

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

<u>A</u>	For the	2012 cale	endar year, or tax yea <u>r beginn</u>	ning January 1	, 2012, and en	ding Dece	mber 31	, 20 12
В	Check if	applicable	C Name of organization Jackson	n County Rural Electric	Membership Corpora	ation	D Employe	er identification number
	Address	change	Doing Business As				1	35-0418308
$\overline{\Box}$	Name ch	•	Number and street (or P O box	of mail is not delivered to stre	et address) Room	/suite	E Telephor	
$\overline{}$	Initial reti	-	·		,			
H		-	P O Box K  City, town or post office, state, a	and 7IP code		<del> </del>		812-358-4458
	Terminat Amended		Brownstown, IN 47220	and zir code			<b>G</b> Gross re	cerpts \$ 52,601,200
	Applicati	on pending		officer James E. Wheatl	ev	H(a) is this		for affiliates? Yes No
_		p	P O Box K, Brownstown, IN		•,	l l		icluded? Yes No
_	Tay ayan	npt status		1(c) ( 12 ) ◀ (insert no )	14047(=)(4) ==			list (see instructions)
÷				(C) ( 12 ) (Insert 110) L	J 4947(a)(1) or			
<u> </u>	Website		w.jacksonremc.com	. 🗖	<del></del>		p exemption	<del></del>
K			<del></del>	sociation	L Year of for	nation 1937	M State	of legal domicile IN
۲	art I	Summ						·-·
	1	Briefly de	escribe the organization's m	nission or most significa	ant activities: Dist	ribution of elec	tricity to a	pproximately 20,000
<b>∑</b> •		members	on a cooperative basis					
22								
_E								
چ چ	2	Check th	nis box ▶ ☐ if the organizati	on discontinued its one	erations or dispose	d of more than	n 25% of	ite nat seeate
<b>~</b> g			of voting members of the g	•	•		1 - 1	
<b>≧</b> ø	1		· · · · · · · · · · · · · · · · · · ·					9
			of independent voting mem					8
Ę			mber of individuals employe				— <del>— — — — — — — — — — — — — — — — — — </del>	75
			mber of volunteers (estimate	• .			. 6	0
Ž	7a	Total unr	related business revenue fro	om Part VIII, column (C)	, line 12		. 7a	0
Z	b	Net unrel	lated business taxable inco	me from Form 990-T, li	ne 34		. 7b	0
Revenue SCANNED, IUN C. O. Revenue & Govern						Prior Y	ear	Current Year
Ĭ.	8	Contribu	tions and grants (Part VIII, Ii	ine 1h)			0	
٦	1		service revenue (Part VIII, I	•			9,288,406	50 222 050
Š	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)							50,323,950
æ							56,076	58,704
			venue (Part VIII, column (A),				2,471,743	2,218,546
			enue, add lines 8 through 1			5	1,816,225	52,601,200
			nd sımılar amounts paid (Pa				5,500	35,075
	14	Benefits	paid to or for members (Par		3,220,930	3,132,427		
S	15	Salaries,	other compensation, employ	ee benefits (Part IX, colu	mn (A), lines 5-10)	:	5,174,877	4,783,425
Expenses	16a	Profession	onal fundraising fees (Part I)	X, column (A), line 11e)			0	0
ğ			idráising expenses (Part IX,			<b>(</b>	. ,	1 32
Ä			penses-(Part-IX, column (A),		e)		3,414,918	·
			penses Add lines 13-17 (mu					44,650,273
	)		•	•		5	1,816,225	52,601,200
		nevenue	less expenses. Subtract lin	ie 18 from line 12	· · · ·		0	0
Net Assets or Fund Balances						Beginning of Ci		End of Year
set	20		sets (Part X, line 16)			9:	5,694,188	99,256,171
Z B	21	Total liab	oilities (Part X, line 26)			10	0,097,056	13,622,217
žZ	22	Net asse	ts or fund balances. Subtra	act line 21 from line 20		8:	5,597,132	85,633,954
P	art II	Signat	ture Block					
Un	der penal	ties of periu	ıry, I declare that I have examined t	this return, including accompa	inving schedules and sta	atements, and to t	the best of m	ny knowledge, and helief, it is
tru	e, correct	, and compl	lete Declaration of preparer (other t	than officer) is based on all in	ormation of which prepa	arer has any know	ledge	, in the modern and bonoi, it is
			T & ( ) hearth				11-9	-2013
Sig	n	Sign	nature of officer	<del>-{</del>			ate	720.5
He	-	-	-h-	. A VL	1 M		116	
110	.10		James E. When	Hey, Genera	al Manage	Υ		
		<u> </u>	e or print name and title		<u> </u>		<del></del> _	
Pa	iid	Print/Ty	pe preparer's name	Preparer's signature		Date	Check [	T If PTIN
	epare:	r 📖 -					self-emp	
	e Only		name >			Firr	n's EIN ▶	
Ja	e Om	y —	address ▶				one no	
Ma	y the IR		s this return with the prepar	rer shown above? (see	instructions) .			· · Yes No
			ction Act Notice, see the sep			. No 41000::		Form <b>990</b> (2012)
· Of	- ahei W	IVIK NEUU	ouon Accincuce, see me sep	rai att ili su uttiviis.	Cat	No 11282Y		Form <b>990</b> (2012)

