Form .990

(Rev January 2020)

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.

OMB. No. 1545-0047

(2019)

	Intern	nment of the 1 nat Revenue Se	reasury ervice	► Go to www	v Irs.gov/Form990 for Instruction	ns and the latest	information	10/10	Inspection	
	A	For the 20	19 calendai	r year, or tax year beginning	, and ending	1	,	•	········	
		Check if applica			ERN RURAL ELECTRIC			D Employer	Identification number	·
					P CORPORATION		i			<b>N</b>
	$\Box$	Address change			P CORPORATION			25 05	75.6400	<b>©</b>
		Name change	1 -	business as			r-8	35-U / E Telephone	756490	
	Ħ.	-1111	4	er and street (or P O box if mail is not delive O1 EAST PARK 30 DRIV			Room/suite		113-6111	
		nitial return		<del></del>				000-	17-0111	. 6
!		Final relurn/ erminated		r town, state or province, country, and ZiP or	foreign postal code		i i			ರು
		Amended return	CO1	LUMBIA CITY	IN_46725			G Gross recei	pts\$ 106,530,702	<u>-</u>
	Щ,	Amenoco retori	' F Name	and address of principal officer						أهسد
		Application pend	ding ER	IC JUNG			H(a) Is this a grou	ip return for suc	oordinales? Yes X No	4
			49	01 EAST PARK 30	DRTVE	1~	H(b) Are all subor	rdinates include	ed? Yes No	<b>N</b> 3
i			1	LUMBIA CITY	IN 46725	1'/	If "No." a	attach a list (s	ee instructions)	13
						<del></del>	┥ `	,	•	
		Tax-exempt sta			(insert no ) 4947(a)(1) or	527	4	_		
1	<u>J</u>	Website -		NREMC.COM		1	H(c) Group exem		<u> </u>	-
10		Form of organiz	zation X (	Corporation Trust Association	Olher ▶	L	Year of formation 19	936 <u> </u>	M. State of legal demicile. In	<b>——</b>
	₹P	art 🔁	Summai	ry		ľ		1 1	BECEIVEL	)   i
A	ノ	1 Brief	lv describe th	he organization's mission or most	significant activities	1	•	1 1	TLOL.	حدايره
8	۵.		•	•	•	T.E.CTRTCTY	IN PARTS	OF SEX		IRS-OS(
2	၁င	T1	אוא ע בטרונדס	DISTRIBUTION COOPER COUNTIES; WHITLEY, A	TIEN HINETNOON	MADACU A	אי חוא די זווי		$\sim 0$ CT $2020$	121
್ಟ	паг	11	MULANA (	COUNTES, MULTIPEL, H	TIEN, HUNIINGION,	WADASH, N	טסדים אואט עי	030 12	<u>.</u>	] #I
_	ه د او د				•					
		2 Chec	ck this box 🕨	If the organization discontini	ied its operations or disposed o	f more than 25%	of its net assets		OGDEN, U	
Ţ	T %	3 Num	ber of voting	members of the governing body (	Part VI, line 1a)			3	_9	
r	Se	4 Num	ber of indepe	endent voting members of the gov	erning body (Part VI, line 1b)			4	9	į
(	בּֿ		·	ndıvıduals employed ın calendar y				5	84	
Ī				volunteers (estimate if necessary)	22. 22.2 (* 2.1 ), 22,	٠		6	0	
	Z∢				human (C) line 12			7a	0	.
}	7			usiness revenue from Part VIII, co	• •			<del> </del>	<del></del>	.
	3	b Net u	inrelated bus	siness taxable income from Form	990-1, line 39	1	DV	7b	0	. [
	Revenue SCANNEL FEE	0.0					Prior Year		Current Year	.
,	اير			i grants (Part VIII, line 1h)			717 466	- 014	105 005 000	
•	٦	-		revenue (Part VIII, line 2g)			111,466		105,895,088	. [
<u>,</u>	[ § ]	10 Inves	stment incom	ne (Part VIII, column (A), lines 3, 4	, and 7d)			,812	56,673	. 1
, į	ا "(	11 Othe	r revenue (P	art VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		724	,844	519,940	
15	<b>~</b>	12 Total	revenue – a	idd lines 8 through 11 (must equal	Part VIII, column (A), line 12)		112,268	870	106,471,701	1
Ų				ir amounts paid (Part IX, column (				,235	0	.
	`			r for members (Part IX, column (A	•	ľ	<del></del>		0	
·			-	impensation, employee benefits (F	•		8,457	060	8,625,975	. }
{	Expenses				* * *		0,431	, 000	0,020,010	. !
	eus			raising fees (Part IX, column (A),		_		retere		
~	훘		-	expenses (Part IX, column (D), lin	•	0				.
$\sim$	۳ ا	17 Other	r expenses (	Part IX, column (A), lines 11a-11e	I, 11f–24e)	ļ	101,004		94,286,667	
~		18 Total	expenses A	Add lines 13–17 (must equal Part i	X, column (A), line 25)	Į	109,464		102,912,642	
က		19 Reve	nue less exp	penses Subtract line 18 from line	12		2,804		3,559,059	
—	o S		-		· · ·		Beginning of Curre		End of Year	
FEB	let Assets or und Balances	20 Total	assets (Part	l X, line 16)			114,908	, 393	114,883,232	
ш	A Sign	21 Total	habilities (Pa	art X, line 26)		ĺ	59,614	,884	57,510,157	
-	Ę,Ę	22 Net a	•	d balances Subtract line 21 from	ine 20		55,293		57,373,075	
<del></del>		artiis	Signatur	<del></del>			23,233	, , , , , ,	<u> </u>	İ
0									lada a sad bahat das	
6				declare that I have examined this relu Declaration of preparat (other than of				or my knowl	leage and belief, it is	
ro O		_,		- Constitution (office that of		or preparel fr	as any movieuge	1/4	a/20	ļ
2			· <del></del>	The fel				9/	1/20	1
m	Sig	n   🖊	Signature of					Date	(	
2	Her	e	ERIC	C JUNG -		PRESI	DENT & CE	ΞO		
. <del>-</del>			Type or print	name and tille		$\sim$				•
20		Pnni	VType preparer's	name	Preparer's signature	<del>/ )                                   </del>	Dale	Check	If PTIN	1
	Paid	G AM	יים או או	DRFER, CPA	1 m. 1(	dela 1	_ 06/03/	20 self-emplo	Dyed P00017582	\
	Pren			· · · · · · · · · · · · · · · · · · ·	OORFER & CO., LI	D		n's EIN 🕨	35-1679361	1
		Only Firm	's name		REET, STE. 2202		- Firm	IIS EIN F	<u> </u>	3
	-556	1				٠.			260 422 0405	
			's address	FORT WAYNE, IN		<del></del>	Pho	one no	260-423-9405	į
				urn with the preparer shown abov		(1 ')	)		X Yes No	
	For	anonyork E	Poduction Ac	t Notice see the congrete instructi	200	$\sigma$	, 4 -	_	50rm 990 (2010)	1

