIC CO	OOPERATIVE, INC.					
L	Name change	Doing b	ousiness as			74-08284	12		
	Initial return Final return/		r and street (or P.O. box if mail is not do • BOX 1	E Telephone numbe 800-868-					
	termin- ated	City or	town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	646,248,491.		
Г	Amend	ed JOHN	NSON CITY, TX 7863			H(a) Is this a group return			
	Applica tion pending	F Name a	and address of principal officer:JUI AS C ABOVE	LIE PARSLEY, CEO		for subordinates H(b) Are all subordinates in	?Yes X No		
Т	Tax-exe	mpt status:	501(c)(3) X 501(c) (12) ◀ (insert no.) 4947(a)(1)	or 527	7	list. See instructions		
J	Website	e: WWW	PEC.COOP	, , , , , , , , , , , , , , , , , , , ,		H(c) Group exemptio			
				ssociation Other	L Year		1 State of legal domicile: TX		
		Summary				•	Ŭ		
_			be the organization's mission or mos	st significant activities: TO D	ELIVE	R LOW-COST,	RELIABLE		
ĕ			FE ELECTRIC ENERGY						
Governance	2 0	Check this be	ox if the organization disco	ontinued its operations or dispo	sed of mor	e than 25% of its net as	ssets.		
Š	1		oting members of the governing body			3	7		
Ğ			dependent voting members of the g				7		
Š			of individuals employed in calendar				927		
Activities			of volunteers (estimate if necessary				0		
ŧ			ed business revenue from Part VIII, c				0.		
⋖			business taxable income from Forn				0.		
	 ~ .	tot amolatoc				Prior Year	Current Year		
4	8 (Contributions	s and grants (Part VIII, line 1h)			0.	0.		
Revenue					615,616,491.	640,791,085.			
eve			ncome (Part VIII, column (A), lines 3,		709,617.	308,861.			
č			e (Part VIII, column (A), lines 5, 6d, 8			4,889,810.	5,024,636.		
			e - add lines 8 through 11 (must equa			521,215,918.	646,124,582.		
			imilar amounts paid (Part IX, column			124,329.	123,891.		
			to or for members (Part IX, column (58,810,586.			
'n	1		er compensation, employee benefits			68,789,928.	69,871,159.		
Se	162 5		fundraising fees (Part IX, column (A),			0.	0.		
Expenses	10a		sing expenses (Part IX, column (D), li	_	0.				
ŭ	17 (ses (Part IX, column (A), lines 11a-11			494.114.184.	542,328,940.		
			es. Add lines 13-17 (must equal Part				649,574,355.		
		•	s expenses. Subtract line 18 from line	, , , , , , , , , , , , , , , , , , , ,		-623,109.	-3,449,773.		
Or oc		TOVOTIGO 1030	onperiode. Captract line to north line	· · · · · · · · · · · · · · · · · · ·		eginning of Current Year	End of Year		
Net Assets or	20 1	Total assets	(Part X, line 16)		ا ا	1,808,003,892.	1,903,877,376.		
ASS	21 7		- (D+)/ I' 00)			1,073,523,827.	1,141,046,350.		
Net I	22 1		fund balances. Subtract line 21 fror			734,480,065.	762,831,026.		
	art II	Signatur				,,	, , , , , , , , , , , , , , , , , , , ,		
_		ties of perjury.	, I declare that I have examined this return	n, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is		
true	e, correct	, and complete	e. Declaration of preparer (other than offic	cer) is based on all information of w	hich prepare	r has any knowledge.			
Sig	ın l	Signatu	re of officer			Date			
He		RANI	OY KRUGER, CFO						
	-		print name and title						
_		Print/Type pre	eparer's name	Preparer's signature		Date Check	X PTIN		
Pai			M. MILLER	WILLIAM M. MILL	ER	10/20/21 if self-employe			
	- +	Firm's name	▶ BOLINGER, SEGARS				75-0882037		
	· -	Firm's addres		=		111113 EIN			

Phone no. (806)747-3806

LUBBOCK, TX 79423

May the IRS discuss this return with the preparer shown above? See instructions

Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		х
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	N/	A
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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 reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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 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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
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	N/	A
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		_	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36	N/	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule 0	38	Х	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2.2.5.
03200	4 12-23-20	Form	330	(2020)

PEDERNALES ELECTRIC COOPERATIVE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

	<u>.</u>			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return2	a 927			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .				
	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•			٠,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts to the contract of		_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the convergence that were not tay deductible as aboritable contributions?	-	6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribution		0a		
b	were not tax deductible?	· ·	6b		
7	Organizations that may receive deductible contributions under section 170(c).	N/A	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	-	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was in				
	to file Form 8282?	•	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C?	7h	N/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by				
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	27 / 2			
а	Did the sponsoring organization make any taxable distributions under section 4966?	37 / 3	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:	. 1			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ן מו			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	a 645,480,466.			
a	Gross income from members or shareholders	a 045,400,400.			
b	amounts due or received from them.)	b 42,346,292.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{A}$	i			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	Sb			
С	Enter the amount of reserves on hand	SC			
14a	Did the second still a second		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Co)	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat	on or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		X
	If "Yes," complete Form 4720, Schedule O.				

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	,		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
·	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
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	Х	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	۳		
ra		7a	х	
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a	-21	
D		7b	х	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76	21	
8		0-	Х	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Na
40-	Did the consequentian have been been been been been as of the consequence.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	Х	
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 conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١	Х	
40	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		
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?		v	
	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 with a			37
	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 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 (Section 501(c)(3)	3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RANDY KRUGER, CFO - 830-868-4984			
	201 SOUTH AVENUE F, JOHNSON CITY, TX 78636			

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

Y

Page 7

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Form 990 (2020)

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	, unle	Pos heck ess pe nd a d	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JULIE PARSLEY	52.00							660 004	•	40 450
CHIEF EXECUTIVE OFFICER	45 00			Х				669,034.	0.	42,152.
(2) EDWARD A DAUTERIVE	45.00									
CHIEF OPERATIONS OFFICER				Х				444,026.	0.	60,596.
(3) LAWANDA PARNELL	40.00									4- 4
CHIEF INFORMATION OFFICER				Х				482,190.	0.	17,077.
(4) DON BALLARD	50.00								•	40.000
GENERAL COUNSEL				Х				442,346.	0.	42,320.
(5) WAYNE MCKEE	60.00				l			242 225	•	44.044
VP - OPERATIONS	<u> </u>				Х			348,985.	0.	44,211.
(6) DAVID THOMPSON	50.00	-			l			240 554	•	60 888
VP - MARKETS	40.00				Х			312,754.	0.	62,777.
(7) MAURICIO VIESCA	48.00	-				,,		217 210	0	F4 70F
EVP - PUBLIC AFFAIRS	F0 00					Х		317,310.	0.	54,785.
(8) RICHARD ARELLANO	50.00	-			3,			326 000	0	44 027
VP - SAFETY & SUPPORT SERVICES	F0 00				Х			326,080.	0.	44,837.
(9) WESLEY BURNS	50.00	-			7.			212 261	0	EE 420
VP - HUMAN RESOURCES	47.00				Х			312,361.	0.	55,430.
(10) BRIDGET HEADRICK	47.00	-				7.		201 [14	0	E4 224
VP - COMPLIANCE & REGULATORY	<u> </u>					Х		301,514.	0.	54,334.
(11) BRIAN GEDRICH	50.00	-			7.			201 044	0	E 4 7 E E
VP - ENGINEERING	40.00				Х			301,044.	0.	54,755.
(12) AISHA HAGEN	40.00					x		303 300	0.	13 001
ASSOCIATE GENERAL COUNSEL	50.00					^		303,208.	0.	43,904.
(13) TIMOTHY NANCE	30.00	1			х			307,342.	0.	37,709.
VP - MEMBER SERVICES	55.00				Δ			307,344.	0.	31,103.
(14) FREDDY WOLFF (JAN-MAY)	22.00	ł				x		285,489.	0.	19,735.
VP - CONTROLLER	50.00	\vdash				┢		203,403.	0.	тэ, I Э Э •
(15) JOHN DAVIS (JAN-FEB) CHIEF FINANCIAL OFFICER	30.00	ł		х				294,501.	0.	10,409.
(16) STEPHEN MALDONADO	65.00			122			\vdash	274,301.	0.	10,409•
DIR REGIONAL OPS; INTERIM VP - OPS	05.00	ł			х			237,474.	0.	45,637.
(17) LANCE CUNNINGHAM	50.00	\vdash		\vdash	 ^``		\vdash	231, 111	0.	±3,037•
DIRECTOR - POWER & ENERGY RISK MGMT	30.00	1				х		225,482.	0.	49,090.
032007 12-23-20								223,4024	•	Form 990 (2020)

