481600 05/08/2018 4 27 PM

Department of the Treasury Interiral Revenue Service

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.

2017 Open to Public

_		Go to www.iis.gov/Formsso for mistractions and the lates	Cimorniacion.		1 Hisbection
Δ_	For the 2017	calendar year, or tax year beginning , and ending			
В	Check if applicable	C Name of organizationNORTHEASTERN RURAL ELECTRIC		D Employe	r identification number
	Address change	MEMBERSHIP CORPORATION			
F	Name abance	Doing business as		35-0	756490
ᆜ	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
	Initial return	4901 EAST PARK 30 DRIVE		260-	<u> 244-6111</u>
Ē	Final return/	City or town, state or province, country, and ZIP or foreign postal code			_
닏	terminated	COLUMBIA CITY IN 46725	Į.	G Gross reco	eipts\$ 101,891,093
	Amended return	F Name and address of principal officer		G Gloss lea	eipis \$ 101,091,093
一	Application pendin	· ·	H(a) is this a gro	up return for si	ubordinates? Yes X No
	Application pendity	- BRIC CONG	''	•	
		4901 EAST PARK 30 DRIVE	H(b) Are all sub	ordinates incli	uded? Yes No
		COLUMBIA CITY IN 46725	If "No,"	attach a list	(see instructions)
7	Tax-exempt statu	is 501(c)(3) X 501(c) (12) ◀ (insert no) 4947(a)(1) or 527			
÷	Website:	WWW.NREMC.COM	H(c) Crown aver	nntion numbe	. 🖍
<u>ٿ</u>			H(c) Group exer		
_	Form of organizati		Year of formation 1	936	M State of legal domicile IN
	Part I	Summary			
	1 Briefly	describe the organization's mission or most significant activities			
به	ELI	ECTRIC DISTRIBUTION COOPERATIVE DELIVERING ELECTRIC	TY IN PARTS	OF S	IX
Ę	INI	DIANA COUNTIES; WHITLEY, ALLEN, HUNTINGTON, WABASH,	NOBLE AND	KOSCI	JSKO.
Ë		, , , , , , , , , , , , , , , , , , , ,			
Governance	a Charle	this have N 17 if the assessment an discontinued to exceptions or disposed of more than 1	250/ of the not one	oto	
ဖိ	2 Check	this box > if the organization discontinued its operations or disposed of more than 2	2370 UI IIS HEL ASS	1 1	^
∘ಶ	3 Number	er of voting members of the governing body (Part VI, line 1a)		3	_9
es	4 Number	er of independent voting members of the governing body (Part VI, line 1b)		4	9
₹	5 Total r	number of individuals employed in calendar year 2017 (Part V, line 2a)		5	78
Activities &	6 Total r	number of volunteers (estimate if necessary)		6	0
⋖		unrelated business revenue from Part VIII, column (C), line 12		7a	
		related business taxable income from Form 990-T, line 34		7b	0
_	D Net un	irelated business taxable income noni Form 550-1, line 54	Prior Yea		Current Year
	8 Contril	outions and grants (Part VIII, line 1h)			0
9	O Drogge			0	100,542,370
ē	9 Progra	im service revenue (Part VIII, line 2g)	12	1,884	103,587
Revenue	10 Investi	ment income (Part VIII, column (A), lines 3, 4, and 7d)			
_	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,400		1,232,523
	12 Total r	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,522	2,446	101,878,480
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1–3)	<u></u>		0
		ts paid to or for members (Part IX, column (A), line 4)	3,31	7,247	0
u	15 Salarie	es, other compensation, employee benefits (Part IX, column (AEIneE4V6ED	9,474	1,969	8,083,390
xpenses	16a Profes			0	0
en	b Total				
Exc			83,894	1 024	92,182,478
_	17 Other	i 1			
			96,686		100,265,868
	19 Reven	ue less expenses Subtract line 18 from line 12 OGDEN, UT		5,206	1,612,612
9	8		Beginning of Cur		End of Year
Net Assets or	릚 20 Total a	assets (Part X, line 16)	113,014		114,263,215
¥.	띕 21 Totall	iabilities (Part X, line 26)	59,59	7,472	60,525,984
ž	튄 22 Netas	sets or fund balances Subtract line 21 from line 20	53,410	5,799	53,737,231
		Signature Block			
****		of perjury, I declare that I have examined this return, including accompanying schedules and stater	nents, and to the be	est of my kn	owledge and belief, it is
ì	true, correct, an	d complete Declaration sypreparer (other than officer) is based on all information of which prepare	r has any knowledg	e	
_					
~	•	Signature of officer		L Date	
	ign				
Н	ere		IDENT & C	EO	
		Type or print name and title			
_	Print/	Type preparer's name Preparer's signature	Pale	Check	f PTIN
Pa	aid MARI	K J. ANDORFER, CPA	05/08	/18 self-em	ployed P00017582
Pr	onarer -	THOUADD T ANDODEED & CO. TID		ım's EIN 🕨	35-1679361
	se Only	110 W BERRY STREET, STE. 2202	* 		
-	1	DODE LANGE THE ACOUSTICATION]_	.	260-423-9405
_		s address FORT WAYNE, IN 46802-2311	<u></u>	hone no	
_		cuss this return with the preparer shown above? (see instructions)			X Yes No
FC		eduction Act Notice, see the separate instructions.			Form 990 (2017)
ייים					1/