Form 990 (2019	NORTHEASTERN RURAI	ELECTRIC	35-0756490	Page <b>2</b>
Part III	Statement of Program Service	e Accomplishments		П
<del></del>	Check if Schedule O contains a	a response or note to an	y line in this Part III	
ELECTR			CRING ELECTRICTY IN PA IGTON, WABASH, NOBLE A	
prior Form	ganization undertake any significant pro n 990 or 990-EZ? escribe these new services on Schedule		which were not listed on the	Yes X No
services?	ganization cease conducting, or make s escribe these changes on Schedule O	ignificant changes in how it cor	nducts, any program	Yes X No
4 Describe expenses	the organization's program service acco	zations are required to report the	ee largest program services, as measured by the amount of grants and allocations to others	
4a (Code DISTRI	)(Expenses \$ BUTION OF ELECTRICI	including grants o		\$ )
				-
4b (Code N/A	) (Expenses \$	including grants o	f \$ ) (Revenue	\$ )
4c (Code N/A	) (Expenses \$	including grants o	f \$ ) (Revenue	\$ )
(Expenses		) ing grants of \$	) (Revenue \$	)
4e Total prog	ram service expenses			

Form 990 (2019) NORTHEASTERN RURAL ELECTRIC
Part V 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_	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	<b> </b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			١,,
^	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
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			v
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
٠	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	۲		
	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,	發張		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes,"		-34020-00-0	1.42-1-1
	complete Schedule D, Part VI	11a	Х	
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	
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		l	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	5			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	446		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	$\dashv$	
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	i	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	<del></del>		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	i	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ſ		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

P	art V Checklist of Required Schedules (continued)	<del></del>		1
			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	ŀ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	X	
0.4-	employees? If "Yes," complete Schedule J	23		<del>                                     </del>
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			i
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	<del></del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	2.75		<b></b>
·	to defease any tax-exempt bonds?	24c		
d		24d		
	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		
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 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			Ì
	persons? If "Yes," complete Schedule L, Part III	27	earnet dire	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	\$45-15 \$10-150 \$10-150		品質素
	IV instructions, for applicable filing thresholds, conditions, and exceptions)		壁壁	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		1	,
	"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	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			١,,
	"Yes," complete Schedule L, Part IV	28c	<del> </del>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		├^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
24	conservation contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<del></del>	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		Х
22	complete Schedule N, Part II	32	<b></b>	
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	- 55		···
<b>5</b> 4	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	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		
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		Х
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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	i 1	[ <del>25.4.4.*</del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 36			學型
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X_	<u> </u>

22- F. d	LEVES Statements Regarding Other IRS Filings and Tax Compilance (Continu	ieu)				
2-	Cates the purpher of employers gapaged on Form M.O. Transcruttel of Micros and Toy	, ,	,		Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		84	3.4.7.5E		ŽĘ
	Statements, filed for the calendar year ending with or within the year covered by this return		_04		で	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b	X	
٥.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2-		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	_	X
b	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 auth	-				٠,
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)	7	4a	San-L	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	ounts (I	FBAR)	THE CO	RP44	
5a	Was the organization a party to a prohibited tax sheller 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	17		5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c_	-	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.		,,
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X.
р	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_	gifts were not tax deductible?			6b	100 FEB.	5-7-1-12-12-12-12-12-12-12-12-12-12-12-12-1
7	Organizations that may receive deductible contributions under section 170(c)			聖皇		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				Tables.
	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			l _		
	required to file Form 8282?	1 . 1		7c	diest.	e terrer s
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<del></del>			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr			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 8		· ·	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C7	7h	759357	24.66gg
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the		製造	<b>1</b>	政治
^	sponsoring organization have excess business holdings at any time during the year?			8		TOTAL AND
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		_
р	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	men-dii.	William :
10	Section 501(c)(7) organizations Enter	ا مدا		<b>建</b>		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	1 1	105,895,088			
	Gross income from members or shareholders	11a	105,895,088			
b	Gross income from other sources (Do not net amounts due or paid to other sources	441	E7C C12			
120	against amounts due or received from them )	11b	576,613	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 6		12a	1 40 MAR TO	- 12 5
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-	इन्हें दि	_ Complete
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	N#5-37	Targer Sp
h	Note: See the instructions for additional information the organization must report on Schedule O			7		
	Enter the amount of reserves the organization is required to maintain by the states in which	13b				
	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13C	·-	響達		
	•	136 [		14a	#F####	X
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		
				140		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration excess parachute payment(s) during the year?	a i Ul		15		Х
				15	<u>कृत्यम्</u>	- /\ 
	If "Yes," see instructions and file Form 4720, Schedule N	nma^		∄Æ, ₽ 16	<u> </u>	X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income If "Yes," complete Form 4720, Schedule O	אווופי		25E		- <u>- /                                 </u>
	n 103, complete 1 0mm 4720, ochledule O			T		