032007 12-23-20 Form **990** (2020)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related Institutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations **Offlicer** line) 50.00 (18) RANDY KRUGER CFO (EFFECTIVE JUNE) X 219,286. 0. 18,416. (19) AMY LEA SJ AKERS 15.00 Х X 39,362. 0. 0. VICE PRESIDENT 12.00 (20) MILTON RISTER X X 0. 39,161 0. SECRETARY/TREASURER (21) EMILY PATAKI 13.00 X X 0. PRESIDENT 38,838. 0. (22) PAUL GRAF 18.60 0. 37,972. 0. DIRECTOR Х 8.00 (23) JAMES OAKLEY 0. X 36,212. 0. DIRECTOR (24) MARK EKRUT 12.00 DIRECTOR (JUN-DEC) X 23,346. 0. 0. 16.00(25) TRAVIS COX X 23,298. 0. 0. DIRECTOR (JUN-DEC) 13.00 (26) RANDY KLAUS 7,046 DIRECTOR (JAN-FEB) Х 0 0. 6,375,661 0. 758,174. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 0. 758,174.6,375,661. d Total (add lines 1b and 1c).

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

335

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

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

	1 ,_,	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
JAMES POWER LINE CONSTRUCTION	ELECTRIC DIST LINE	<u>.</u>
43 SHOOTING CLUB RD, BOERNE, TX 78006	CONSTRUCTION	9,438,039.
FRONT LINE POWER CONSTRUCTION LLC		
4202 CHANCE LANCE, ROSHARON, TX 77583	CONSTRUCTION	7,361,738.
VOLT POWER LLC	ELECTRIC DIST LINE	
P.O. BOX 847280, DALLAS, TX 75284	CONSTRUCTION	5,579,655.
PANNELL CONTRACTING		
106 CHULA VISTA DRIVE, KERRVILLE, TX 78028	CONSTRUCTION	4,816,233.
LINETEC SERVICES LLC	ELECTRIC DIST LINE	
P.O. BOX 13650, ALEXANDRIA, LA 71315	CONSTRUCTION	4,641,482.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization \blacktriangleright 85		
<u> </u>		200

Form 990 (2020) PEDERNA:
Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a resp	onse	or note to any lin	ne in this Part VIII			X
							j	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ts ts	1:	 a	Federated campaigns		1a						
ran un			Membership dues								
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events								
			Government grants (contr	ibutio							
			All other contributions, gifts,								
je ti			similar amounts not included								
G를						φ					
o b		_	Noncash contributions included in			Φ					
- "		<u>n</u>	Total. Add lines 1a-1f				Business Code				
	•	_	SALES OF ELECTRICIT	v			221000	611,208,084.	611,208,084.		
Program Service Revenue	2 8		TRANSMISSION ACCESS				221000				
Jer Ine	'	٠.		EG				13,282,492.	13,282,492.		
Wen S	(Ξ.	CUSTOMER SERVICE FE TRANSMISSION LEASE	ES			221000	8,555,440.	8,555,440.		
gra Re	(٠.					221000	4,783,618.	4,783,618.		
Š.	(PATRONAGE DIVIDENDS				221000	2,220,243.	2,220,243.		
-	1		All other program service				221000	741,208.	741,208.		
$\overline{}$			Total. Add lines 2a-2f					640,791,085.			
	3		Investment income (include	-			-	155 555	15 500		120 002
			other similar amounts)					157,575.	17,582.		139,993.
	4		Income from investment of								
	5		Royalties								
					(i) Re	aı	(ii) Personal				
	6		Gross rents	6a			286,000.				
	١	b Less: rental expenses 6b		6,138.							
			Rental income or (loss)	6с			279,862.				
			Net rental income or (loss)				279,862.	279,862.		
	7 :		Gross amount from sales of		(i) Secur	ities	(ii) Other				
			assets other than inventory	7a			269,057.				
	١		Less: cost or other basis								
nu			and sales expenses				117,771.				
ther Revenue	(С	Gain or (loss)	7с			151,286.				
ığ			Net gain or (loss)				>	151,286.			151,286.
the	8 8		Gross income from fundraisi	ng eve	ents (not						
ō			including \$		of						
			contributions reported on		•						
			Part IV, line 18								
			Less: direct expenses			_					
			Net income or (loss) from								
	9 ;		Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			es <u></u>	>				
	10 (Gross sales of inventory,								
			and allowances			10a	1				
	ı	b	Less: cost of goods sold			10k					
	•	С	Net income or (loss) from	sales	of invent	ory					
2							Business Code				
Miscellaneous Revenue	11 8	а	POLE ATTACHMENT INC	OME			221000	4,744,774.			4,744,774.
an en	ı	b									
eg €		С									
Mis	•	d .	All other revenue								
	•	e '	Total. Add lines 11a-11d					4,744,774.			
	12		Total revenue. See instruction	ns .				646,124,582.	641,088,529.	0.	5,036,053.

| Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	123,891.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	37,250,365.			
5	Compensation of current officers, directors,				
	trustees, and key employees	5,478,984.			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	47 250 401			
7	Other salaries and wages	47,350,421.			
8	Pension plan accruals and contributions (include	7 064 762			
_	section 401(k) and 403(b) employer contributions)	7,064,762. 6,305,698.			
9	Other employee benefits	3,671,294.			
10	Payroll taxes	3,0/1,294.			
11	Fees for services (nonemployees):				
a	Management				
b	LegalAccounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,391,339.			
20	Interest	30,391,339.			
21 22	Payments to affiliates	69,664,300.			
23	Insurance	03/001/3001			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		356,869,021.			
b	DISTRIBUTION EXPENSE	45,956,620.			
С	CONSUMER EXPENSE	14,144,837.			
d	ADMIN & GENERAL EXPENSE	12,338,968.			
е	All other expenses	4,963,855.			
25	Total functional expenses. Add lines 1 through 24e	649,574,355.			
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)				