Form 9		NORTHEASTERN RUI			5-0756490	Page 2
Par		Statement of Program Se				
•		Check if Schedule O contai	ns a response or no	ote to any line in th	nis Part III	
		cribe the organization's mission IC DISTRIBUTION C	יַרַרַעַּקַבּערַרָּיִי	DET.TVEDTNG	בו.דריים דרייע דאו מא	פייפ אד פייע
		A COUNTIES; WHITE				
	10 11 11	i coomizes, willie	ier, meen, .	11011111101011,	WILDINGTO, NOBEL A	ND ROBCIODRO.
2	Did the org	ganization undertake any significa	nt program services dur	ing the year which wer	re not listed on the	
	prıor Form	990 or 990-EZ?				Yes X No
		escribe these new services on Sch				
		ganization cease conducting, or m	ake significant changes	in how it conducts, an	ny program	
	services?					Yes X No
		escribe these changes on Schedu he organization's program service		ach of its three largest		
		Section 501(c)(3) and 501(c)(4) o				
		epenses, and revenue, if any, for ϵ			t or grants and anocations to other	J ,
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, aon program ou vice ro	portou		
4a	(Code) (Expenses \$	ıncludı	ng grants of \$) (Revenue \$;)
		BUTION OF ELECTRI				,
4h	(Code) (Expenses \$	ıncludu	ng grants of \$) (Revenue S	· · · · · · · · · · · · · · · · · · ·
70	(0000) (Expenses ψ	moladi	ng grants or t	, (1.5.525	,
						
4c	(Code:	(Expenses \$, includi	ng grants of \$, (Revenue S	. ,)
		••			••••	
					•	
					·	
4d	Other pro	gram services (Describe in Sched	ule O)			
	(Expense:	-	ncluding grants of \$) (Revenue \$	
4e		ram service expenses				
DAA					— — -	Form 990 (2017)

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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Х Х 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 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 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 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. X Part III 5 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х complete Schedule D. Part III R 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 X debt negotiation services? If "Yes." complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D. Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 114 X Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D. Parts XI and XII 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes," complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

•			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ļ
	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	Spanner and the second			
	\$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		<u>X</u>
b		24b		
С	• • • • • • • • • • • • • • • • • • • •			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		'	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or		i	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		_x_
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
D	Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions in Test, compete concease in		-	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-55		
•	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	•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	1
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		<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 O.	38	X	L
				_

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Pal	Check if Schedule O contains a response or note to any line in this Part V			
·	Check is Schedule O contains a response of flote to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28		.03	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 78]		
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			3.7
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	5a	1	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	ļ	
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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	Ī	
^	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
9		9a	Ī	ĺ
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
b 10	Section 501(c)(7) organizations. Enter.	55		
10 a	Initiation fees and capital contributions included on Part VIII, line 12	1 34	<i></i> ,	l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			. E. a.
11	Section 501(c)(12) organizations. Enter:	1.00		1999
а	Gross income from members or shareholders 11a 100, 542, 370) (%)		Page
b	Gross income from other sources (Do not net amounts due or paid to other sources		, .	1/2
	against amounts due or received from them) 11b 1,336,110	<u>)</u>	1	,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	لسفا		<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O	- 8	_	
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	-		
С	Enter the amount of reserves on hand	 		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	<u>X</u> _
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	004	<u> </u>
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	990,(2017) NORTHEASTERN RURAL ELECTRIC 35-0756490		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee insti	uction	7S.
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	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	1		
	committee, explain in Schedule O.			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 9	_] '		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1		_
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	x	ĺ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	79,	,
16a				10.11.29
iva	with a taxable entity during the year?	16a	X	200-65-10
		. %		2/30/
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	199	Maple	1200/19
	organization's exempt status with respect to such arrangements?	16b	X	11 111
500	tion C. Disclosure	1 100	<u>, </u>	
<u>360</u>	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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
10	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request X Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
19	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ORTHEASTERN REMC 4901 E PARK 30 DRIVE			
		0-24	4-6	111
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Form 990 (2017)	NORTHEASTERN	RITRAT.	ELECTRIC

35-0756490

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more the box, unless person is officer and a director/file.)				an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) JANE SCOTT										
	8.45		ì	}	1		ł	•	ì	
BOARD CHAIR	0.00	X	<u>L</u>	X	<u></u>			24,046	0	0
(2) THOMAS WESTERN		ļ	Ì			i i	Ì			
}	3.92	ł	1		1	1 1	1	}	l	
VICE CHAIR	0.00	X		X				19,721	600	0
(3) MARJORIE KENNEDY	BABBIT'	Ŧ	l			{ {	- (ł	
Į.	3.37	1				1 1			{	
TREASURER	0.00	X	_	X	_			15,196	0	0
(4) ROB HIGGINS		Ì	ļ				l		1	
	6.54		ļ	ļ		1	- {		{	
SECRETARY	0.00	X	_	X				19,446	0	0
(5) CATHY EGOLF		ļ		}		1				
}	0.89	ł	1	1		1 1		}	1	
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>		\sqcup		5,549	0	0
(6) ERIK LINNEMEIER		1	1	l		1 1			1	
	0.92	}_]	l					_}	_
BOARD MEMBER	0.00	X	 	<u> </u>	<u> </u>			5,549	0	0
(7) DOUGLAS SCHRADER		ļ		1		1 1				
	4.92			ŀ	ł				4.5	
BOARD MEMBER	0.00	X	_	<u> </u>	L_	\sqcup	_	18,696	600	0
(8) DONALD DAFFORN		1		ŀ					ļ	
	3.85	}	1	ļ						
BOARD MEMBER	0.00	X	 	<u> </u>	_			19,634	0	0
(9) JOE KRUYER		}				[]				
	3.71	1		ļ						
BOARD MEMBER	0.00	X	<u> </u>	┞-	<u> </u>	\sqcup		16,996	0	0
(10) GREGG KIESS]		1 1			ļ	
	48.00]]] }		100 005		
	0.00	<u>L</u>	<u> </u>	<u> </u>			X	122,226	0	27,440
PRESIDENT & CEO		7								
PRESIDENT & CEO (11) ERIC JUNG]						
	48.00) 	x				124,661	o	53,150