Forn	1 990 (2019) NORTHEASTERN RURAL ELECTRIC 35-0756490				F	Page 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through	gh 7b be	low, and	for a "N		
-2-3-7	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of					3
	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	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			3.55		
	committee, explain on Schedule O	1				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	9	<b>三字</b>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					200
	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, trustees, or key employees to a management company or other person?			3	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1		
	one or more members of the governing body?			7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1		
	stockholders, or persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the follo	owing	1		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	nal Rev	<u>renue Co</u>	ode)		T
40.	Ditter and the best best best by the second of the best by			400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			106		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	. (0)		10b	Х	<del>                                     </del>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e iomi /		11a 译言		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1.	X	Spilturi.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. aanfliata	2	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	connicts	•	120	^	$\vdash$
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c		Х
42	describe in Schedule O how this was done			13	X	<u> </u>
13	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?			14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Χ	(4047-507-
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)			35%		3323
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			<b>東第</b>		臺灣
100	with a taxable entity during the year?			16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			111111111111111111111111111111111111111	達	
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				蠶	
	organization's exempt status with respect to such arrangements?			16b	X	27.
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 (Sect	on 501(c)	)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	. ,				
	Own website X 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 interes	policy, ai	nd			
	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 ▶

4901 E PARK 30 DRIVE

IN 46725

NORTHEASTERN REMC

COLUMBIA CITY

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	riedis idi related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Farmer	(VV-Z/1035-WIGC)	((**21633****165)	related organizations	
(1) ERIC JUNG											
	45.00										
PRESIDENT & CEO	0.00			X			_	232,722	0	69,853	
(2) MICHAEL D DEFREE											
	40.00										
DIRECTOR OF MARKETIN	0.00			<u> </u>		Х		123,565	0	48,622	
(3) JAMES EITSERT											
	45.00	Ì									
VP DISTRIBUTION SERV	0.00	_			<u> </u>	Х		159,181	0	33,186	
(4) ANDREW MITCHELL				İ							
	40.00									55 051	
ENGINEERING SUPERVIS	0.00	ļ	_	<u> </u>	_	X		124,882	0	55 <b>,</b> 251	
(5) TODD MYERS				ŀ							
	47.55					,,		107 140		22 065	
JOURNEYMAN LINEMAN	0.00			<u> </u>	<u> </u>	X		127,140	0	32,865	
(6) ROB HIGGINS	5 05										
	5.25	١,,		,,	l			01 00 5	0	^	
SECRETARY	0.00	X	ļ	X	-		_	21,025	0	0	
(7) DOUGLAS SCHRADER			İ	İ							
	3.08	١,,						10 505	200	0	
BOARD MEMBER	0.00	X		<del> </del>		-	-	12,525	200		
(8) INGRID TIPPMANN	NICHOLSC	IN			}						
	5.31	Ι,,						10 000	0	0	
BOARD MEMBER	0.00	X		_	<u> </u>	$\vdash$	-	18,900	0	<u> </u>	
(9) THOMAS WESTERN	2 06						ŀ				
	3.96	.,		.,			ŀ	10 025	200	0	
VICE CHAIR	0.00	Χ		Х	-		-	18,025	200	<u> </u>	
(10) DONALD DAFFORN	2 20										
	3.38	1,						12 000		0	
BOARD MEMBER	0.00	Χ	<u> </u>			-	ļ	13,000	0	0	
(11) JOSEPH KRUYER	ا ے را										
mper outpup	3.55	\ ,		\ ,,				16 205	0	0	
TREASURER	0.00	Χ	L	Χ	L	ł	Ц	16,325		- 000	