Form 990 (2020) Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	768,768.	1	1,458,857.
	2	Savings and temporary cash investments		2	10,000,000.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	22,089,406.	4	24,984,529.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	17,921,711.	8	21,235,224.
Ä	9	Prepaid expenses and deferred charges	3,692,108.	9	3,880,647.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,077,671,741.			
	b	Less: accumulated depreciation 10b 344,116,472.	1,647,409,726.	10c	1,733,555,269.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	14,853,345.	13	16,002,062.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	101,268,828.	15	92,760,788.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,808,003,892.	16	1,903,877,376.
	17	Accounts payable and accrued expenses	75,469,130.	17	72,847,542.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	246,111.	21	154,779.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	793,219,162.	23	839,092,266.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	228,951,763.
	26	Total liabilities. Add lines 17 through 25	1,073,523,827.	26	1,141,046,350.
Ś		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
dВ	28	Net assets with donor restrictions		28	
Ë		Organizations that do not follow FASB ASC 958, check here 🕨 🐰			
P		and complete lines 29 through 33.	12 456 107		14 007 707
ts (29	Capital stock or trust principal, or current funds	13,456,187.	29	14,287,737.
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	721,023,878.	31	748,543,289.
ž	32	Total net assets or fund balances	734,480,065.	32	762,831,026.
	33	Total liabilities and net assets/fund balances	1,808,003,892.	33	1,903,877,376.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	646,12 649,57 -3,44 734,48	24,5 74,3 19,7 30,0	82. 55. 73. 65.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	31,80	00,7	34.
10 Do	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	762,83	31,0	26.
Pa	rt XIII Financial Statements and Reporting				X
	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 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_	res	NO
2a			2a		Х
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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 consolidated basis, or both:	d on a		Х	
	X 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 of th review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Aster of OMB Given by A 1999.	nedule O.		х	X
	Act and OMB Circular A-133?		3a		├ <u>^</u>
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PEDERNALES ELECTRIC COOPERATIVE, INC.

Employer identification number 74-0828412

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximpliani, caacation, or recoaren in rai	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

							_	
Sche Par		LES ELECTR						ge 2
3	Using the organization's acquisition, access					Lacontil	iueu)	
•	collection items (check all that apply):	ori, and other record	io, cricon arry or the	Tollowing triat mane	organicant doo or no			
а	Public exhibition	d	I oan or exc	hange program				
b	Scholarly research	e		age pregram				
c	Preservation for future generations	_						
4	Provide a description of the organization's of	collections and explain	n how they further t	he organization's ex	empt purpose in Par	t XIII		
5	During the year, did the organization solicit					. ,		
	to be sold to raise funds rather than to be m					Yes		No
Par								-110
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custoo	dian or other intermed	liary for contribution	ns or other assets no	ot included			
	on Form 990, Part X?					Yes	X	No
b	If "Yes," explain the arrangement in Part XII							
		•	•			Amoun	t	
С	Beginning balance				1c			
d	Additions during the year							
	Distributions during the year							
	Ending balance				1f			
	Did the organization include an amount on I				oility? X	Yes		No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planation has been	provided on Part XI	II		X	
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	r years b	ack
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	rrent year end balanc	e (line 1g, column (a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Term endowment	_%						
	The percentages on lines 2a, 2b, and 2c sh	•						
3a	Are there endowment funds not in the poss	ession of the organiza	ation that are held a	and administered for	the organization			
	by:						Yes	No
	(i) Unrelated organizations					3a(i)	\longrightarrow	
	(ii) Related organizations						\longrightarrow	
_	If "Yes" on line 3a(ii), are the related organiz					3b		
4 Dar	Describe in Part XIII the intended uses of the		wment funds.					
Par) Dank IV 19 44 - 4	2 Faura 000 D- 13	/ line 10			
	Complete if the organization answere	ea "Yes" on Form 990	υ, καιτ IV, line 11a. S	see Form 990, Part X	k, line IU.			

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		28,552,177.		28,552,177.
b	Buildings		90,755,021.	19,168,050.	71,586,971.
С	Leasehold improvements				
d	Equipment		1,844,806,997.	324,939,569.	
e	Other		113,557,546.	8,853.	113,548,693.
Tota	. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colui	mn (B), line 10c.)	>	1,733,555,269.

Schedule D (Form 990) 2020

Part VII	Investments -	 Other Securities

Part VII	Investments - Other Securities.			
(a) Descri	Complete if the organization answered "Yes"			l of year market value
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	i-or-year market value
	cial derivatives			
	y held equity interests			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	II Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	J	5 000 B 1 W 1	44 L O . E	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
	(a) i	Description		(b) Book value
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	CCRUED OPERATING TAXES &			9,994,531.
(-)	CCUMULATED PROVISION FOR	PENSION		
/	ND BENEFITS			91,482,843.
	ONSUMER DEPOSITS			4,194,751.
	OWER COST ADJUSTMENTS			TF 444 050
	VER-RECOVERED			75,114,253.
	OST RETIREMENT MEDICAL B	ENEFITS		41 100 000
(-)	EFERRED CREDIT			41,197,777.
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	228,951,763.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements with neven	.шо роо.		••	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements .			1	646,12	4,582.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		<u>:</u>	2e		0.
3	Subtract line 2e from line 1			3	646,12	4,582.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
-	Add lines 4a and 4b			4c		0.
_						
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12					4,582.
	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expe				4,582.
	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, Iii	tatements With Exper ne 12a.	nses per R	Retu	ırn.	
	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Exper ne 12a.	nses per R	Retu	ırn.	3,990.
Pa	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, Iii	tatements With Exper ne 12a.	nses per R	Retu	ırn.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements With Experne 12a.	nses per R	Retu	ırn.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	tatements With Experne 12a.	nses per R	Retu	ırn.	
1 2 a	rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements With Expering 12a. 2a 2b	nses per R	Retu	ırn.	3,990.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	nses per R	Retu	ırn.	3,990.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	nses per R	1 2e	irn. 612,32	3,990.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	nses per R	1 2e	irn. 612,32	3,990.
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 25: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	nses per R	1 2e	irn. 612,32	3,990.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	nses per R	1 2e	irn. 612,32	3,990.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 25: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	nses per R	1 2e	irn. 612,32 612,32	3,990. 0. 3,990.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b 37,250	0,365.	1 2e 3	irn. 612,32 612,32	3,990.

| Part XIII | Supplemental Information.

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

PART IV, LINE 2B:

PURSUANT TO SECTION 74.3013 OF THE TEXAS PROPERTY CODE, THE COOPERATIVE ESTABLISHED AN ECONOMIC DEVELOPMENT FUND WITH AMOUNTS DESIGNATED UNCLAIMED UNDER STATE LAW. AMOUNTS DELIVERED INTO THE ECONOMIC DEVELOPMENT FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED FOR THE STIMULATION AND IMPROVEMENT OF BUSINESS AND COMMERCIAL ACTIVITY FOR ECONOMIC DEVELOPMENT IN RURAL COMMUNITIES. ANY AMOUNTS SO DELIVERED INTO THE ECONOMIC DEVELOPMENT FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED.

ALSO PURSUANT TO SECTION 74.3013 OF THE TEXAS PROPERTY CODE,

COOPERATIVE ESTABLISHED AN ENERGY EFFICIENCY ASSISTANCE FUND WITH AMOUNTS

Part XIII Supplemental Information (continued)

DESIGNATED UNCLAIMED UNDER STATE LAW. AMOUNTS DELIVERED INTO THE ENERGY EFFICIENCY ASSISTANCE FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED TO ASSIST MEMBERS OF AN ELECTRIC COOPERATIVE IN REDUCING THEIR ENERGY CONSUMPTION AND ELECTRICITY BILLS. ANY AMOUNTS SO DELIVERED INTO THE ENERGY EFFICIENCY ASSISTANCE FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED.