481600 05/08/2018 4 27 PM
Form 990 (2017) * NORTHEASTERN RURAL ELECTRIC

Part VII Section A. Officers					_		s, a	and Highest Compensated		Page 6
(A) Name and title	(B) Average hours per week (list any	(d bo	o not o	(C) Positi check m ess pers nd a dire	on ore	than o	ene an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	a and officer employs (W-2/1099-MISC)		from the organization and related organizations						
(12) KEVIN QUICKE	1									
VP CORPORATE SERVICE	41.00			1 1		х		142,244	o	47 679
(13) JAMES EITSER		╁	-			Α.	-	142,244	0	47,678
	43.00		ļ	1 1						
VP DISTRIBUTION SERV	0.00	}_	├	} 		X	<u> </u>	150,394	0	28,271
(14) DOUGLAS FERR	41.00		l	1 1						
VP CONSUMER SERVICES	0.00) }		х		128,181	o	43,890
(15) MICHAEL DE FI			T		_		┪		<u>_</u>	
	40.00	{	ĺ	{ {						
DIRECTOR OF MARKETIN	0.00	-	-	+		X	-	121,409	0	23,253
		3								
1b Sub-total							▶	933,948	1,200	223,682
c Total from continuation she	ets to Part VII,	Sect	ion /	A				022 040	1 200	222 (02
d Total (add lines 1b and 1c) Total number of individuals (in				those	lıs	ted a	bov	933, 948 ve) who received more than		223,682
reportable compensation from	the organization	n ▶	6		-	_				Yes No
3 Did the organization list any fo	•				-	•	•	oloyee, or highest compensa	ited	3 X
employee on line 1a? If "Yes, 4 For any individual listed on lin	e 1a, is the sum	of re	port	able c	om	pens	satio			3 1
organization and related orga individual	nizations greatei	tnai	1 \$1:	טטט,טטנ) 7 [r Ye	·S, " (complete Schedule J for su	cn	4 X
5 Did any person listed on line									individual	
for services rendered to the o		res,	con	npiete	Sci	neau	<u>10 J</u>	i tor such person		5 X
1 Complete this table for your fi	ve highest comp	ensa	ated	indep	end	ent d	cont	tractors that received more	than \$100,000 of	
compensation from the organ		omp	ensa	ation fo	or ti	ne ca	alen			ar(C)
	(A) I business address								(B) tion of services	(C) Compensation
NELSON TREE SERVICE CHICAGO	тт	. 6	506	77 77	48	9 :		LUTIONS CENTER TREE TRIMMING		312,940
ROBERT HENRY CORP			,00		0	ВО	_	1407		312,540
SOUTH BEND	IN	1 4	66	24				DIST PLANT CON	is	191,405
PREMIER POWER MAINT					03	55 (1	AMPIONSHIP DR		
INDIANAPOLIS GAYLOR ELECTRIC	Tī	v 4	62	68 5	75	50 (SUBSTATION MAD		156,796
INDIANAPOLIS	11	1 4	62	50	,			DIST PLANT CON		114,690
2 Total number of independent	contractors (incl	udin	a but	t not lu	mit	ed to	the	ose listed above) who		
received more than \$100,000									4	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue excluded from tax Unrelated exempt function under sections 512-514 revenue revenue Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a PROGRAM SERVICE REVENUE 221000 100,542,370 100,542,370 b All other program service revenue g Total. Add lines 2a-2f 100,542,370 Investment income (including dividends, interest, and other similar amounts) 70,452 70,452 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 43,148 other than inventor b Less cost or other basis & sales exps 10,013 33,135 c Gain or (loss) d Net gain or (loss) 33,135 33,135 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances 2,498 b Less' cost of goods sold 2,600 c Net income or (loss) from sales of inventory -102 Þ Miscellaneous Revenue Busn. Code 11a 1,008,719 1,008,719 PATRONAGE ALLOCATIONS 221000 192,939 b FORFEITED DISCOUNTS 192,939 MISCELLANEOUS INCOME 30,967 30,967 d All other revenue Total. Add lines 11a-11d 1,232,625 Total revenue. See instructions 101,878,480 0 100,542,370 1,336,110