(A) (B)  Name and little Average hours per week (list any hours for			x, unle	Pos check ess pe nd a d	rson i	ihan o s bolh r/inuste	an from the organization		(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(12) CATHY EGOLF	2 24									-
BOARD MEMBER	3.84	Х						14,800	0	0
(13) ERIK LINNEMEI		21						11/000	<u> </u>	
	1.43							15 205	^	0
BOARD MEMBER (14) CAROL COOPER	0.00	X						15,325	0	0
(14) CAROL COOPER	2.29									
BOARD MEMBER	0.00	Х						4,600	0	0
1b Subtotal		<u> </u>					<u> </u>	902,015	400	239,777
c Total from continuation shee	ets to Part VII, S	ectio	n A				<b>&gt;</b>	3027012		
d Total (add lines 1b and 1c)							<u> </u>	902,015	400	239,777
2 Total number of individuals (incorportable compensation from the compensation)			to th	ose I	istec	abo	ve)	who received more than \$10	00,000 of	
3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization and related organization and related organization listed on line 1a for services rendered to the organization B Independent Contractor	mer officer, direct complete Schedu 1a, is the sum of zations greater the ireceive or accru ganization? If "Ye	ctor, to le J to repo nan \$	for so ortab 150, mpei	uch ii le co 000? nsati	ndivi mpe ? If "' on fr	<i>dual</i> nsati Yes," om a	on i	and other compensation from mplete Schedule J for such unrelated organization or ind		Yes No 3 X 4 X 5 X
1 Complete this table for your five										
compensation from the organiz	(A) business address	ipen	รสแด	in tor	ine	caler	iaa		ne organization's tax year (B) ion of services	(C) Compensation
NELSON TREE SERVICE	ousiness address				148	9 5	ΟI	Descript JUTIONS CENTER	ion of services	Compensation
CHICAGO	IL	6	06			. `		TREE TRIMMING		435,379
TECHNOLOGY FOR ENERG					107	37		XINGTON DR		
KNOXVILLE	TN	3	79:		20	BO.		INST/MAINT		209,760
ROBERT HENRY CORP SOUTH BEND	IN	4	662		20	BOX		.407 DIST PLANT CON	S	207,340
PREMIER POWER MAINTE			501		103	5 d		MPIONSHIP DR		20.7340
INDIANAPOLIS	IN	4	62					SUBSTATION MAI	N	189,122
MWM INC. 4350 E 1000 S-92 ROANOKE IN 46783 INST/MAINT						164 600				
ROANOKE  2 Total number of independent co	IN				ited	to the		INST/MAINT		164,600
received more than \$100,000 o									5	Form 990 (2019)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII    Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O contains a response or note to any line in this Part VIII   Controlled   Check if Schedule O c	(D) Revenue excluded from lax under sections \$12-514
Total revenue    Sample   Company	nue from lax under
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6a Gross rents b Less rental expenses c Rental inc or (loss)    Business Code	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal  6a Gross rents b Less rental expenses c Rental inc or (loss)  6c	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6a Gross rents b Less rental expenses c Rental inc or (loss)  6b 6c	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a-2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6a Gross rents b Less rental expenses c Rental inc or (loss)  6b 6c	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6a Gross rents b Less rental expenses c Rental inc or (loss)  6b 6c	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6a Gross rents b Less rental expenses c Rental inc or (loss)  6b 6c	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6a Gross rents b Less rental expenses c Rental inc or (loss)  6b 6c	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6a Gross rents b Less rental expenses c Rental inc or (loss)  6b 6c	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6a Gross rents b Less rental expenses c Rental inc or (loss)  6b 6c	
2a PROGRAM SERVICE REVENUE  b c d e f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal b Less rental expenses c Rental inc or (loss) 6c	
b c d d e f All other program service revenue g Total. Add lines 2a-2f	
f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 Gross rents 6 b Less rental expenses 6 c Rental inc or (loss) 6 c	
f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 Gross rents 6 b Less rental expenses 6 c Rental inc or (loss) 6 c	
f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 Gross rents 6 b Less rental expenses 6 c Rental inc or (loss) 6 c	
f All other program service revenue g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 Gross rents 6 b Less rental expenses 6 c Rental inc or (loss) 6 c	
g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 Gross rents 6 b Less rental expenses 6 c Rental inc or (loss) 6 c	
3 Investment income (including dividends, interest, and other similar amounts)   4 Income from investment of tax-exempt bond proceeds 5 Royalties   (i) Real (ii) Personal 6 Gross rents 6 b 6 Less rental expenses 6 b 6 C Rental inc or (loss) 6 c	
other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6 Gross rents  b Less rental expenses  C Rental inc or (loss)  6 C	
4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal  6a Gross rents 6 b Less rental expenses 6 b  C Rental inc or (loss) 6 c	E2 406
5 Royalties  (i) Real (ii) Personal  6a Gross rents 6a b Less rental expenses 6b c Rental inc or (loss) 6c	53,486
6a Gross rents b Less rental expenses c Rental inc or (loss) 6 (i) Real (ii) Personal	
6a Gross rents b Less rental expenses c Rental inc or (loss) 6c 6a 6b	
b Less rental expenses 6b C Rental inc or (loss) 6c	
c Rental inc or (loss) 6c	
TO DECLEPTIAL INCOME OF COSS) ► 1	to the Chartestan and Additional Company
7a Gross amount from (i) Securities (ii) Other	
sales of assets other than inventory 7a 27, 620	
· · · · · · · · · · · · · · · · · · ·	
b Less cost or other basis and sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events	
g c Gain or (loss) 7c 3, 187	
d Net gain or (loss)   → 3,187	3,187
8a Gross income from fundraising events	
(not including \$	
of contributions reported on line 1c)	
See Part IV, line 18	
b Less direct expenses 8b = 1	
c Net income or (loss) from fundraising events	
9a Gross income from gaming activities	
See Part IV, line 19 9a	
b Less direct expenses 9b	The second secon
c Net income or (loss) from gaming activities	
10a Gross sales of inventory, less returns and allowances 10a 29, 400	
b Less cost of goods sold 10b 34, 568	
c Net income or (loss) from sales of inventory  -5, 168	-5,168
Ruspace Code Sales Cod	
11a PATRONAGE ALLOCATIONS 221000 224,795	224,795
b FORFEITED DISCOUNTS 206,326	206,326
The state of the s	93,987
d All other revenue	
e Total. Add lines 11a–11d ▶ 525, 108	1
12 Total revenue. See instructions ▶ 106, 471, 701 105, 895, 088	

Form 990 (2019) NORTHEASTERN RURAL ELECTRIC 35-0756490
Part X Statement of Functional Expenses