ALSO PURSUANT TO SECTION 74.3013 OF THE TEXAS PROPERTY CODE, THE COOPERATIVE HAS ESTABLISHED A SCHOLARSHIP FUND WITH AMOUNTS DESIGNATED UNCLAIMED UNDER STATE LAW. THE AMOUNTS DELIVERED INTO THE SCHOLARSHIP FUND ARE APPROVED BY THE STATE OF TEXAS AND CAN ONLY BE USED FOR SCHOLARSHIPS TO ENABLE STUDENTS FROM RURAL AREAS TO ATTEND COLLEGE, TECHNICAL SCHOOL, OR OTHER POST SECONDARY EDUCATION INSTITUTION AND MAY BE DELIVERED TO A SCHOLARSHIP FUND ESTABLISHED BY THE COOPERATIVE. ANY AMOUNTS SO DELIVERED INTO THE SCHOLARSHIP FUND ARE STILL PAYABLE TO THE PERSON TO WHOM THE ORIGINAL PAYMENT WAS MADE BUT UNCLAIMED.

PART X, LINE 2:

THE COOPERATIVE FOLLOWS THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE PRIMARY TAX POSITION OF THE COOPERATIVE IS ITS FILING STATUS AS A TAX EXEMPT ENTITY. THE COOPERATIVE DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT ITS TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) AND THAT ALL TAX BENEFITS ARE LIKELY TO BE REALIZED UPON SETTLEMENT WITH TAXING AUTHORITIES.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED

37,250,365.

PART VIII:

THE AMOUNT OF INVESTMENTS - PROGRAM RELATED ON FORM 990, PAGE 11, PART X,

LINE 13 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE

11, PART X, LINE 16, COLUMN B. CONSEQUENTLY, IN ACCORDANCE WITH IRS

INSTRUCTIONS FOR SCHEDULE D, PART VIII HAS BEEN LEFT BLANK.

PART XII, LINE 4B:

FOR THE AUDITED FINANCIAL STATEMENTS, THE AMOUNT OF PATRONAGE DIVIDENDS

PAID (I.E. ALLOCATED) TO THE MEMBERS IS REPORTED AS AN INCREASE IN EQUITY

AND NOT AS AN EXPENSE. THEREFORE, NET INCOME PER THE AUDITED FINANCIAL

STATEMENTS IS REPORTED GROSS OF THE AMOUNT OF PATRONAGE CAPITAL. BECAUSE

THE ALLOCATION OF PATRONAGE DIVIDENDS IS ONE ASPECT OF HOW THE COOPERATIVE

FULFILLS ITS TAX EXEMPT PURPOSE OF OPERATING ON A COOPERATIVE BASIS, THE

AMOUNT OF PATRONAGE DIVIDENDS ALLOCATED TO THE MEMBERS IS REPORTED ON FORM

990, PART IX, LINE 4 AS "BENEFITS PAID TO MEMBERS". PATRONAGE DIVIDENDS

ARE ALLOCATED ON A PATRONAGE BASIS AND DONE SO PURSUANT TO A PRE-EXISTING

OBLIGATION AS PROVIDED FOR IN ARTICLE VII "NONPROFIT OPERATION" OF THE

PART IX:

THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES NOT EQUAL OR EXCEED 5% OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B. CONSEQUENTLY, IN ACCORDANCE WITH IRS INSTRUCTIONS FOR SCHEDULE D, PART IX HAS BEEN LEFT BLANK.

Part X Other Liabilities. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Amount
UNCLAIMED PROPERTY DEFERRED CREDIT	5.496.440.
PEC POWER OF CHANGE & COMMUNITY GRANTS LIABILITY	130.068.
TRANSMISSION COST OF SERVICE OVER-RECOVERY	5,496,440. 130,068. 1,341,100.
THE THE PERSON COST OF SERVICE OVER RECOVERY	1,341,1000
	+
	I

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2020

Name of the organization PEDERNALE	S ELECTRI	C COOPERATI	VE, INC.				Employer identification number 74-0828412
Part I General Information on Grants a			•				
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?					istance, and the selec	
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEC UNITED CHARITIES							ANNUAL CONTRIBUTION TO
P.O. BOX 1							SUPPORT THE CHARITIES'
JOHNSON CITY, TX 78636	74-2491188	501(C)(3)	100,000.	0.			MISSION.
2 Enter total number of section 501(c)(3) a			ne line 1 table				<u>}</u>
3 Enter total number of other organization	s listed in the line	1 table					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
SCHEDULE I, PART IV:					
PURSUANT TO ITS 2020 COMMUNITY SU	PPORT POL	ICY, THE C	COOPERATIVE	SUPPORTS	
EMPLOYEE GIVING CORPORATE MATCHING	G PROGRAM	, SCHOOLS,	CHARITIES	, CIVIC	
ORGANIZATIONS, VOLUNTEER FIRE DEPA	ARTMENTS	AND THE LI	KE IN THE		
TWENTY-FOUR COUNTY AREA IN WHICH	IT PROVID	ES ELECTRI	CITY TO IT	S	
MEMBERS. SUPPORT THROUGH GRANTS AN	ND DONATION	ONS IS PRO	OVIDED THRO	UGH	
VARIOUS PROGRAMS, INCLUDING THE P	EC COMMUN	ITY GRANTS	F PROGRAM,		
EDUCATIONAL SUPPORT PROGRAM, MEMBI	ER ASSIST	ANCE PROGR	RAM AND SPE	CIAL	
REQUESTS. THE COOPERATIVE'S WEBSI'	re. WWW.P	EC.COOP/OT	IR-COMMIINTT	Y	

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

PEDERNALES ELECTRIC COOPERATIVE, INC. Employer identification number 74-0828412

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6a		-
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
(1) JULIE PARSLEY	(i)	454,097.	194,615.	20,322.	28,500.	13,652.	711,186.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) EDWARD A DAUTERIVE	(i)	331,888.	91,764.	20,374.	17,100.	43,496.	504,622.	0.
CHIEF OPERATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAWANDA PARNELL	(i)	328,986.	131,417.	21,787.	5,093.	11,984.	499,267.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DON BALLARD	(i)	333,547.	88,746.	20,053.	28,500.	13,820.	484,666.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WAYNE MCKEE	(i)	257,495.	67,473.	24,017.	14,628.	29,583.	393,196.	0.
VP - OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAVID THOMPSON	(i)	237,848.	56,030.	18,876.	25,019.	37,758.	375,531.	0.
VP - MARKETS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAURICIO VIESCA	(i)	247,193.	50,059.	20,058.	25,701.	29,084.	372,095.	0.
EVP - PUBLIC AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RICHARD ARELLANO	(i)	241,705.	62,758.	21,617.	24,566.	20,271.	370,917.	0.
VP - SAFETY & SUPPORT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WESLEY BURNS	(i)	243,537.	49,948.	18,876.	23,073.	32,357.	367,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) BRIDGET HEADRICK	(i)	244,821.	37,316.	19,377.	18,580.	35,754.	355,848.	0.
VP - COMPLIANCE & REGULATORY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRIAN GEDRICH	(i)	240,759.	36,567.	23,718.	25,019.	29,736.	355,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AISHA HAGEN	(i)	246,620.	37,277.	19,311.	23,073.	20,831.	347,112.	0.
ASSOCIATE GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TIMOTHY NANCE	(i)	228,176.	57,474.	21,692.	14,075.	23,634.	345,051.	0.
VP - MEMBER SERVICES	(ii) [0.	0.	0.	0.	0.	0.	0.
(14) FREDDY WOLFF (JAN-MAY)	(i)	101,209.	53,299.	130,981.	14,507.	5,228.	305,224.	0.
VP - CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JOHN DAVIS (JAN-FEB)	(i)	46,642.	25,154.	222,705.	4,825.	5,584.	304,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) STEPHEN MALDONADO	(i)	190,724.	42,069.	4,681.	12,150.	33,487.	283,111.	0.
DIR REGIONAL OPS; INTERIM VP - OPS	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