Part IX Statement of Functional Expenses

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

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

0000	Check if Schedule O contains a resp			npiete column (A)	
00.0	·	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments See Part IV, line 21			***************************************	·····
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				
5	Compensation of current officers, directors,				
	trustees, and key employees	269,494			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	122,226			
7	Other salaries and wages	5,383,743			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	933,011			
9	Other employee benefits	930,536			
10	Payroll taxes	444,380			
11	Fees for services (non-employees)				
а	Management	· ·			
b	Legal	55,922			
c	Accounting	20,000			
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	-				
9	Other (If line 11g amount exceeds 10% of line 25, column	74,197			
40	(A) amount, list line 11g expenses on Schedule O)	155,266			
12	Advertising and promotion				L
13	Office expenses	353,992			
14	Information technology				
15	Royalties				
16	Occupancy		 		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	<u> </u>			
19	Conferences, conventions, and meetings		 		
20	Interest	2,190,988			
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization	4,740,580		<u></u>	
23	Insurance	82,821			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	7 3 7 7 7			2.4
а	PURCHASED POWER	81,454,149			
b	OTHER TAXES	1,402,235			
c	MAINTENANCE - DISTRIBUTIO	636,837			
ď	CUSTOMER SELLING/SERVICE	533,743			
e	A.11	481,748			
25	Total functional expenses. Add lines 1 through 24e	100,265,868		0	0
26			<u>-</u>		<u>_</u>
	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)		<u> </u>		
DAA					Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 837,312 760,865 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 11,498,129 12,351,444 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. 5 trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 1,255,575 1,035,123 8 Inventories for sale or use 8,234,853 9,075,210 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 137,129,682 other basis Complete Part VI of Schedule D 10a 10b 60,674,982 75,321,435 76,454,700 b Less accumulated depreciation 11 Investments—publicly traded securities 11 14,064,867 13,908,020 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 1,140,911 1,339,042 15 Other assets See Part IV, line 11 15 113,014,271 16 114,263,215 Total assets. Add lines 1 through 15 (must equal line 34) 16 11,000,032 10,963,967 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 47,104,006 46,270,391 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 2,363,114 25 2,421, 946 of Schedule D 59,597,472 26 60,525, 984 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 1.14 1/4 Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ þ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 53,416,799 53,737,231 32 32 Retained earnings, endowment, accumulated income, or other funds 53,416,799 33 53,737,231 33 Total net assets or fund balances 113.014.271 114,263,215 34 Total liabilities and net assets/fund balances

Form 990 (2017)

<u>Form</u>	990 (2017) NORTHEASTERN RURAL ELECTRIC 35-0756490				Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	L,8'	78,	480
2	Total expenses (must equal Part IX, column (A), line 25)	2	100	20	<u>65,</u>	<u>868</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u> </u>	1,6	12,	<u>612</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	53	3,4:	16,	<u> 799</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	_8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	:	<u>1,2</u>	92,	<u> 180</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	5.	3,7	<u>37,</u>	<u> 231</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?]	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		į			
	reviewed on a separate basis, consolidated basis, or both		Ì			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		l			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		ļ			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ı	{
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ļ			}
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				For	m 99	0 (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Schedule C (Form 990 or 990-E2), 2017

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations. Complete Part III

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Name	e of organization	NORTHEASTERN RURAL	ELECTRIC		Employer ident	fication number
		MEMBERSHIP CORPORAT			35-07564	
Par	ti-A Com	plete if the organization is exe	mpt under section 501(d	c) or is a section	n 527 organizatio	n.
1	Provide a descrip	otion of the organization's direct and indi	rect political campaign activities	s in Part IV (see inst	tructions for	
	definition of "poli	tical campaign activities")				
2	Political campaig	n activity expenditures (see instructions)			▶ \$	3,000
3		for political campaign activities (see insti			0	
Pai		plete if the organization is exe		c)(3).		
1		t of any excise tax incurred by the organ			> \$	
2		t of any excise tax incurred by organizati	•	55	▶ \$	О. О.
3	•	n incurred a section 4955 tax, did it file F	form 4720 for this year?			Yes No
	Was a correction	· · · · · · · · · · · · · · · · · · ·				Yes No
*********	If "Yes," describe	plete if the organization is exe	ant under coation 501/s	a) avaant aaati	n 501(a)(2)	
					on son(c)(s).	
1		t directly expended by the filing organiza	tion for section 527 exempt fun	ction	▶ s	3,000
•	activities	t of the films ergonization's funds contrib	uited to other ergenizations for	coction	> 3	3,000
2	527 exempt fund	t of the filing organization's funds contrib	futeu to other organizations for	section	▶ \$	
3	•	action expenditures Add lines 1 and 2 E	nter here and on Form 1120-D	ור	•	
3	line 17b	ction experiationes. And lines I and 2. L.	inter here and on room 1120-1	JC,	▶ \$	3,000
4		anization file Form 1120-POL for this ye	ar?		•	X Yes No
5	• •	, addresses and employer identification		political organization	ns to which the filing	
•		de payments For each organization liste				
	•	olitical contributions received that were pr				
	•	gregated fund or a political action comm	The state of the s			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and
					funds If none, enter -0-	promptly and directly delivered to a separate
				1		political organization
				L		If none, enter -0-
(1)	INDIANA FOR	RE	INDIANAPOLIS		1	
	720 N HIGH	SCHOOL RD	IN 46214	35-1998087	3,000	·
(2)				1		
			<u> </u>	 		
(3)						
						
(4)						
			 	 		