Sect	ton 501(c)(3) and 501(c)(4) organizations must contain the Check if Schedule O contains a respiration of the Check if Schedule O contains a respir			lete column (A)	
 Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				The last of the second
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			是工具是不可以	
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	400 605			
_	trustees, and key employees	408,605		<u> </u>	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	5,750,442			
7	Other salaries and wages	3,730,442			
8	Pension plan accruals and contributions (include	990,210			
9	section 401(k) and 403(b) employer contributions) Other employee benefits	1,014,232	<u> </u>		
10	Payroll taxes	462,486			
11	Fees for services (nonemployees)	402,400			
a					
b		26,835			
, C		23,000			
•	Lobbying	23,000			
e	D ( ) ( ) ( ) D D ( ) ( ) ( ) D				
f	Investment management fees		ار در در از از از از از از از از از از از از از	Source and an interesting to a particular supply and provide an extremity of	
g					
٥	(A) amount, list line 11g expenses on Schedule ()	44,919			
12	Advertising and promotion	138,437			
13	Office expenses	363,947			
14	Information technology	,			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	<u> </u>			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,151,432			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,329,914			
23	Insurance	336,866			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If			Application of the property of the second of	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		Andread to the state of the sta		Annual Control of State of Sta
а	PURCHASED POWER	82,769,826			
b	OTHER TAXES	1,476,097			
C	MAINTENANCE - DISTRIBUTIO	952,965		<u>.</u>	
d	CUSTOMER SELLING/SERVICE	329,865			<u> </u>
	All other expenses	342,564			
25	Total functional expenses. Add lines 1 through 24e	102,912,642	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 569,482 476,311 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 10,551, 11,771,697 4 Accounts receivable, net 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 1,067,028 1,125,080 8 8 Inventories for sale or use 7,268,781 394,656 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 148,152,806 10a basis. Complete Part VI of Schedule D 65,857,467 78,976,710 82,295,339 10b b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 14,224,444 13,838, 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 1,123,422 1,108,558 15 15 Other assets. See Part IV, line 11 114,883,232 114,908,393 16 Total assets. Add lines 1 through 15 (must equal line 33) 11,305,072 11,211,900 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 936,034 45,732 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 2,577,500 of Schedule D 59,614,884 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 X Net Assets or Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 55,293,509 31 57,373,075 31 Retained earnings, endowment, accumulated income, or other funds 57,373,075 55,293,509 Total net assets or fund balances 114,908,393 33 114,883,232 Total liabilities and net assets/fund balances

Form 990 (2019)

Form	1990 (2019) NORTHEASTERN RURAL ELECTRIC 35-0756490			Page <b>12</b>
Ра	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1_	106,471	<u>,701</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,912	
3	Revenue less expenses Subtract line 2 from line 1	3	3,559	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	55,293	<u>,509</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 on Schedule O)	9_	-1, <u>479</u>	<u>, 493</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
OF THE	32, column (B))	10	57 <b>,</b> 373	<u>, 075</u>
Pā	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Ye	s No
1	Accounting method used to prepare the Form 990			量量更
	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			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	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			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		PETH BAI	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O		Parties of the second of the s	
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			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2019)

### 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 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 I) Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations. Complete Part III. Employer identification number Name of organization NORTHEASTERN RURAL ELECTRIC MEMBERSHIP CORPORATION 35-0756490 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 3,000 Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3) **▶** \$ Enter the amount of any excise tax incurred by the organization under section 4955 **▶** \$ Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No 4a Was a correction made? No b If "Yes." describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 3,000 activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, 3,000 X Yes Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) INDIANA FORE	INDIANAPOLIS			
720 N HIGH SCHOOL RD	IN 46214	35-1998087	3,000	
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 NORT	HEASTERN RU	JRAL ELECTR	[C	•	35-075649	O Page	2
Part II A Complete if the organ				d filed	Form 5768 (ele	ection under	
section 501(h))							
A Check ▶ ☐ If the filing organization	belongs to an affil	ated group (and list	in Part IV ea	ch affilia	ited group memb	er's name,	
address, EIN, expense	es, and share of exc	cess lobbying expend	ditures).				
B Check ▶ ☐ if the filing organization	n checked box A an	d "limited control" pr	ovisions appl	у			
Limits on Lo	bbying Expendi	tures			(a) Filing	(b) Affiliated	
(The term "expenditures"	means amounts	paid or incurred.)	·	org	ganization's totals	group totals	
1a Total lobbying expenditures to influence pu	iblic opinion (grassroc	its lobbying)					_
b Total lobbying expenditures to influence a	legislative body (direc	t lobbying)		ļ			_
c Total lobbying expenditures (add lines 1a a	and 1b)						_
d Other exempt purpose expenditures				ļ			_
e Total exempt purpose expenditures (add li	nes 1c and 1d)						
f Lobbying nontaxable amount. Enter the an	nount from the following	ng table in both					
columns		<del> </del>		· · · · ·		Table / Fr Ga, New St. Color Asses	is
If the amount on line 1e, column (a) or (b) is	: The lobbying no	ntaxable amount is					葛
Not over \$500,000	20% of the amour	nt on line 1e				<b>新文学生是</b> 的任务的	ğ
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	0,000				
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1,0	000,000				
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	00,000				巍
Over \$17,000,000	\$1,000,000						
g Grassroots nontaxable amount (enter 25%				<b></b>		<del></del>	_
h Subtract line 1g from line 1a If zero or less	•			<u> </u>			_
i Subtract line 1f from line 1c If zero or less.						<del></del>	_
J If there is an amount other than zero on eit	her line 1h or line 1i, o	did the organization file	Form 4720			m., m.,	
reporting section 4911 tax for this year?						Yes No	<u> </u>
		ing Period Under S					
(Some organizations that ma	de a section 501(ł	n) election do not h	ave to comp	lete all	of the five colur	nns below.	
	See the separate i	instructions for line	es 2a throug	h 2f.)			
	abbuing Eugandii	uras During 4 Vasr	Averening f	Doriod			_
	onnying Expendit	ures During 4-Year	Averaging r	enou			-
Calendar year (or fiscal year	(a) 2016	(b) 2017	(c) 201	g.	(d) 2019	(e) Total	
beginning in)	(2) 2010	(6) 2017	(6) 201	Ü	(4) 2013	(6) 10(0)	
					-		_
2a Lobbying nontaxable amount							
b Lobbying ceiling amount	4734-37-2014-52					eretat Gr. 90	_
(150% of line 2a, column (e))							
, , , , , ,							_
c Total lobbying expenditures							
							_
d Grassroots nontaxable amount							_
e Grassroots ceiling amount						120 A	
(150% of line 2d, column (e))	And the second of the second o	Carried Annual Control	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	_
		1	I			1	