		(B) Breakdown of	B) Breakdown of W-2 and/or 1099-MISC compens		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(17) LANCE CUNNINGHAM	(i)	188,996.	32,790.	3,696.	19,810.	29,280.	274,572.	0.
DIRECTOR - POWER & ENERGY RISK MGMT	(ii)	0.	0.	0.	0.	0.	0.	
(18) RANDY KRUGER	(i)	170,129.	38,153.	11,004.	0.	18,416.		0.
CFO (EFFECTIVE JUNE)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT THAT IS INCLUDED IN
OTHER REPORTABLE COMPENSATION IN PART II, COLUMN B (III):
JOHN DAVIS - \$ 219,545
FREDDY WOLFF - \$ 122,828

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PEDERNALES ELECTRIC COOPERATIVE, INC. Employer identification number 74-0828412

FORM 990, PART I, LINE 19:

THE NET LOSS REPORTED ON PART I, LINE 19 INCLUDES AN EXPENSE FOR PATRONAGE DIVIDENDS ALLOCATED TO THE PATRONS BASED ON NET OPERATING INCOME(LOSS). IN GENERAL, WHEN AN ELECTRIC COOPERATIVE BASES THE PATRONAGE DIVIDEND CALCULATION ON ITS NET OPERATING INCOME(LOSS), PAGE 1, PART I, LINE 19 - REVENUE LESS EXPENSES - WILL REFLECT THE AMOUNT OF NON-OPERATING INCOME(LOSS) NOT ALLOCATED. FOR THE CURRENT YEAR, PAGE 1, PART I, LINE 19, HOWEVER, REPORTS NET LOSS OF \$3,449,773, WHICH INCLUDES THE INCOME STATEMENT EFFECT OF ACCRUED UNBILLED REVENUE.

THE GAAP BASIS FINANCIAL STATEMENTS INCLUDE AN ACCRUAL FOR UNBILLED REVENUE BECAUSE THE COOPERATIVE'S BILLING CYCLE DOES NOT END ON THE LAST DAY OF THE MONTH. THEREFORE, IT HAS REVENUE IN DECEMBER OF EACH YEAR THAT IT HAS EARNED BUT WILL NOT BILL UNTIL THE FIRST BILLING CYCLE OF THE FOLLOWING YEAR. THE COOPERATIVE ESTIMATES THIS REVENUE AND RECORDS IT AS ACCRUED UNBILLED REVENUE IN ORDER TO MATCH THE REVENUE WITH THE YEAR EARNED. HOWEVER, THE COOPERATIVE ALLOCATES THE REVENUE TO MEMBERS IN THE YEAR IT IS BILLED RATHER THAN WHEN ACCRUED. THIS TIMING DIFFERENCE IS FAIR AND EQUITABLE BECAUSE IT MATCHES THE PATRONAGE DIVIDEND ALLOCATED WITH THE BILLING RECORDS USED TO ALLOCATE THE MARGINS.

DUE TO THE TIMING OF WHEN THE COOPERATIVE ALLOCATES ACCRUED UNBILLED REVENUE, PAGE 1 , PART I, LINE 19 ANNUALLY REPORTS NET INCOME EQUAL TO THE NET INCREASE IN ACCRUED UNBILLED REVENUE OR A NET LOSS EQUAL TO THE NET DECREASE IN UNBILLED REVENUE PLUS NON-OPERATING MARGINS RETAINED.

Name of the organization PEDERNALES ELECTRIC COOPERATIVE, INC.	Employer identification number 74-0828412
THE FOLLOWING SCHEDULE IS PROVIDED TO FURTHER EXPLAIN TH	HE IMPACT OF
THIS TRANSACTION:	
ADD: ACCRUED UNBILLED REVENUE 12/31/20	\$22,235,356
LESS: ACCRUED UNBILLED REVENUE 12/31/19	(26,250,305)
ADD: NON-OPERATING MARGINS	565,176
(A) - NET LOSS ON PAGE 1, PART I, LINE 19	\$(3,449,773)
(B) - BENEFITS PAID TO MEMBERS (I.E. PATRONAGE DIVIDENDS	S),
PART I, LINE 14	\$37,250,365
TOTAL 2020 NET MARGIN PER FINANCIAL STATEMENTS (A + B)	\$33,800,592
FORM 990, PART VI, SECTION A, LINE 4:	
DURING THE YEAR, THE BYLAWS OF THE COOPERATIVE WERE AMEN	DED. THE FOLLOWING
IS A SUMMARY OF CHANGES:	
ARTICLE III - DIRECTORS	
SECTION 2, QUALIFICATIONS AND TERMS OF DIRECTORS, WAS AN	MENDED TO PROVIDE
WHEN A COMPETING INTEREST WITH THE COOPERATIVE EXISTS, H	HOW FINANCIAL
INTEREST AND/OR CONFLICTING POSITION ARE LIKELY TO IMPAI	IR A DIRECTOR'S
ABILITY TO SERVE THE BEST INTERESTS OF THE COOPERATIVE.	
A COMPLETE COPY OF THE BYLAWS CAN BE FOUND ON THE COOPER	RATIVE'S WEBSITE AT:

HTTPS://WWW.PEC.COOP/ABOUT-US/YOUR-COOPERATIVE/DOCUMENT-CENTER/

Employer identification number 74-0828412

FORM 990, PART VI, SECTION A, LINE 6:

THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE OR ENERGY AT COST ON A COOPERATIVE BASIS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS. ELECTIONS

ARE DONE ON A ONE MEMBER ONE VOTE BASIS THROUGH USE OF SINGLE MEMBER VOTING

DISTRICTS VOTING METHODOLOGY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE:

- 1. DISSOLUTION/LIQUIDATION OF THE COOPERATIVE
- 2. MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION
- 3. DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS
- 4. AMENDMENTS TO ARTICLES OF INCORPORATION

ADDITIONALLY, PEC BYLAWS PROVIDED TO THE MEMBERSHIP THE POWER TO REMOVE

DIRECTORS FROM THE BOARD BY MAJORITY VOTE EITHER BY FULL MEMBERSHIP OR BY

DISTRICT. IF THE VOTE IS FOR THE FULL MEMBERSHIP, THE PETITION MUST BE

SIGNED BY 5% OF THE MEMBERSHIP. IF THE VOTE IS LIMITED TO THE DIRECTOR'S

DISTRICT, THEN THE PETITION MUST BE SIGNED BY 15% OF THE MEMBERS OF THE

RESPECTIVE DISTRICT.

FORM 990, PART VI, SECTION B, LINE 11B:

MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR REVIEW AND APPROVAL. THIS ACTION WAS TAKEN AT THE BOARD MEETING BEFORE FILING THE FORM 990.

Employer identification number 74-0828412

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY REQUIRES ANNUAL AND ONGOING COMPLETION OF A CONFLICT OF INTEREST CERTIFICATION AND DISCLOSURE FORM BY ALL DIRECTORS, OFFICIALS OR DISCLOSING EMPLOYEES OF THE COOPERATIVE, INCLUDING OFFICERS AND EXECUTIVES. THE FORM, WHICH IS PART OF THE POLICY, INCLUDES AN AFFIRMATION THAT THE INDIVIDUAL WILL INFORM THE BOARD OF ANY NEW CONFLICT AFFECTING THEMSELVES OR ANY OTHER PERSON. EACH YEAR, THESE DOCUMENTS ARE SOLICITED AND GATHERED BY THE CUSTODIAN OF THESE RECORDS, WHICH INCLUDES THE BOARD'S SECRETARY FOR BOARD MEMBERS AND THE COOPERATIVE'S ETHICS AND COMPLIANCE OFFICER AND HUMAN RESOURCES DEPARTMENT FOR APPLICABLE EMPLOYEES. APPLICABLE PERSONS WHO JOIN THE COOPERATIVE ARE SUBJECT TO ADHERE TO THE POLICY AND ARE REQUIRED TO FILE THE FORM AT THE OUTSET OF THEIR EMPLOYMENT OR DIRECTORSHIP. THE COMPLETED BOARD OF DIRECTORS DISCLOSURE AFFIRMATIONS ARE FORMALLY ACCEPTED BY THE BOARD PRESIDENT IN A MEETING OPEN TO THE PUBLIC AND ARE PART OF THE PUBLIC MINUTES OF THE COOPERATIVE. THE POLICY ALSO REQUIRES ANNUAL TRAINING REGARDING CONFLICTS OF INTERESTS FOR THE ENTIRE BOARD OF DIRECTORS.