_		es (Describe in Schedul including grants ce expenses	) (Revenue \$	)	
_	(Expenses \$	including grants	) (Revenue \$	)	
4d			_		
			 		*****

Form 99	<u> </u>			Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1		<b> </b> ✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		7
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	Ī	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		<b>√</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	,	)#####################################	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
	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		1
	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	✓	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	<b>✓</b>	1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	000	(0010)
		Forn	ロッカリ	(2012)

21				
21			Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
	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	1	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d		<b>√</b>
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	25a 25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
	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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
	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):			,
b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	<u> </u>
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		<b>√</b>
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		<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		<u>,</u>
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		<b>√</b>
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<u> </u>
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	

Part				_
<u> </u>	Check if Schedule O contains a response to any question in this Part V	<u>· ·</u>		<u> </u>
10	Enter the number reported in Day 2 of Four 1000 Fator 0 of est and leading		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	4.	,	
22		1c	✓	
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 75	٠. ا	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- '	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 account)?			1
	·	4a		· ·
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		- <u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	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			
<b>h</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>V</b>
b		CF		
_	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	İ		
a	and services provided to the payor?	<b>-</b>		
_		7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/B		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		
e	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, to pay premiums of a personal benefit contract?  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 and section 509(a)(3) supporting			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	İ		'
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	İ		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	ł		
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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			,
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			:
	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		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Cooti	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	. 🗸
Section	on 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		100	
ь 2	Enter the number of voting members included in line 1a, above, who are independent .  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6	<b>√</b>	<b>√</b>
b	one or more members of the governing body?	7a 7b	<b>√</b>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	<b>√</b>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ode l	1
0001	on bit didied (This decision b requests information about policies het required by the internal rever		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<b>\</b>	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	<b>√</b>	
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	<b>▼</b>	
13 14 15	Did the organization have a written whistleblower policy?	13	<b>√</b>	
a b	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-	1
Secti	on C. Disclosure	ı <del></del>		·
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)	า 501(	c)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.		·	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Lamps F. Whostley, 274 F. Rose Pd. Resumptown, IN. 47220. Phones 842, 359, 4459.	of the	•	

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

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.