(5)]	ļ	
			 			
(6)						
			1			

Sch	nedule Ç (F	Form 990 or 990-EZ) 2017 NOF	RTHE	ASTERN RU	RAL ELECTR	IC	3	5-0756490		Page 2
_	art II-A	Complete if the orga							ction under	
_	•	<u>section 501(h)).</u>								
Α	Check	▶ ☐ if the filing organiza		-			ach affilia	ated group memb	er's name,	
		address, EIN, expe								
В	Check	▶ ☐ if the filing organiz	zation o	checked box A	and "limited cor	ntrol" provisio	ns app	y		
		Limits on l (The term "expenditure		ing Expendit			orga	(a) Filing nization's totals	(b) Affiliated group totals	
	a Total I	obbying expenditures to influence								
		obbying expenditures to influence								
	c Total lobbying expenditures (add lines 1a and 1b)									
		exempt purpose expenditures	ra una	15)						
		exempt purpose expenditures (a								
					طفوط مر واطمة مس			- 		
	-	ing nontaxable amount Enter th	ie amour	nt from the follow	ing table in both					
	colum									
		mount on line 1e, column (a) or (D) IS:		ntaxable amount is:					
		er \$500,000		20% of the amoun						
		500,000 but not over \$1,000,000			6 of the excess over \$5					
		1,000,000 but not over \$1,500,000			6 of the excess over \$1					
		1,500,000 but not over \$17,000,000			of the excess over \$1,5	000,000				
		17,000,000		\$1,000,000						
	-	roots nontaxable amount (enter		·						
		act line 1g from line 1a If zero or								
		act line 1f from line 1c If zero or								
	j If there	e is an amount other than zero o	on either	line 1h or line 1i,	did the organization	file Form 4720				_
_	report	ing section 4911 tax for this year	r۶					 	Yes	No
			4	l-Year Averagi	ng Period Under	section 501(h	1)			
		(Some organizations that n						of the five colum	ns below.	
		,			nstructions for lin					
			Lobby	ing Expenditu	ures During 4-Yea	r Averaging l	Period			
		lander vace (or fined vace								-
	Ca	lendar year (or fiscal year beginning in)		(a) 2014	(b) 2015	(c) 201	6	(d) 2017	(e) Tot	al
		50gg,	1			<u> </u>				
	2a Lobby	ring nontaxable amount	_							
_	h Lobby	ring ceiling amount							 	
_	•	6 of line 2a, column (e))							 	
	c Total	lobbying expenditures								
	d Grass	roots nontaxable amount								
_	e Grass	roots ceiling amount	7	, ,				2		
	(150%	6 of line 2d, column (e))			<i>" (4)</i>		<u> </u>			
_		roots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2017

Coroach Was I manages on lines do Abrierab de baleiro constituto Doublito de 16. I	(a	"	(t)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u></u> ├─┤				
c Media advertisements?		$\neg \neg$			
d Mailings to members, legislators, or the public?		\dashv			
e Publications, or published or broadcast statements?	-	$\neg \neg$			
f Grants to other organizations for lobbying purposes?		$\neg \uparrow$			
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?		7			-
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	i01(c)(5),	or se	ction ————	_	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	↓	<u></u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	↓
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior			3	<u></u>	<u>L</u>
Part III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."				3, is	
Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
political expenses for which the section 527(f) tax was paid).					
a Current year	ļ	2a			
b Carryover from last year]	2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV. Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list);					

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES

Schedule C (Form 990 or 990-EZ) 2017 NORTHEASTERN RURAL ELECTRIC

35-0756490

Page 4

Part IV Supplemental Information (continued)

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

Inspection

2017 Open to Public

	of the organization	ì	Employer le	dentification number
NC	ORTHEASTERN RURAL ELECTRIC	ł		
	MBERSHIP CORPORATION	<u></u>		756490
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Account	S.
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on F	Form 990 Part IV line 7		
	Purpose(s) of conservation easements held by the organization (check			
1	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land	area
	Protection of natural habitat	Preservation of a certified historic		arca
	Preservation of open space		0 01, 00.0.0	
2	Complete lines 2a through 2d if the organization held a qualified consei	vation contribution in the form of a conse	ervation	
-	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure incl	uded ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ition during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is	ocated >		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation e	easements	during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easer	ments durir	ig the year
_	> \$	the requirements of costion 170/b\/A\/B\/	۸	
В	Does each conservation easement reported on line 2(d) above satisfy the and posture 470(b)(a)(D)(a)(b)	the requirements of section 170(1)(4)(b)(1)	☐ Yes ☐ No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easem	ents in its revenue and evnense stateme	nt and	
9	balance sheet, and include, if applicable, the text of the footnote to the			te
	organization's accounting for conservation easements			
P	organizations Maintaining Collections of Art,		Similar /	Assets.
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n			eet
	works of art, historical treasures, or other similar assets held for public			
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	ierance of	
	public service, provide the following amounts relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1	•	P	\$ e
_	(ii) Assets included in Form 990, Part X	other similar assets for financial asia, as	ovide the	,
2	If the organization received or held works of art, historical treasures, or		Ovide (IIE	•
_	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.	_	\$
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		•	\$
	7 1000 to introduce in Fronti 300, 1 at A		<u>-</u>	