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Sche	edule C (Form 990 or 990-EZ) 2019 NORTHEASTERN RURAL ELECTRIC 35	-075	649	0		Page 3
	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed I	orm	5768		
		(;	3)	(	b)	
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed cription of the lobbying activity	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				66-35095 - 362-53	
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	: Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	F Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
1	Other activities?					
j	j Total Add lines 1c through 1i	五學是				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				產調學	
b	o If "Yes," enter the amount of any tax incurred under section 4912			<u> </u>		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<u> </u>			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					77
Pa	rtill A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5), c	rse	ction		
	501(c)(6).				<del>-,</del> -	<b>,</b>
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		ــــــ
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	↓	ــــــ
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3	<u> </u>	<u> </u>
Pa	TIMES Complete if the organization is exempt under section 501(c)(4), section 501(					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Canswered "Yes."	)R (b) I	Part l	II-A, line 3	}, is	
1	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).					
а	Current year		2a			
b	Carryover from last year	[	2b			
С	Total	ĺ	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ĺ	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			
Pai	rtIV. 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), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SCHEDULE C, PART IV, ADDITIONAL INFORMATION

CONTRIBUTIONS TO POLITICAL ACTION COMMITTEES

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 Open to Public

Name	of the organization		Employer identification number
N	ORTHEASTERN RURAL ELECTRIC		
_ M	EMBERSHIP CORPORATION		35-075 <u>64</u> 90
P	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		RECEIVED
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	C	
4	Aggregate value at end of year	[Ş	3 OCT 2 0 3 3   S
5	Did the organization inform all donors and donor advisors in writing that t		<u> </u>
-	funds are the organization's property, subject to the organization's exclus		OGDEN. UT Ves I No
6	Did the organization inform all grantees, donors, and donor advisors in w	1	
_	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?	devices, or les any other perpose	Yes No
隱 <b>P</b> a	it ii: Conservation Easements.		
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check a	li that ap <u>ply</u> )	
	Preservation of land for public use (for example, recreation or educate	tion) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a cons	
	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 include	led ın (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06	i, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organiz	ation during the
	tax year ▶		
4	Number of states where property subject to conservation easement is loc	eated ►	
5	Does the organization have a written policy regarding the periodic monito	ring, 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 v	iolations, and enforcing conservation	easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ons, and enforcing conservation ease	ements during the year
	<b>▶</b> \$	-	•
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)	)(I)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense stateme	ent and
	balance sheet, and include, if applicable, the text of the footnote to the org		
	organization's accounting for conservation easements		
Pa	rt-III Organizations Maintaining Collections of Art, I		er Similar Assets.
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 958, not to reprint	ort in its revenue statement and balan	ice sheet works
	of art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtheranc	e of public
	service, provide in Part XIII the text of the footnote to its financial stateme	nts that describes these items	
b	If the organization elected, as permitted under FASB ASC 958, to report it	n its revenue statement and balance s	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of	of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or other	her similar assets for financial gain, pi	rovide the
	following amounts required to be reported under FASB ASC 958 relating to		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

	TERN RURAL			35-07564		Page	e 2
Part III Organizations Maintainir						'continued)	
3 Using the organization's acquisition, access collection items (check all that apply)	on, and other records	, check any of the follow	wing that make	significant use of i	ts		
a Public exhibition	d 🗌	Loan or exchange pro	gram				
b Scholarly research	е 🗍	Other					
c Preservation for future generations	<del></del>						
Provide a description of the organization's or     XIII	ollections and explain	how they further the org	ganization's exe	empt purpose in Pa	art		
5 During the year, did the organization solicit of	r receive donations of	art historical treasurer	s or other simil	ar			
assets to be sold to raise funds rather than t			•	aı		☐ Yes ☐ N	10
Part V Escrow and Custodial Ar		it of the organization's	Collection			1631	
Complete if the organization		" on Form 990. Pa	rt IV line 9	or reported an	amount o	n Form	
990, Part X, line 21							
1a Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributions or o	other assets no	t			
included on Form 990, Part X?						∐ Yes ∐ N	10
b If "Yes," explain the arrangement in Part XIII	and complete the folio	owing table		_			_
				_		Amount	_
c Beginning balance				_	1c		_
d Additions during the year				-	1d		_
e Distributions during the year				<u> </u>	1e		_
f Ending balance				L	1f	<del></del>	_
2a Did the organization include an amount on F						∐ Yes ∐ N	ю
b If "Yes," explain the arrangement in Part XIII	Check here if the exp	lanation has been prov	ided on Part X	11			
Part V Endowment Funds.							
Complete if the organizatio		1					
	(a) Current year	(b) Pnor year	(c) Two years	back (d) Thre	e years back	(e) Four years back	_
1a Beginning of year balance			ļ				
b Contributions						<u> </u>	
c Net investment earnings, gains, and							
losses							
d Grants or scholarships			-				_
e Other expenditures for facilities and					ļ		
programs							
f Administrative expenses							
g End of year balance		<u> </u>	i	l		L	_
2 Provide the estimated percentage of the curr		(line 1g, column (a)) he	ld as				
a Board designated or quasi-endowment ▶	%						
b Permanent endowment ► %							
c Term endowment ▶ %							
The percentages on lines 2a, 2b, and 2c short	•						
3a Are there endowment funds not in the posses	sion of the organization	on that are held and adi	ministered for t	he			—
organization by						Yes No	<u> </u>
(i) Unrelated organizations						3a(i)	_
(ii) Related organizations						3a(ıi)	—
b If "Yes" on line 3a(ii), are the related organiza						3b	—
4 Describe in Part XIII the intended uses of the		ment funds					_
Part VI Land, Buildings, and Equ		an Farm 000 Day	. 157 1 44	. 0 5	00 D. LV	l 40	
Complete if the organization					<u> 30, Paπ X,</u>		
Description of property	(a) Cost or other b. (investment)	asis (b) Cost or o		(c) Accumulated depreciation		(d) Book value	
1a Land	(mreaunerii)			depreciation	<i>राजस</i> ा	1 600 01.	<del>-</del>
b Buildings			<del> /  </del>		060	1,689,01	
•		0,6	83,301	2,122,	704	4,560,339	<u> </u>
c Leasehold improvements	-	120 76	20 400	62 724	EOE .	76 045 00	_
d Equipment e Other		139,78	80,488	63,734,	505	76,045,983	<u>3</u>
e Other  Total. Add lines 1a through 1e (Column (d) must ed	ual Form 990 Part V	column (R) line 100 l			<del></del>	32 295 330	<u>_</u>