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

COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER IS ANNUALLY REVIEWED AND ADJUSTED BASED ON THE CEO PERFORMANCE EVALUATION POLICY. PURSUANT TO THE POLICY, THE VICE PRESIDENT OF THE BOARD IS DELEGATED THE RESPONSIBILITY FOR FACILITATING THE ANNUAL PERFORMANCE EVALUATION PROCESS. SUCH ANNUAL PROCESS INCLUDES AN EVALUATION BY EACH DIRECTOR OF THE CEO'S ACHIEVEMENT OF CORPORATE METRICS AS DEFINED IN THE COOPERATIVE'S CURRENT STRATEGIC PLAN, THE ACHIEVEMENT OF CURRENT YEAR STRATEGIC INITIATIVES AND THE FULFILLMENT OF HIS/HER PRIMARY MANAGEMENT RESPONSIBILITIES. THE CEO ALSO PERFORMS A

Employer identification number 74-0828412

SELF-ASSESSMENT WITH RESPECT TO THE SAME CRITERIA. THE VICE PRESIDENT COMPILES AND DISCUSSES THE RESULTS WITH THE BOARD IN EXECUTIVE SESSION.

THE CONSENSUS ARRIVED AT FOLLOWING THESE DISCUSSIONS AND THE SETTING OF

GOALS FOR THE CEO FOR THE UPCOMING YEAR ARE USED FOR ADJUSTING

COMPENSATION.

COMPENSATION FOR THE EXECUTIVES AND SENIOR LEADERSHIP IS ESTABLISHED BY
WRITTEN GUIDELINES FOR EXECUTIVES AND SENIOR LEADERSHIP ESTABLISHED BY THE
CEO OR AS CONSISTENT WITH OBJECTIVE THIRD PARTY ASSESSMENTS AND
BENCHMARKING.

THE COMPENSATION FOR ALL OTHER EMPLOYEES OF THE COOPERATIVE, INCLUDING
THOSE MEETING THE DEFINITION OF EMPLOYEE OFFICERS AND KEY EMPLOYEES, IS
GOVERNED BY THE EMPLOYEE COMPENSATION POLICY AND IS SET BASED ON A

COMPREHENSIVE COMPENSATION ASSESSMENT THAT IS RUN ANNUALLY TO DETERMINE
MARKET VALUE FOR THE RESPECTIVE POSITIONS. THE CEO IS RESPONSIBLE FOR
IMPLEMENTING THE POLICY AND MAY USE OUTSIDE CONSULTANTS AND EXPERTS TO
PROVIDE OBJECTIVE ASSESSMENTS AND BENCHMARKING COMPARISONS TO INDUSTRY-WIDE
COMPENSATION TRENDS AND SURVEYS IN ORDER TO SET THE MARKET VALUE OF EACH
RESPECTIVE POSITION. SUCH BENCHMARKING COMPARISONS INCLUDE OTHER
COOPERATIVES, PUBLIC UTILITIES AND PRIVATELY-OWNED OR INVESTOR-OWNED
UTILITIES AS COMPARED TO THE SIZE AND COMPLEXIBILITY OF THE COOPERATIVE.
COMPENSATION IS THEN TARGETED FOR 75% OF A POSITION'S MARKET VALUE. OTHER
FACTORS FOR SETTING COMPENSATION INCLUDE THE NATURE AND QUALIFICATIONS FOR
THE JOB, TRAINING, EXPERIENCE, INDIVIDUAL PERFORMANCE WITH RESPECT TO
PERFORMANCE METRICS, FINANCIAL RESOURCES OF THE COOPERATIVE AND OTHER

RELEVANT FACTORS.

Employer identification number 74-0828412

FORM 990, PART VI, SECTION C, LINE 19:

THE COOPERATIVE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ALL

OTHER BOARD OPERATING POLICIES AND FINANCIAL STATEMENTS FOR THE MOST

RECENTLY COMPLETED CALENDAR YEAR ARE AVAILABLE TO THE PUBLIC ON THE

COOPERATIVE'S WEBSITE AT

HTTPS://WWW.PEC.COOP/ABOUT-US/YOUR-COOPERATIVE/DOCUMENT-CENTER/.

MEMBERS OF THE COOPERATIVE MAY BE ABLE TO REQUEST EXISTING RECORDS NOT

POSTED ON THE WEBSITE THROUGH THE OPEN RECORDS REQUEST PROCESS OUTLINED ON
THE COOPERATIVE'S WEBSITE.

FORM 990, PART VII, COLUMN F:

IN ORDER TO PROVIDE RETIREMENT BENEFITS, THE COOPERATIVE PROVIDES A

DEFINED BENEFIT PLAN TO EMPLOYEES MEETING THE ELIGIBILITY REQUIREMENTS.

HOWEVER, THE PLAN WAS CLOSED TO NEW PARTICIPANTS AFTER JANUARY 1, 2006.

CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF

SUCH PLAN. ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A DEFINED

CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE.

EMPLOYER CONTRIBUTIONS TO THE PLAN ARE AVAILABLE TO PARTICIPATING

EMPLOYEES, INCLUDING OFFICERS AND HIGHLY COMPENSATED EMPLOYEES, MEETING

THE ELIGIBILITY REQUIREMENTS OF THE PLAN.

THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION, AND LIFE

INSURANCE TO ALL ELIGIBLE EMPLOYEES THROUGH A QUALIFIED PLAN. THE

AMOUNT REPORTED ON PART VII COLUMN (F) FOR THE OFFICERS AND HIGHLY

COMPENSATED EMPLOYEES IS COMPRISED OF THE ACTUARIAL INCREASE ASSOCIATED

WITH PARTICIPATION IN THE DEFINED BENEFIT PLAN, IF APPLICABLE, THE TOTAL

AMOUNT CONTRIBUTED BY THE COOPERATIVE TO THE 401(K) PLAN AND INSURANCE

Employer identification number 74-0828412

PAID ON BEHALF OF AND FOR BENEFIT OF THE OFFICERS AND HIGHLY COMPENSATED EMPLOYEES.

IN ADDITION TO THE ABOVE PLANS, THE COOPERATIVE ALSO PROVIDES ELIGIBLE

PARTICIPANTS POST- RETIREMENT MEDICAL BENEFITS THROUGH AN UNFUNDED

WELFARE BENEFIT PLAN. THE VALUE OF THESE BENEFITS HAS NOT BEEN

ESTIMATED.

FORM 990, PART VIII, LINE 2:

PATRONAGE DIVIDENDS RESULT FROM THE PAYMENT OF INTEREST FROM

COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER

COOPERATIVE ORGANIZATIONS. THE EXPENSES ASSOCIATED WITH PURCHASES FROM

AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT

OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS

MEMBERS.