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

Check this box if heither the organization he	I ally relate	l oigi	ai iiz		C)	ompe	1130	Lea any curren	it officer, director	, or trustee.
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average		(do not check more box, unless person					Reportable	Reportable	Estimated
Name and The	hours per					or/trus		compensation	compensation from	amount of
	week (list any hours for	익호	5	Q	<u>~</u>	9 ∓	ر ر	from the	related organizations	other compensation
	related	함	<u>#</u>	Officer	Key employee	동	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	중교	Ö		ಠ	e 6	-	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	al tru		yee	ğ				organizations
		<u>&amp;</u>	Institutional trustee			Highest compensated employee				
	1					<u> </u>				
(1) John Trinkle	4 58									
President		✓						15,178		
(2) Earl Pottschmidt	3 98									,,,
Vice President		1						14,684		
(3) Jerry Kelley	3.01									
Secretary-Treasurer		✓						14,484		
(4) John Miller	2 32									
Director		✓						14,284	_	
(5) Richard Lambring	3.16									
Director		✓						14,384		
(6) Walter Hunter	4.70									
Director		✓						18,988		
(7) Mark Trisler	3 66					i				
Director		✓						14,938		
(8) Paul Elliott	3 02									
Director		✓					ļ	14,784		
(9) John Hackman	3.33						:			
Director		<b>✓</b>	_				<u> </u>	14,588		
(10) James E. Wheatley	46									
General Manager		<b> </b>		✓			<u>.</u>	158,128		16,023
(11) Brad Pritchett	45									
Operations and Engineering Manager			_	_		<b>✓</b>		100,877		13,900
(12)										
(13)	<del>                                     </del>		-	-	_					
					L			<u> </u>		
(14)										
					1					

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees (	continu	red)		
•						C)			·					
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)			(F)	
	Name and title	Average hours per	box, ı	unles	s pe	rson	is both	an	Reportable compensation	Reportab compensation			timated	
		week (list any			_		or/trus	, <u> </u>	from	related		1	other	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-N			pensati om the	
		organizations	dual	tion	"	ᄬ	st c	œ	(W-2/1099-MISC)	(** 1000 **	,	orga	anızatıc	on
		below dotted line)	trus	lal tr		Q Q	mp						i relate Inizatio	
		<b>'</b>	tee	uste		"	ensa				İ			
_				ð			Ē							
(15)														
(16)														<del></del>
(17)					<del> </del>			-			-			
										·				
(18)								ļ						
(19)			-											
(20)														
(21)								-			-			
					_			_						
(22)														
(23)														
(24)							_							
(25)					-									
1b	Sub-total								205 217			<del></del>		20.022
C	Total from continuation sheets to Part	VII. Sectio	n A	•	•		•		395,317					29,923
d							Ċ	<b>•</b>	395,317		_			29,923
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w		ore than \$1	00,000	) of		
	reportable compensation from the organi	Zation Z											Yes	No
3	Did the organization list any former of							emp	loyee, or high	est compe	nsated	1		
	employee on line 1a? If "Yes," complete s										• •	_ 3	<u> </u>	<b>/</b>
4	For any individual listed on line 1a, is the					•						4		
	organization and related organizations individual	greater the	ادي الم	. 50,			10:	s, 	complete Sch	edule J 10	Sucr	' <del> -</del> 4	1	
5	Did any person listed on line 1a receive of									ation or inc	ividua		+	<del>                                     </del>
	for services rendered to the organization	? If "Yes," c	ompl	ete :	Sch	edu	ile J f	or s	uch person		<u> </u>	5	<u> </u>	<b>✓</b>
Section	on B. Independent Contractors  Complete this table for your five highest of		od inc	lone		ont.	oontr	n o t o	ro that rooms	d mare the	- ¢100	000 -		
•	compensation from the organization. Repyear.	ort compe	nsatio	n fo	or th	ent	alend	ar y	rear ending wit	h or within	the org	janizati	on's t	tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compen		
Elliott	Tree Service Inc.				_									74,310
	t Smith Enterprises, LLC													33,285
	com ROW Services												2	30,878
J.E. Re	eedy, Inc.												2	<u>22,337</u>
2	Total number of independent contractor	•	-					th	ose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	the or	roan	บรลใ	lion	▶							