		HONTHERDIEN MONTH	L
EDS 製造が消費	Investments	Other Consulting	

Investments – Other Securities.  Complete if the organization answered "Yes" on F	Form 000 Part IV June	11h See Form 990 P	art Y line 12
(a) Description of security or category	(b) Book value	(c) Method o	
(Including name of security)	(b) Book value	Cost or end-of-ye	
(1) Financial derivatives			
(2) Closely held equity interests	346,043		
(3) Other PATRONAGE CAPITAL	12,954,342		
(A) FEDERATED INSURANCE EXCHANGE	241,787		
(B) HEARTLAND EMERGENCY EQUIPMENT	208,270		
(C) CERTIFCATES OF INVESTMENT	51,145		<del></del>
(D) NRUCFC-MEMBER CAPITAL SECURITIES	25,000		
(E) COOPERATIVE RESPONSE CENTER	10,000		·····
(F) MEMBERSHIPS	2,155	***	· · · · · · · · · · · · · · · · · · ·
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	13,838,742		
Part VIII Investments – Program Related.	/		
Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11c See Form 990, Pa	art X. line 13
(a) Description of investment	(b) Book value	(c) Method of	
<u> </u>		Cost or end-of-yea	ar market value
(1)			
(2)			
(3)			
(4)			
(5)			·
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
PartiX Other Assets.			
Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11d See Form 990, Pa	art X, line 15
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)	-	-	

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

## Part X Other Liabilities.

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

1	(a) Description of liability		(b) Book value
(1)	Federal income taxes		
(2)	CONSUMER DEPOSITS		2,105,150
(3)	CONTRIBUTIONS IN AID OF CONSTRUCTION		257,073
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	2,362,223

<sup>2</sup> 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

Sche	edule D (Form 990) 2019 NORTHEASTERN RURAL ELECTR	IC 3	<u>5-0756490</u>	Page 4
P	Reconciliation of Revenue per Audited Financial S	tatements With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1 1	L06,471,701
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		7 ज क्यों की पीक्ष के क्यों 1 करों के कि	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	LATE TO	
С	Recoveries of prior year grants	2c	2. 42.2 2. 42.2 2. 42.2	
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1		3 1	06,471,701
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Other (Describe in Part XIII )	4b	1.00 mg/d	
С	Add lines 4a and 4b	**	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 ]	06,471,701
- Pa	int XII Reconciliation of Expenses per Audited Financial S	Statements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a	•	
1	Total expenses and losses per audited financial statements		1 1	02,912,642
2	Americal control of the Alice		sieniste.	

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 c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d Subtract line 2e from line 1 102,912,642 3 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 b Other (Describe in Part XIII ) 4Ь c Add lines 4a and 4b 4c 5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) 102,912,642 5

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 X - FIN 48 FOOTNOTE

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, 2019. 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, 2019 AND 2018, 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 2016.

# SCHÉDULE 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 2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

NORTHEASTERN RURAL ELECTRIC

MEMBERSHIP CORPORATION

Employer identification number 35-0756490

3 6	artales Questions Regarding Compensation			
		किस संद	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 REC V			
	Travel for companions Payments for business use of personal residence		16	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees  OCT 20		0	
	Discretionary spending account Personal services (such as maid, chauffeur, dea)		10	
b		T.		
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			Ī
	explain	1b		<u> </u>
			a reporter defendance proprietation	
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		
				1400
3	Indicate which, if any, of the following the organization used to establish the compensation of the			2
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a			1
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee			
	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, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization	33		
а	Receive a severance payment or change-of-control payment?	4a		X
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		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	鶈		
				屬熱
	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	三型	建業	
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III	经经	雪室	
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			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III	重		47144 4744
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			
	ın 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)?	ایو	-[	