FORM 990, PART IX:

THE COOPERATIVE UTILIZES THE UNIFORM SYSTEM OF ACCOUNTS (USOA)

ESTABLISHED BY THE RURAL UTILITIES SERVICE (RUS). IN ACCORDANCE WITH

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS

CODIFICATION (ASC) 980, REGULATED OPERATIONS, THE COOPERATIVE RECORDS

CERTAIN ASSETS AND LIABILITIES IN ACCORDANCE WITH THE ECONOMIC EFFECTS

OF THE RATE MAKING PROCESS. THE USOA DOES NOT RECORD EXPENSES IN THE

GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1-23. FOR FORM 990

REPORTING PURPOSES, THE COOPERATIVE SEPARATELY REPORTS DONATIONS,

SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE

ALLOCATED IN ACCORDANCE WITH ITS ACCOUNTING SYSTEM. OTHER EXPENSES

DESCRIBED IN LINES 1-23, HOWEVER, ARE REPORTED ON LINE 24 UNDER THE

Name of the organization PEDERNALES ELECTRIC COOPERATIVE, INC. Employer identification number 74-0828412

EXPENSE CATEGORIES REQUIRED BY THE USOA.

FORM 990, PART IX, LINE 4:

PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE

DIVIDENDS PAID TO THE MEMBERS (HEREINAFTER REFERRED TO AS "PATRONS")

SHOULD BE REPORTED ON PART IX, LINE 4. THE PHRASE "PATRONAGE DIVIDENDS

PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE

COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT

COST WITH ITS PATRONS.

THE COOPERATIVE'S TAX EXEMPT PURPOSE IS TO PROVIDE ELECTRICITY TO ITS

PATRONS AND TO DO SO ON A COOPERATIVE BASIS. TAX LAW DEFINES "OPERATING

ON A COOPERATIVE BASIS" AS SUBORDINATION OF CAPITAL, DEMOCRATIC

CONTROL, AND OPERATION AT COST. THE COOPERATIVE OPERATES AT COST

THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REFERRED TO AS

ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS PATRONS. PATRONAGE DIVIDENDS

ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A

PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE

TRANSACTIONS DONE WITH OR FOR PATRONS, AND (3) IN A FAIR AND EQUITABLE

MANNER ON THE BASIS OF PATRONAGE (I.E. PURCHASES). ADDITIONALLY, THE

ALLOCATION OF PATRONAGE DIVIDENDS SHOULD BE MADE WITHIN A REASONABLE

TIME PERIOD AFTER THE CLOSE OF THE COOPERATIVE'S YEAR-END OF DECEMBER

31. EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS

PROVIDED FOR IN THE NONPROFIT OPERATION ARTICLE OF THE COOPERATIVE'S

BYLAWS.

THE AMOUNT REPORTED ON PART IX, LINE 4 REPRESENTS THE AMOUNT OF

PATRONAGE CAPITAL THAT IS ALLOCATED TO THE PATRONS RESULTING FROM THEIR

Name of the organization PEDERNALES ELECTRIC COOPERATIVE, INC.	Employer identification number 74-0828412
PURCHASE OF ELECTRICITY FROM THE COOPERATIVE FOR THE 2020	CALENDAR
YEAR. BECAUSE PATRONAGE DIVIDENDS ARE THE PROCESS BY WHIC	н тне
COOPERATIVE OPERATES AT COST WITH ITS PATRONS AND THEREBY	A KEY
COMPONENT TO ACCOMPLISHING ITS EXEMPT PURPOSE, THE COOPER	ATIVE HAS
REPORTED SUCH AMOUNTS AS AN EXPENSE FOR FORM 990 REPORTIN	G. PATRONAGE
DIVIDENDS ARE NOT AN EXPENSE FOR FINANCIAL STATEMENTS PRE	PARED IN
ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES,	HOWEVER.
FORM 990, PART IX, LINES 5-7:	
SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND	EXPENSE
ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE.	THE FOLLOWING
SCHDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO TOTAL	WAGES ACCRUED
AND/OR PAID:	
TOTAL PER LINES 5-7	\$52,829,405
LESS: DIRECTOR FEES REPORTED ON FORMS 1099-MISC	(245,235)
LESS: EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5	(190,970)
LESS: KEY EMPLOYEE BENEFITS INCLUDED IN LINE 5	(345,356)
PLUS: SALARIES & WAGES ALLOCATED TO PURCHASED POWER EXPEN	SE 726,706
PLUS: SALARIES & WAGES ALLOCATED TO NONOPERATING MARGINS	7,831
PLUS: SALARIES & WAGES CAPITALIZED DIRECTLY TO PLANT	34,055,622
PLUS: SALARIES & WAGES CAPITALIZED/EXPENSED INDIRECTLY	
THROUGH CLEARING & OTHER ACCOUNTS	2,325,389
TOTAL WAGES ACCRUED AND/OR PAID	\$89,163,392
FORM 990, PART IX, LINE 24A:	
THE COOPERATIVE'S WHOLESALE POWER SUPPLIERS ARE THE LOWER	COLORADO
RIVER AUTHORITY, AEP ENERGY PARTNERS, INC., WSC ENERGY, E	XELON
032212 11-20-20 Sche	edule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization PEDERNALES ELECTRIC COOPERATIVE, INC.		Employer identification number $74-0828412$
CORPORATION (CONSTELLATION), CONSTELLATION SOLAR TEXAS	S ANI	O GREENSTREET.
THE \$356,869,021 OF PURCHASED POWER EXPENSE, REPORTED	ON I	LINE 24A, IS
COMPRISED OF PAYMENTS MADE TO WHOLESALE POWER SUPPLIES	RS Al	ND AN
ALLOCATION OF POWER SUPPLY EXPENSES.		
FORM 990, PART IX, LINE 24D:		
ADMINISTRATIVE AND GENERAL EXPENSES ARE COMPRISED OF	THE I	FOLLOWING:
ADMINISTRATIVE & GENERAL SALARIES, BENEFITS & OTHER		\$13,827,478
OFFICE SUPPLIES		6,650,486
PROFESSIONAL SERVICES		3,196,437
INJURIES & DAMAGES		422,237
PENSION & BENEFITS		67,395
MISCELLANEOUS GENERAL		2,335,652
RENTS		651,953
MAINTENANCE OF GENERAL PLANT		4,368
TOTAL ADMIN & GENERAL EXP PER FINANCIAL STATEMENTS		\$27,156,006
LESS: RECLASS OF DIRECTOR FEES TO PART IX, LINE 5		(245,235)
LESS: RECLASS OF LABOR TO PART IX, LINES 5 & 7		(10,892,938)
LESS: RECLASS OF BENEFITS TO PART IX, LINES 8-10		(3,678,865)
TOTAL ADMIN & GENERAL EXPENSE PER FORM 990, PART IX		\$12,338,968
FORM 990, PART IX, LINE 24E:		
OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING:		

Name of the organization PEDERNALES ELECTRIC COOPERATIVE, INC.	Employer identification number $74-0828412$
TRANSMISSION	\$ 3,703,411
SALES	226,430
TAXES	1,034,014
TOTAL OTHER EXPENSES PER FORM 990, LINE 24E	\$ 4,963,855
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PATRONAGE CAPITAL ALLOCATED OR TO BE ALLOCATED	37,250,365.
PATRONAGE CAPITAL RETIRED - TOTAL	-59,853,786.
PATRONAGE CAPITAL RETIRED - DISCOUNT	53,572,605.
NET CHANGE IN MEMBERSHIPS	831,550.
TOTAL TO FORM 990, PART XI, LINE 9	31,800,734.
THE BOARD OF DIRECTORS ASSIGNED MEMBERS TO AN AUDIT COMMITTED OVERSEE AND RECOMMEND THE FINANCIAL STATEMENT AUDIT AND STATEMENT FINANCIAL STATEMENT AUDITOR. PROCEDURAL CHANGO OCCUR DURING THE YEAR.	SELECT THE

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Attach to Form 990.