Schedule D (Form 990) 2017 NORTHEAS	TERN RURAL	ELECTRIC	<u>.</u>	35-0756	490		F	Page 2
Part III Organizations Maintaini				or Other Sin	nilar Assets	(contin		
 Using the organization's acquisition, acces collection items (check all that apply) 	sion, and other record	is, check any of th	ne following that a	re a significant u	ise of its			
a 🔲 Public exhibition	d 🗌	Loan or exchange	e programs					
b Scholarly research	е 🗌	Other						
c Preservation for future generations								
4 Provide a description of the organization's	collections and explain	n how they further	the organization'	s exempt purpos	se in Part			
XIII								
5 During the year, did the organization solicit								٦
Part IV Escrow and Custodial A		part of the organiz	ation's collection				es	No
Complete if the organization		" on Form 990	. Part IV. line !	9. or reported	an amount	on Forn	n	
990, Part X, line 21.			, , , , , , , , , , , , , , , , , , , ,	-, · · · · · · · · · · · · ·			-	
1a Is the organization an agent, trustee, custo	dian or other intermed	diary for contributi	ons or other asse	ts not				
included on Form 990, Part X?						Y	es 🗌	No
b If "Yes," explain the arrangement in Part X	III and complete the fo	ollowing table						
					<u> </u>	Amoun	<u>t</u>	
c Beginning balance					1c			
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance 2a Did the organization include an amount on	Form 990 Part Y line	21 for escrow o	r custodial accour	nt liability?	<u> </u>	Y)e [No
b If "Yes," explain the arrangement in Part X		•		•		L, ,,	~ 	₹ 70
Part V Endowment Funds.			<u> </u>					
Complete if the organization	on answered "Yes	" on Form 990	, Part IV, line	10.				
	(a) Current year	(b) Prior year	(c) Two ye	ars back (d)	Three years back	(e) Fou	r years	back
1a Beginning of year balance	L	<u> </u>						
b Contributions	<u></u>	-				-}		
c Net investment earnings, gains, and		j	ļ					
losses								
d Grants or scholarships	 	 				 		
 Other expenditures for facilities and programs 	}		1	}				
f Administrative expenses	 	 	- 			 		
g End of year balance								
2 Provide the estimated percentage of the c	urrent year end balanc	e (line 1g, columi	n (a)) held as					
a Board designated or quasi-endowment ▶	%							
b Permanent endowment ▶ %								
c Temporarily restricted endowment ▶	%							
The percentages on lines 2a, 2b, and 2c s 3a Are there endowment funds not in the posi-	•	ation that are held	l and administere	d for the				
organization by:	session of the organiz	ation that are new	and administere	a for the		1	Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If "Yes" on line 3a(ii), are the related organ	izations listed as requ	ired on Schedule	R?			3b		
4 Describe in Part XIII the intended uses of t	he organization's end	owment funds.						
Part VI Land, Buildings, and Eq		"	D-40/ ()	44 - 0 - 5 -	000 04	V (4	•	
Complete if the organization								
Description of property	(a) Cost or other (investment)	1 ''	ost or other basis (other)	(c) Accumula depreciatio		(d) Book	value	
1a Land	(massum)		,682,082	, depredant		1 6	82	082
1a Land b Buildings			5,591,978	1.88	1,786			192
c Leasehold improvements			, , _ , _		-1.55			<u>-22</u>
d Equipment		128	8,855,622	58,79	3,196	70,0	62,	426
e Other								
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, column (B), li	ne 10c.)		•	76,4	54,	700

	om 990) 2017 NORTHEASTERN RURAL EI	LECTRIC	<u> 35-0756490</u>	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" or			
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial of	lerivatives			
	ld equity interests	-28,298		
	ATRONAGE CAPITAL	13,608,648		
(A) FEI	DERATED INSURANCE EXCHANGE	223,646		
(B) HE	ARTLAND EMERGENCY EQUIPMENT	186,809		
(C) CEI	RTIFCATES OF INVESTMENT	46,907		
(D) NR	JCFC-MEMBER CAPITAL SECURITIES	25,000		
(E) MEI	MBERSHIPS	2,155		
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) ▶	14,064,867		
Part VIII	Investments—Program Related.			<u> </u>
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c, See Form 990, Pa	rt X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of vi	
		į į	Cost or end-of-year	market value
(1)				
(2)				
(3)		+		
(4)		+	· · · · · · · · · · · · · · · · · · ·	
(5)		_		
(6)				
(7)		-		
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13)▶	-		
Part IX	Other Assets.	_ 		
, all ix	Complete if the organization answered "Yes" or	Form 990 Part IV line	11d See Form 990 Pa	ort X line 15
	(a) Description	11 0111 000, 1 01114, 1110	114. 000 1 0111 000, 1 0	(b) Book value
(4)	(a) Doos pilot			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	-,			
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, line	11e or 11f. See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book value	Marie Carlos Car	W. W. Harristonia &
	income taxes		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	とくしんきょう カキーきょ

1.	(a) Description of liability	(b) Book value	19 11 11/16	4		777777 - 46			THE	goldy)	JP JI
(1)	Federal income taxes		J. 4. 1. 1.		1 1/1	" ()	//		14	19	"/
(2)	CONSUMER DEPOSITS	2,001,190		11	11	1,	11	30	-	1 4	31
(3)	CONTRIBUTIONS IN AID OF CONSTRUCTION	420,756		· ;			4	,			3,
(4)						•			•		
(5)											
(6)]	3	,		, 1		,		, .
(7)			_]			19			;		
(8)],					3			
(9)			1 12	1	,		, ,	,			
Tota	I. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	2,421,946		~ ; ;	9					£	

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

4c

100,265,868

Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 101,878,480 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 101,878,480 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 101,878,480 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 100,265,868 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other losses 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 100,265,868 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

4b

Supplemental Information.

b Other (Describe in Part XIII) c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4. Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X - FIN 48 FOOTNOTE