i eli	VIII	Check if Schedule O		onse to any ques	stion in this Part	VIII.		m
\$ \$			·	nico to any quot	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, Grants Amounts	1a b	Federated campaigns Membership dues .	1b		, , ,	, , ,	,,	· ,
Contributions, Gifts, Grants and Other Similar Amounts	d e	Fundraising events . Related organizations Government grants (con	tributions) 1e		* * * * * * * * * * * * * * * * * * * *	**	* * * * * * * * * * * * * * * * * * * *	to a
Contributions, Gifl and Other Similar	f	All other contributions, grand similar amounts not inc Noncash contributions include	cluded above 1f					* * * *
<u>3 E</u>	h	Total. Add lines 1a-1			- * *****	**		
une		<b>.</b>		Business Code	- * **		3 7 4	* - 7
Program Service Revenue	2a b c			221000	50,323,277	50,323,277		
S.	d							
Progran	f	All other program serv Total. Add lines 2a-2	vice revenue.		50,323,277		The state of the s	1
	3	Investment income and other similar amo	(including divid ounts)	ends, interest, ▶	58,704			58,704
	5	Income from investment Royalties	t of tax-exempt be	=	**	7 ***		
	6a	Gross rents	() 11001	318,379				
	ь	Less: rental expenses			<b>1</b> 33 • 13		- 13	
	C	Rental income or (loss)		318,379			, îâ	l d
	d 7a	Net rental income or ( Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	318,379			318,379
	b	Less cost or other basis and sales expenses .						
	d	Gain or (loss)   Net gain or (loss) .		>				<u> </u>
Revenue	8a	Gross income from fu events (not including \$ of contributions reporte	J					
Other Rev		See Part IV, line 18 .	a			* * *		ž.
ŏ	b	Less: direct expenses  Net income or (loss) fr		events >			* \$5.	
		Gross income from ga See Part IV, line 19	ming activities.	events . P			* **	*
	b	Less: direct expenses					* *	*
	10a	Net income or (loss) fr Gross sales of in- returns and allowance	ventory, less	vities ► 21,870	5 %		***	**
	b	Less: cost of goods so Net income or (loss) fr	old <b>b</b>	2,058	19,812	19,812	*	
		Miscellaneous Re		Business Code	*	,	1, 3'	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11a b	Patronage Capital		221000	1,881,028	1,881,028		
	c d		· · · ·					
	е	Total. Add lines 11a-			1,881,028	, i	. , § <u>.</u>	
	12	Total revenue. See in	istructions	▶	52,601,200	52,224,117		377.083

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se to any question	in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	26,625			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	8,450			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	3,132,427	<del></del>		
5	Compensation of current officers, directors, trustees, and key employees				
•		310,463			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		2 505 527			
7 8	Other salaries and wages	2,695,627	<del></del>		
	section 401(k) and 403(b) employer contributions)	520,440			
9	Other employee benefits	1,024,613			
10	Payroll taxes	232,282			<del> </del>
11	Fees for services (non-employees):	202,202	<del></del>		
а	Management				
b	Legal				
С	Accounting				-
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13 14	Office expenses				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	68,530			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered				* ^y*
	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)				
2	Cost of Purchased Power	27.447.502			
a b	Depresention	37,447,592 2,825,185			
C	Operations and Maintenance	2,825,185		<del>  </del>	
d	Tayos	1,092,500			
e	All other expenses	624,343			
25	Total functional expenses. Add lines 1 through 24e	52,601,200			
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)			1	

Part X Balance Sheet

	•	Check if Schedule O contains a response to any question in this Part	x		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	208,729	1	224,366
	2	Savings and temporary cash investments	4,740,368		4,856,843
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,049,071	4	7,001,402
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	*	5	8 A- man-a a a a
Assets	6	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 organizations (see instructions). Complete Part II of Schedule L	x 4	6	
SSE	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use	939,707	8	969,644
	9	Prepaid expenses and deferred charges	68,033	9	82,517
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 100,375,030		ě"	
	b	Less: accumulated depreciation 10b 24,878,060	74,759,412	10c	75,496,970
	11	Investments—publicly traded securities	-	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	8,928,868		10,624,429
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	<del></del>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	95,694,188		99,256,171
	17 18	Accounts payable and accrued expenses	4,403,164		4,561,059
	19	Grants payable		18	
	20	Deferred revenue	<del></del>	19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
S	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	598,972	23	472,061
	24	Unsecured notes and loans payable to unrelated third parties		24	472,001
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	26	of Schedule D	5,094,920		8,589,097
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	10,097,056	26	13,622,217
es		complete lines 27 through 29, and lines 33 and 34.			* **
oue.	27	Unrestricted net assets		27	
3al	28	Temporarily restricted net assets		28	
<u>P</u>	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			, , ,
3	30	Capital stock or trust principal, or current funds	x >	30	-
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	585,010		502 504
As	32	Retained earnings, endowment, accumulated income, or other funds .	85,012,122	_	583,601
Ę	33	Total net assets or fund balances	85,597,132		85,050,353 85,633,954
~	34	Total liabilities and net assets/fund balances	95,694,188		99,256,171
			00,004,100		59,230,171