(c)

(d)

(e)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(a)

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

Name of the organization PEDERNALES ELECTRIC COOPERATIVE, INC.

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

(b)

Employer identification number 74-0828412

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea		controllin entity	g
	_						
	-						
	-						
	-						
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more related tax-e	xempt	
(a)	(b)	(c)	(d)	(e)	(f)	04:	(g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity	con	trolled
or related organization		foreign country)	30011011	501(c)(3))	Critity	Yes	No
THE PEDERNALES ELECTRIC COOPERATIVE	TO PROVIDE SCHOLARSHIPS				PEDERNALES		
SCHOLARSHIP FUND - 74-2897600, 201 S. AVENUE	FOR POST-SECONDARY				ELECTRIC		
F, JOHNSON CITY, TX 78636	EDUCATION	TEXAS	501(C)(3)	PF	COOPERATIVE, INC	. X	
PEC UNITED CHARITIES, INC 74-2491188	TO SUPPORT CHARITABLE				PEDERNALES		
PO BOX 1	CAUSES OF OTHER 501(C)(3)				ELECTRIC		
JOHNSON CITY, TX 78636	ORGANIZATONS	TEXAS	501(C)(3)	LINE 10	COOPERATIVE, INC	. X	

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

Schedule R (Form 990) 2020

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

	e gamenore a care a paramo en p										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partne	Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
							I	L			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	ti) ction b)(13) rolled tity?
		country)		,				Yes	No
								/	
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								igwdapprox	├ ──

Schedule R (Form 990) 2020

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			. 1a	Х	X						
	b Gift, grant, or capital contribution to related organization(s)												
С	c Gift, grant, or capital contribution from related organization(s)												
	d Loans or loan guarantees to or for related organization(s)												
	Loans or loan guarantees by related organization(s)						X						
							Х						
f	f Dividends from related organization(s)												
	g Sale of assets to related organization(s)												
	h Purchase of assets from related organization(s)												
i	Exchange of assets with related organization(s)				. 1i		X						
j	Lease of facilities, equipment, or other assets to related organization(s)				. 1j		Х						
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k		X						
	Performance of services or membership or fundraising solicitations for related orga						Х						
n	n Performance of services or membership or fundraising solicitations by related orga	nization(s)			. 1m		X						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			. 1n		X						
0	Sharing of paid employees with related organization(s)				. 10	Х							
р	Reimbursement paid to related organization(s) for expenses				. 1p		X						
q	Reimbursement paid by related organization(s) for expenses				. 1q	Х							
r	Other transfer of cash or property to related organization(s)				. 1r		X						
	Other transfer of cash or property from related organization(s)						X						
2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	this line, including covered	relationships and transaction thresholds.									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	nvolved								
	THE PEDERNALES ELECTRIC COOPERATIVE												
	SCHOLARSHIP FUND	0	0.	N/A LESS THAN \$50,000									
	THE PEDERNALES ELECTRIC COOPERATIVE												
2)	SCHOLARSHIP FUND	Q	0.	N/A LESS THAN \$50,000									
3)	PEC UNITED CHARITIES	В	100,000.	BOARD POLICY & AUTHORIZ	ATON	•							
4)	PEC UNITED CHARITIES	0	0.	N/A LESS THAN \$50,000									
5)													
6)													
2216	22 10 20 20			Schedule	B (For	n 990	2020						

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

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

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners se	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	excluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes No	
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Form **8879-EO**

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Department of the Treasury		wine man /F a man 2070 F O fam the		1	
Internal Revenue Service Name of exempt organization		w.irs.gov/Form8879EO for the	latest information.	Taypayori	dentification number
wame of exempt organization	ii or porson subject to tax			Taxpayer	achunication number
DEDEBNALEG E	LECTRIC COOPERATI	TVE TNC		74-05	828412
Name and title of officer or p		IVE, INC.		/ = 00	020412
RANDY KRUGER					
CFO					
	f Return and Return Infor	rmation (Whole Dollars Only))		
Check the box for the re	turn for which you are using this	Form 8879-EO and enter the ar	pplicable amount, if any, fro	om the retur	rn. If you
	, 2a, 3a, 4a, 5a, 6a, or 7a below,				
	, 2b, 3b, 4b, 5b, 6b, or 7b, which			red -0- on th	ne
return, then enter -0- on	the applicable line below. Do not	complete more than one line in	1 Part I.		
1a Form 990 check her	e 🕨 🗶 b Total revenue, i	if any (Form 990, Part VIII, colu	mn (A), line 12)	1b _	646,124,582.
2a Form 990-EZ check	here b Total reven	ue, if any (Form 990-EZ, line 9)		2b _	
3a Form 1120-POL che	eck here 🕨 📖 b Total ta	x (Form 1120-POL, line 22)		3b	
4a Form 990-PF check	here b Tax based of	on investment income (Form 9	990-PF, Part VI, line 5)	4b _	
5a Form 8868 check he	ere b Balance du	e (Form 8868, line 3c)		5b _	
6a Form 990-T check h	nere b Total tax (Fo	orm 990-T, Part III, line 4)		6b _	
7a Form 4720 check he	b Total tax (Fo	orm 4720, Part III, line 1)) Cbit-t- T-	7b	
	ation and Signature Auth				
	ry, I declare that $oxed{X}$ I am an offi				
	turn and accompanying schedule				
processing the return or Agent to initiate an elect software for payment of a payment, I must conta (settlement) date. I also a confidential information !	 a) an acknowledgement of receip refund, and (c) the date of any re ronic funds withdrawal (direct del the federal taxes owed on this re ct the U.S. Treasury Financial Ag- authorize the financial institutions necessary to answer inquiries and N) as my signature for the electro 	efund. If applicable, I authorize bit) entry to the financial instituturn, and the financial institution that 1-888-353-4537 no later is involved in the processing of the resolve issues related to the resolve issues related to the resolve issues related.	the U.S. Treasury and its dition account indicated in the party to this than 2 business days prior the electronic payment of the payment. I have selected a	designated F he tax prepa account. To r to the payr taxes to reca a personal	Fináncial aration o revoke ment eive
PIN: check one box onl		,,,			
Y Lauthoriza B	OLINGER, SEGARS,	CTI.REPT AND MOC	ZC T.T.D	to onter mi	78636
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as my signatur	re on the tax year 2020 electronic	cally filed return. If I have indica	ited within this return that a	a conv of th	e return is being filed with
	(ies) regulating charities as part of				
PIN on the retu	urn's disclosure consent screen.				
As an officer o	r person subject to tax with respe	ect to the organization, I will en	ter my PIN as my signature	e on the tax	year 2020
electronically f	iled return. If I have indicated with	hin this return that a copy of th	e return is being filed with	a state ager	ncy(ies)
regulating cha	rities as part of the IRS Fed/State	program, I will enter my PIN o	n the return's disclosure co	onsent scre	en.
Signature of officer or person sub	eject to tax			Date	>
Part III Certific	ation and Authentication	1			
	your six-digit electronic filing iden				
number (EFIN) followed I	by your five-digit self-selected PIN	J.	75528479423 Do not enter all zeros		
	umeric entry is my PIN, which is return in accordance with the rec				
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ERO's signature ▶	in ive	record of the	Date ▶ <u>10 /</u>	ZU/ZI	
	ERO Mus	t Retain This Form - Se	e Instructions		
	Do Not Submit Thi	s Form to the IRS Unles	ss Requested To Do	So	