481600 06/03/2020 10 24 AM

Schedule J (Form 990) 2019 NORTHEASTERN RURAL ELECTRIC 35-0756490

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

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to curobycord (B)	(B) Breakform of W 2 and/or 4000 MISC amobyless	The same because of				
(A) Name and Title	(I) Base compensation	(ii) Bonus & incentive	(iii) Other reportable compensation	compensation	(U) Nontaxable benefits	(B)(i)-(D)	(F) Compensation in column (B) reported as deferred on pnor Form 990
ERIC JUNG	(u) 232,722 (u) 0	0 0	0 0	41,358	28,495	302,575	0 0
	123,56		0	25,220	23,402	172,187	0
ARKETIN	1	0 (	0	- 10	0		0 0
JAMES EITSERT 3 VP DISTRIBUTION SERV	(a) 159, 181 (b) 159, 181	0 0	0 0	30,854	2,332	192,367	0
	124,88		0	26, 582	28, 669	180,133	0
ERVIS	(11)		0				0
	(1) 127,140	0	0	19,299	13,566	160,005	0
5 JOURNEYMAN LINEMAN	(n)	0	O	0	0	0	0
	(1)						
9	(n)						
1)	9						
1)	(ii)						
	(3)						
8	(ii)						
<u> </u>	€					•	
<u>i)</u>	<u>=</u>						
10 (0	E (E)						
	(i)						
11	(E)						
12 (0	(II)		, ,				
13	(II)						
	(ii)						
	(II)						
2 2	(1)						

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 Schedule J (Form 990) 2019 NORTHEASTERN RURAL ELECTRIC SRate(川區 Supplemental Information for any additional information. Schedule J (Form 990) 2019

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.

Department of the Treasury Internal Revenue Service

NORTHEASTERN RURAL ELECTRIC MEMBERSHIP CORPORATION

Employer Identification number

35-0756490

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

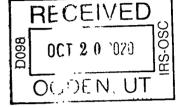
TOM WESTERN

DOUGLAS SCHRADER

DIRECTOR

DIRECTOR

BUSINESS



OMB No 1545-0047

2019

Inspection

Open to Public

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

Name of the organization

NORTHEASTERN RURAL ELECTRIC

Employer identification number

35-0756490

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

CHANGE IN MEMBERSHIPS

\$ 8,790

RETIREMENT OF CAPITAL CREDITS

\$ -1,488,283

TOTAL

\$ -1,479,493

481600 06/03/2020 10 24 AM SCHEDULE R (Form 990)

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.

Open to Public 2019

OMB No 1545-0047

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

Employer identification number 35-0756490 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. NORTHEASTERN RURAL ELECTRIC MEMBERSHIP CORPORATION Department of the Treasury Internal Revenue Service Name of the organization Partil

E-1							
	(a) Name address and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicle (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
(1)							
(2)							
(3)				8600			
(4)			OGL	REC 0CT	REC		
(5)	2 0 202 E.N.		EN.	E1VE 2 0 202	,		
े Paril	Identification of Related Tax-Exempt Organizations. Co	omplete if the org	anization answered	"Yes" on Form 990,	Part IV, line 34,	because it h	ad
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) IRK	section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1)							
(2)							
(3)							
(4)							
(5)							

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

Schedule R (Form 990) 2019

481600 06/03/2020 10 24 AM

Schedule R (Form 990) 2019

Page 2

35-0756490

NORTHEASTERN RURAL ELECTRIC

Schedule R (Form 990) 2019 (k). Percentage ownership (I) Section 512(b)(13) controlled entity? Yes No × (i) General or managing Yes No partner? 100.000000 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 Percentage ownership 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 amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) 451,213 end-of-year assets Share of (h) Dispro-portionate alloc? Yes No Share of end-of-year assets 105,990 6 Share of total (f) Share of total income Type of entity (Coorp Scorp, or trust) O (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity N/A (d)
Direct controlling
entity (c) Legai domicile foreign country) (state or Z (state or foreign country) (c) Legal domicile DEVEL Primary activity Primary activity R.E. IN 46725 (1) CUSTOMER CHOICE SERVICES CORP Name, address, and EIN of related organization Name, address, and EIN of related organization 4901 EAST PARK 30 DR COLUMBIA CITY 35-1990896 Part Part IV DAA 3 Ξ 4 100 3 18 | ල

Page 3

35-0756490

Schedule R (Form 990) 2019 NORTHEASTERN RURAL ELECTRIC

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	Ŷ.
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?	ganizations listed in Par	ts II–IV?				阿里
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×	
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				19	×	
e Loans or loan guarantees by related organization(s)				1e		×
				意識を		
f Dividends from related organization(s)				11		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		×
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				÷		×
J Lease of facilities, equipment, or other assets to related organization(s)				1		×
					130/19	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		×
l Performance of services or membership or fundraising solicitations for related organization(s)				1	×	
m Performance of services or membership or fundraising solicitations by related organization(s)				1 E		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×	
o Sharing of paid employees with related organization(s)				10	×	
					震震	
p Reimbursement paid to related organization(s) for expenses				1p		×
q Reimbursement paid by related organization(s) for expenses			,	19	×	
					透透	層響
r Other transfer of cash or property to related organization(s)				1		×
s Other transfer of cash or property from related organization(s)		,		1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ncluding covered relation	nships and transaction t	hresholds			
(a)	Q	(2)	(g)			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CUSTOMER CHOICE SERVICES CORPORATIO	A	105,990 BILLED	BILLED
(2)				
(3)				
(4)				
(5)				
(9)				
				Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

35-0756490

Page 4

(k) Percentage ownership

NORTHEASTERN RURAL ELECTRIC

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

Yes No (J) General or managing partner? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Provide the following information for each entity faxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets (h)
Disproportionate
allocations? Yes No (g) Share of end-of-year assets (f) Share of total income or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (e)
Are all partners section 501(c)(3) organizations? Yes (d)
Predominant
income (related,
unrelated, excluded from tax under sections 512-514) (c) Legai domicile (state or foreign Primary activity Name address, and EIN of entity  $\widehat{\Xi}$ 8 <u>|</u>ල 4 3 (9) 3 6 (10) £ 8

Schedule R (Form 990) 2019 NORTHEASTERN RURAL ELECTRIC

35-0756490

Page 5

Part VII

Supplemental Information.

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