Par	XI Reconciliation of Net Assets						
•	Check if Schedule O contains a response to any question in this Part XI	<u> , </u>	<u></u> .				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52,6	01,200		
2	Total expenses (must equal Part IX, column (A), line 25)	2		52,6	01,200		
3	Revenue less expenses. Subtract line 2 from line 1	3			0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		85,5	97,132		
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							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		85,63	33,954		
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII	<u></u>					
				Yes	No		
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del></del>					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in					
_	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>.</u>	<b>✓</b>		
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			·		
	reviewed on a separate basis, consolidated basis, or both:				·		
	Separate basis Consolidated basis Both consolidated and separate basis		۱		٠, ا		
D	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	<b>-</b>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a			·		
	Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis			**	*		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	oroight	-		1 1 - i		
U	of the audit, review, or compilation of its financial statements and selection of an independent account		2c				
	If the organization changed either its oversight process or selection process during the tax year, ex		20	ļ			
	Schedule O.	piani in	ì		,		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	-				
Ja	the Single Audit Act and OMB Circular A-133?		3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	Ja		<del></del>		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь				
	, and the same of			n 990	(2012)		
			1 011	550	رحاند)		

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Jackson County Rural Electric Membership Corporation 35-0418308 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . 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 exclusive legal control? . . . . . . . ☐ Yes ☐ No 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 advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements . . . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . C Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X .

Page	2

Part	III Organizations Maintaining	Coll	ections of	Art, His	torical 1	reasures	, or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and of	ther reco	rds, chec	k any of th	e follo	wing that are a s	significant use of its
а	☐ Public exhibition			d	□ Loan	or exchang	ge prog	ırams	
b	☐ Scholarly research			е	☐ Other	r			
С	☐ Preservation for future generations								
4	Provide a description of the organization	tion's	collections	and expl	aın how t	hey further	the ore	ganızation's exer	npt purpose in Part
	XIII.								
5	During the year, did the organization								
	assets to be sold to raise funds rather								
Part		_		•	_	anization	answe	red "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amour								<del></del>
18	Is the organization an agent, trustee included on Form 990, Part X?								
b	If "Yes," explain the arrangement in P	art XI	II and compl	ete the fo	llowing to	able:		A	mount
С	Beginning balance						10	:	
d	Additions during the year						10		
е	Distributions during the year						16		
f	Ending balance						11	f	
2a	Did the organization include an amount	nt on	Form 990, P	art X, line	217 .		. —		☐ Yes ☐ No
b	If "Yes," explain the arrangement in P								
Par	V Endowment Funds. Compl								
		(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance								
b	Contributions			ļ					
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships	ļ							
е	Other expenditures for facilities and								
	programs			<u></u>					
f	Administrative expenses				<del></del>	<u></u>			
g	End of year balance	bo o	rront voor or	d bolone	o (line 1e	column (o	// bold	1	
2 a	Board designated or quasi-endowmer				e (iiile Tg	, column (a	)) Held	as.	
b				/0					
C	Permanent endowment ►  Temporarily restricted endowment ►		0/2						
·	The percentages in lines 2a, 2b, and 2			00%					
За	Are there endowment funds not in the				zation tha	at are held	and ad	lministered for th	ne
	organization by:	•		3					Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(II), are the related organ	ızatıo	ns listed as r	equired o	n Sched	ule R? .			3b
4	Describe in Part XIII the intended uses								<u> </u>
Part	VI Land, Buildings, and Equip	mer	nt. See Forn	n 990, P	art X, lin	e 10.			
	Description of property		(a) Cost or of (investment)			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land					20,000			20,000
b	Buildings					3,040,870		1,311,675	1,729,195
C	Leasehold improvements								
d	Equipment	•				7,103,962		5,017,626	2,086,336
е	Other	·				90,210,198		18,548,759	71,661,439
Total.	Add lines 1a through 1e. (Column (d) n	nust e	equal Form 9	90, Part 2	X, column	n (B), line 10	)(c).)	•	75,496,970