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(12)OF THE INTERNAL REVENUE CODE. THE CORPORATION HAS ADOPTED FASB ASC 740-10-25, AND DETERMINED NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF DECEMBER 31, 2017. THE ADOPTION OF FASB ASC 740-10-25 DID NOT IMPACT THE CORPORATION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS. IF APPLICABLE, THE CORPORATION WILL RECOGNIZE INTEREST AND PENALTIES RELATED TO UNDERPAYMENT OF INCOME TAXES AS INCOME TAX EXPENSE. AS OF DECEMBER 31, 2017 AND 2016, THE CORPORATION HAD NO AMOUNTS RELATED TO UNRECOGNIZED INCOME TAX BENEFITS AND NO AMOUNTS RELATED TO ACCRUED INTEREST AND PENALTIES. THE CORPORATION DOES NOT ANTICIPATE ANY SIGNIFICANT CHANGES TO UNRECOGNIZED INCOME TAX BENEFITS OVER THE NEXT YEAR. Part XIII Supplemental Information (continued)

THE CORPORATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE AGENCIES FOR YEARS BEFORE 2014.

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

Department of the Treasury Internal Revenue Service Name of the organization

NORTHEASTERN RURAL ELECTRIC

Employer identification number MEMBERSHIP CORPORATION 35-0756490

Pa	t I Questions Regarding Compensati	on			
				Yes	No
1a	Check the appropriate box(es) if the organization provide	ed any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a Complete Part III to pr	ovide any relevant information regarding these items.			ĺ
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			ĺ
	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 orga	nization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses de	scribed above? If "No," complete Part III to			ĺ
	explain		1b		
2	Did the organization require substantiation prior to reim	bursing or allowing expenses incurred by all		; 	
	directors, trustees, and officers, including the CEO/Exe	cutive Director, regarding the items checked in line))		
	1a?		2		
3	Indicate which, if any, of the following the filing organiza	ntion used to establish the compensation of the			
	organization's CEO/Executive Director Check all that a	pply Do not check any boxes for methods used by a			
	related organization to establish compensation of the C	EO/Executive Director, but explain in Part III			
	X Compensation committee	Written employment contract			1
	X Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Pa	rt VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			į	
а	Receive a severance payment or change-of-control pay	ment?	4a		X
b	Participate in, or receive payment from, a supplementa	I nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity-base	d compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide	le the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) orga	anizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, lin	e 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of.			•	
а	The organization?		5a		<u> </u>
þ	Any related organization?		5b	ļ	ļ
	If "Yes" on line 5a or 5b, describe in Part III		1		100
6	For persons listed on Form 990, Part VII, Section A, lin	e 1a, did the organization hav or accrue any		14/	16/1
0	compensation contingent on the net earnings of.	e ra, did the digamization pay of decide any			
_	The organization?		6a	~~~	,,,,,,,,,,,,,,,,,
	Any related organization?		6b		
U	If "Yes" on line 6a or 6b, describe in Part III.		7		7
	,			1 - 1	
7	For persons listed on Form 990, Part VII, Section A, lin	e 1a, did the organization provide any nonfixed		· '	1
-	payments not described on lines 5 and 6? If "Yes," des		7	L '	
8	Were any amounts reported on Form 990, Part VII, pai				
	to the initial contract exception described in Regulation				
	in Part III		8		
		•			7
9	If "Yes" on line 8, did the organization also follow the re	ebuttable presumption procedure described in			ĺ
	Regulations section 53 4958-6(c)?		9	1	[

NORTHEASTERN RURAL ELECTRIC

Schedule J (Form 990) 2017

Part =

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35-0756490

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

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

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

(F) Compensation in column (B) reported as deferred on prior Form 990 149,666 178,665 172,071 189,922 177,811 (E) Total of columns (B)(·)+(D) 5,955 16,848 22,203 2,149 21,918 (D) Nontaxable benefits 21,485 25,475 21,972 36,302 26,122 (C) Retirement and other deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (tit) Other reportable compensation (ii) Bonus & incentive compensation 122,226 142,244 150,394 124,661 128,181 (I) Base compensation हां हो हो हो हो हो हो हो हो हो ह (A) Name and Title 3 VP CORPORATE SERVICE 4 VP DISTRIBUTION SERV VP CONSUMER SERVICES PRESIDENT & CEO 2 PRESIDENT & CEO DOUGLAS FERRELL KEVIN QUICKERY JAMES EITSERT GREGG KIESS ERIC JUNG 2

0 0 0 0 0

0

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35-0756490

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.

:

Schedule J (Form 990) 2017 NORTHEASTERN RURAL ELECTRIC Part III Supplemental Information

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:

Schedule J (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organizatio

Name of the organization NORTHEASTERN RURAL ELECTRIC MEMBERSHIP CORPORATION

Employer identification number

35-0756490

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

TOM WESTERN

DOUGLAS SCHRADER

DIRECTOR

DIRECTOR

BUSINESS

BUSINESS

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS ALL ENTITIES PURCHASING POWER FROM THE REMC ARE MEMBERS OF THE MEMBERSHIP CORPORATION.