Part VII	Investments—Other Securities.	See Form 990, Part X, I	ine 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financia	al derivatives			
	-held equity interests			
(A)				
(B)				
(C)				
(D)				· · · · · -
(E)				
(F)				
(G)				
(H)				
(I)	(A)			
Part VIII	(b) must equal Form 990, Part X, col (B) line 12.) ► Investments — Program Related	L Soo Form 000 Port V	lino 12	
Part VIII		(b) Book value	(c) Method of va	dustion.
	(a) Description of investment type		Cost or end-of-year n	
	nage Capital frm Associated Cooperatives	10,300,123		· · · · · · · · · · · · · · · · · · ·
	ments in Associated Organizations	324,306	Cost	
(3)				<u></u>
(4)				
(5)				
<u>(6)</u>				
(7) (8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 13.)	10,624,429		
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.	·	
	· · · · · · · · · · · · · · · · · · ·	) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			-	
(6)				
(7)				
(8)				
(9)				
(10)				
Part X	dumn (b) must equal Form 990, Part X, co Other Liabilities. See Form 990,			
<u>1</u>	(a) Description of liability	(b) Book value		
	al income taxes			
	nulated Post-Retirement Benefits	5,719,288	\$ 14	
	umer Deposits	1,360,067	, *	
	mer Advances for Construction	1,509,742		
(5)		<del>-</del>		
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·		*	
(8)	<del> </del>			
(9)				
(10)				
(11)	/h) must assol Form 200 Part V 1 /D) 1 / OF h			
	n (b) must equal Form 990, Part X, col. (B) line 25.)	8,589,097		A
liability for u	SC 740) Footnote In Part XIII, provide the tuncertain tax positions under FIN 48 (ASC 7	40). Check here if the text of	anization's finalicial statements that the footnote has been provided in F	Part XIII

Page	
raue	ľ

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return
1 •	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	7
С	Recoveries of prior year grants	2c	7
d	Other (Describe in Part XIII.)	2d	7
е	Add lines 2a through 2d		7 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b		4b	7
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>	<i>.</i>	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_}
b	Other (Describe in Part XIII.)	4b	<u> </u>
С	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
	XIII Supplemental Information		·
	lete this part to provide the descriptions required for Part II, lines 3, 5, and		
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b	. Also complete this part to	o provide any additional
ınform	ation.		

Schedule D (Fo	rm 990) 2012	Page 5
Part XIII	Supplemental Information (continued)	
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# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

# Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047

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Schedule I (Form 990) (2012) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, % Industrial Development (h) Purpose of grant or assistance **Employer identification number** 0 ✓ Yes 35-0418308 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant 5,500 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance ackson County Rural Electric Membership Corporation (p) EIN (1) Jackson County Industrial 1 (a) Name and address of organization Development Corporation Vame of the organization Part I Part II € N 9 9 E 9 ල 9 Ξ (12) 2 8

chedule I (Form 990) (2012)

Fait III	Grams and Ower Assistance to individuals in the Onited States. Complete it the organization answered Tes to Form 350, Part IV, line 22. Part III can be duplicated if additional space is needed.	inviduais in the Or space is needed.	inited States. Coll  .	ipiete ii trie organiza	allon answered Tes to	Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
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7						
Part IV	Supplemental Information. Complete this part information.		vide the information	n required in Part I,	line 2, Part III, column (b)	to provide the information required in Part I, line 2, Part III, column (b), and any other additional
Grant funds	Grant funds are given to local organizations and individual members whose purposes and use of these grant funds are known to our organization.	al members whose I	purposes and use of the	nese grant funds are kr	own to our organization.	
• • • • • • • • • • • • • • • • • • •		1		\$ 0 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
						Schedule I (Form 990) (2012)

# SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer Identification number

Jackson County Rural Electric Membership Corporation 35-0418308 Part I Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) □ Discretionary spending account ŧ If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . . . 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the 3 organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . 4b Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a **b** Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a **b** Any related organization? . . . . . . 6b If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

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

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown of	: W-2 and/or 1099-MIS	SC compensation				
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retrement and other deferred compensation	( <b>D</b> ) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in pnor Form 990
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	complete this part to 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. Iso complete this part for any additional information.											t 1 1 1 1		Schedule J (Form 990) 2012
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# **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(7)(8) (9) (10) or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization **Employer Identification number** Jackson County Rural Electric Membership Corporation 35-0418308 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written principal amount by board or with organization loan from the agreement? organization? committee? From Yes No Yes No Yes No (1) (2)(3) (4)(5) (6)(7)(8)(9)(10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5)(6)

(a) Name or Interd	ested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organi rever	aring o zation' nues?
					Yes	No
(1) Hoosier Energy REC	<u>c</u>	Power Supplier	37,447,469	Purchased Wholesale Power		✓
(2)						
(3)	<u>-</u>					
(4)			<del> </del>			
(5) (6)						├—
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Part V Supplement Complete the	ntal Information his part to provide	additional information for res	sponses to question	ns on Schedule L (see instruction	ons).	

# 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.

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► Attach to Form 990 or 990-EZ.

Name of the organization **Employer Identification number** 35-0418308 **Jackson County Rural Electric Membership Corporation** I. Form 990, Part VI, Section A, Line 6. Jackson County REMC is a cooperative owned by approximately 20,000 members. II Form 990, Part VI, Section A, Line 11: Form 990 is reviewed by the Board of Directors before it is filed with the IRS III. Form 990, Part VI, Section B, Line 12C: The Conflict of Interest Policy is monitored by the General Manager and the Board of Directors. IV Form 990, Part VI, Section B, Line 15: The Board of Directors refers to the annual NRECA Compensation Survey when setting and approving the compensation of the General Manager and other employees. V. Form 990, Part VI, Section C, Line 19: All governing documents, audited financial statements and Conflict of Interest Policy are available upon request. VI Form 990, Part XI, Reconciliation of Net Assets, Line 5: Membership fees decreased -\$1,409 Margins allocated to patronage capital credits included: Operating margins 1,295,013 Hoosier Energy capital credits 1,837,414 Post-Retirement liability adjustment 56,693 Pension Liability adjustment -3,150,889 Net Change = -36,822 VII. Schedule L, Part IV, Business Transactions Involving Interested Persons A) Name of person Hoosier Energy REC B) Relationship between interested person and organization Jackson County REMC is a cooperative member of Hoosier Energy REC C) Amount of transaction: \$37,447,469 D) Description of transaction: Jackson County REMC purchases electricity wholesale from Hoosier Energy REC VIII. Form 990, Part IX, Lines 7,8,9, and 10. Wage, benefits, and payroll taxes reported on these lines were the expensed costs which were reported on our Income Statement. Additionally, some wage, benefits, and payroll taxes costs were, under Rural Utilities Services (United States Department of Agriculture) accounting rules, capitalized to Plant based on labor worked to construct Plant Capitalized:

Salaries and wages \$1,206,780

Schedule O (Form 990 or 990-EZ) (2012)		Page 2
Name of the organization		Employer identification number
Jackson County Rural Electric Membership Corporation		35-0418308
VIII. cont·		
Other benefits	\$423,222	
Payroll taxes	\$101,217	
Total Capitalized Wages, Pension Plan, ER 401(k), Bener	fits, Payroll Taxes \$1,948,292	
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