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

THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERS AT THE ANNUAL MEETING OF

THE CORPORATION.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
THE MEMBERS APPROVE OR DISAPPROVE OF THE BOARD OF DIRECTORS ACTIONS AT THE
ANNUAL MEETING.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
MANAGEMENT REVIEWS THE 990 AND AUDIT REPORT WITH THE BOARD OF
DIRECTORS AT A BOARD MEETING. THE FORM IS APPROVED BY THE BOARD PRIOR TO
FILING OF THE TAX RETURN.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

A CEO COMPENSATION COMMITTEE MADE UP ENTIRELY OF BOARD OF DIRECTORS

MEMBERS MEEETS TO EVALUATE AND DETERMINE THE APPROPRIATE SALARY LEVEL OF

Page 2

NOTE OF THE PARTY OF THE PARTY

NORTHEASTERN RURAL ELECTRIC

35-0756490

Employer identification number

THE CEO INCLUDING THE USE OF COMPARABLE DATA.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE ORGANIZATION REVIEWS COMPENSATION TO ESTABLISH ALL SALARIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE BYLAWS OF THE COOPERATIVE, 2 YEARS OF ANNUAL REPORTS AND THE LISTING OF
THE BOARD OF DIRECTORS AND CONTRACT INFORMATION IS MAINTAINED ON THE
COOPERATIVE'S WEBSITE. FORM 990 IS MAINTAINED IN HOUSE AND IS AVAILABLE
FOR INSPECTION OR COPYING DURING BUSINESS HOURS.

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

	\$ 0
CHANGE IN MEMBERSHIPS	\$ 5,850
RETIREMENT OF CAPITAL CREDITS	\$ -1,298,030
TOTAL	\$ -1,292,180

SCHEDULE R (Form 990)	LE R 0)	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	nizations an	d Unrelated F	Partnership: IV, line 33, 34, 35	S b, 36, or 37.		2017,
Department of the Treasury Internal Revenue Service	ле Тгеазигу в Ѕелисе	► Go to www.irs.go	► Attach to ov/Form990 for ins	▶ Attach to Form 990. gov/Form990 for instructions and the latest information.	atest information	٠		Open to Public Inspection
Name of the organization	anization	NORTHEASTERN RURAL ELECTRIC MEMBERSHIP CORPORATION					Employer identificatio	Employer identification number 7
Part	Identif	Complete if the	rganization ansv	organization answered "Yes" on Form 990, Part IV, line 33	orm 990, Part	IV, line 33		
	Na.	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<u> </u>	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>E</u>								
(5)								
(3)								
(4)		·						
(9)		·						
Part	Identii one or	Identification of Related Tax-Exempt Organizations. Co	Complete if the or tax year.	rganization answ	ered "Yes" on	Form 990, Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had tax year.	se it had
		(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign counity)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Us Direct controlling entity	(g) Section 512(b)(13) controlled entty? Yes No
(E)		: :						
(2)								
(3)								
(4)								
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For Paperwo	ork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Sched	Schedule R (Form 990) 201

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Schedule R (Schedule R (Form 990) 2017 NORTHEASTERN RURAL ELECTRIC Identification of Related Organizations Taxable as a least the pecause it had one or more related organizations treated	ELECTRIC INS Taxable Ianizations tr	1-73	35-0 artnership. as a partner	25-0756490 **Artnership. Complete if the organizes a partnership during the tax year.	organization tax year.	35-0756490 Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 as a partnership during the tax year.	on Form 9	90, Part IV, line	34	Lage
	(a) Name, address, end EIN of related organization	(b) Primary activity		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate alloc?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
(1)											
(2)									{		
(3)	:										
(4)	·										
Part IV	Identification of Related Organizations Taxable as a line 34 because it had one or more related organizations	ated organizated	as a (Corporation treated as a	Corporation or Trust. Complete if the organization treated as a corporation or trust during the tax year	plete if the or rust during the	Corporation or Trust. Complete if the organization answered "Yes" treated as a corporation or trust during the tax year.		on Form 990, Part IV	art IV,	
	(a) Name, address, and EIN of related organization	(b) Primary activity	<u>.</u>	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage		(i) Section 512(b)(13) controlled entity?
			-								Yes No
(1) CUSTOMER C 4901 EAST COLUMBIA C 35-1990896	(1)CUSTOMER CHOICE SERVICES CORP 4901 EAST PARK 30 DR COLUMBIA CITY IN 46725 35-1990896	R.E. DEVEL	ÆĽ	NI	N/A	บ	30,756	1,030,776	,776 100.000000	00000	×
(2)	:										
(3)		,								,	
4.	:										-
DAA			1						Schedule	Schedule R (Form 990) 201	990) 201

Page Schedule R (Form 990) 201 Yes ! × × Method of determining amount involved ξ ţ 4 79 9 5 4 4 1e 5 ÷ ş # = € Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. BILLED If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 30,756 Amount involved 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? Transaction type (a-s) ø 35-0756490 Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity CUSTOMER CHOICE SERVICES CORPORATIO Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets from related organization(s) Schedule R (Form 990) 2017 NORTHEASTERN RURAL ELECTRIC Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Name of related organization Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) PartV ۵ £ ල 4 (2) 3 9

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(k) Percentagi ownership Page. Schedule R (Form 990) 201 Yes No (J) General or managing partner? (I)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) 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 Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. (h) Disproportionate allocations? Yes No (g) Share of end-of-year assets (f) Share of total income (e)
Are all partners section 501(c)(3) organizations? Yes No 35-0756490 (c) (d) Legal Predominant Al domicile income (related, (state or unrelated, excluded sections 512-514) from tax under foreign country) (b) Primary activity Schedule R (Form 990) 2017 NORTHEASTERN RURAL ELECTRIC : Name, address, and EIN of entity Part VI 6) 5 (1) 3 (2) 9 8 (8) Ξ (2) 3

Schedule.R (Form 990) 2017 NORTHEASTERN RURAL ELECTRIC

<u>35-0756490</u>

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Part VII Supplemental Information.

Provide additional information

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