Form 990	
CCO Department of the Treasury	

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047

2017

Open to Public Inspection

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=		e 2017 calendar year, or tax year beginning		017, and endir		<u>: 31</u>	, 20 17 dentification number			
В		f applicable C Name of organization Jackson C	ounty Rural Electric Members	hip Corporation	on					
늗	,	s change Doing business as					35-0418308			
Ļ	Name	.—.3-	nail is not delivered to street address) Room/su	ite	E Telephone	number			
Ļ	Initial re	····		1		8	12-358-4458			
ᆫ	Final ret	im/terminated City or town, state or province, cou	ntry, and ZIP or foreign postal code							
Ĺ	Amend	ed return Brownstown, IN 47220				G Gross rece				
	Applica	tion pending F Name and address of principal offic	er: Mark A. McKinney				ordinates? Yes 🗹 No			
_		P O Box K, Brownstown, IN 47	220	$-1 \sim$	H(b) Are all s	subordinates in	cluded? Yes No			
<u>ı</u>	Tax-exe	mpt status: 501(c)(3)	(12) ◀ (Insert no.) ☐ 4947(a)(1) or 527	It "No	o," attach a lis	t. (see instructions)			
J	Websit	e: ► www.jacksonremc.com	r		H(c) Group	exemption nu	mber ▶			
K	Form of	organization 🗸 Corporation 🔲 Trust 🔲 Associa	ation ☐ Other ►	L Year of forma	tion 1937	M State of	legal domicile IN			
	Part I	Summary								
	1	Briefly describe the organization's miss	sion or most significant activ	ities: Distrib	ution of elect	ricity to app	proximately 20,000			
;	3	members on a cooperative basis.								
1	5 2	Check this box ▶☐ if the organization	discontinued its operations	or disposed	of more than	25% of its	net assets.			
j	3	Number of voting members of the gove				3	9			
•	8 4	Number of independent voting member				4	8			
	<u> </u>	Total number of individuals employed i	- , ,			5	82			
	6	Total number of volunteers (estimate if	-	•		6	0			
	₹ 7a	Total unrelated business revenue from	• •			7a	0			
	ь	Net unrelated business taxable income	• • • •	• • • •		7b				
_	 		, , , , , , , , , , , , , , , , , , , ,		Prior Ye		Current Year			
	, В	Contributions and grants (Part VIII, line	1h)	. t						
	9	Program service revenue (Part VIII, line	-	· · · ·	51	5,078,546	53,005,546			
	10	Investment income (Part VIII, column (A	<u>.</u> ,			69,019	122,263			
č	11	Other revenue (Part VIII, column (A), lin	•			2,306,748	1,983,279			
	12	Total revenue—add lines 8 through 11 (i				7,454,313	55,111,088			
_	13	Grants and similar amounts paid (Part				20,586	37,758			
	14	Benefits paid to or for members (Part II			·	5,519,349	2,828,239			
	45	Salaries, other compensation, employee								
	16a b	Professional fundraising fees (Part IX, o	,	' 1		0	5,554,988			
	b	Total fundraising expenses (Part IX, co	* *	}		-				
Č	17	Other expenses (Part IX, column (A), Irr				6,840,136	46,690,103			
	18	Total expenses. Add lines 13–17 (must		25)		7,454,313	55,111,088			
	19	Revenue less expenses. Subtract line				0	33,111,000			
_	Se le	The verified to construct and the construct and	10 1101111110 12		Beginning of Cu	rrent Year	End of Year			
U.	Ē 00	Total assets (Part X, line 16)		<u> </u>		1,618,114	116,835,752			
Ass	21	Total liabilities (Part X, line 26)		· · · ·		7,211,587	21,752,370			
Š	함 20 21 22	Net assets or fund balances. Subtract	line 21 from line 20	· · · · }		4,406,527	95,083,382			
	art II	Signature Block		<u>· · · · -</u> -1		1,100,027	00,000,002			
_		alties of perjury, I declare that I have examined this	return, including accompanying sch	edules and state	ements, and to t	he best of my	knowledge and belief, it is			
		ct, and complete Declaration of preparer (other than					The state of the s			
		Way a com	1/6			5/10	12018			
ËŠ	<u>ig sai</u>	Signature of officer	/		Da	ite				
	ere	Mark A. Ma	C'1044.							
1	Type or print name and title									
	àid	, Print/Type preparer's name	Preparer's signature	D	ate	Chaol:	_{rf} PTIN			
	7	7		1		Check self-emplo				
	repard se On				Firm	n's EIN ▶				
,	SE OU	Firm's address ►				one no				
N	lay the I	RS discuss this return with the preparer	shown above? (see instruct	ions)			Yes No			
_		work Reduction Act Notice, see the separa			No. 11282Y		Form 990 (2017)			
	-SE			Jai 1			ال ال			

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of Jackson County Rural Electric Membership Corporation is to deliver the advantages of electricity and essential
	services to its members reliably, economically, and responsibly.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Distribution of electric service to approximately 20,000 members on a cooperative basis. The cooperative is in the process of offering high speed internet service to its members, on a cooperative basis (see Schedule R).
4b	(Code: \(\(\text{(Expanses \psi}\) \) \(\(\text{(Expanses \psi}\) \)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program convect (Decembe in Schoolule 2)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

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Page 3

Part	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	_	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√ _
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		✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
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		1
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	1	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
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		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	<u> </u>	V.
14 a	• • • • • • • • • • • • • • • • • • • •	14a	├	✓
U	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		1
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 13		7 (0042

Part	Checklist of Required Schedules (continued)			
20 -	Did the examination energies are as more beautiful facilities? If "Vee " complete Schoolule U	00-	Yes	No V
∠∪a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		/
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
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), 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	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		/
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a 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	
29 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	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
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	1	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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		1
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	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance	-		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23			ļ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		√	-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	V	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 82			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	-
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Ť
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)?	4a		✓
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			İ
	(FBAR).			١.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	-
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	İ	/
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ua		
_	gifts were not tax deductible?	6b	}	
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			ı
	required to file Form 8282?	7¢	<u> </u>	<u></u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ
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, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>f</u> 7g	├─	\vdash
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>y</u> 7h	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 		╁
	sponsoring organization have excess business holdings at any time during the year?	8		† —
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	}	1	1
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	ļ	l	ĺ
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		1	1
a b	Gross income from members or shareholders	1		
_	against amounts due or received from them.)	İ	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
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		[Į
C	Enter the amount of reserves on hand		 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	₩	✓
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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	
Secti	on A. Governing Body and Management			
	e		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			ļ
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			\
	any other officer, director, trustee, or key employee?	2		✓ _
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? .	,		/
4		3		├ <u>~</u>
5	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?.	5	<u> </u>	-
6	Did the organization have members or stockholders?	6	1	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		_	\vdash
	one or more members of the governing body?	7a	✓_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	✓	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	7	· · ·
b	Each committee with authority to act on behalf of the governing body?	8b	7	
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 in Schedule O	9		✓_
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
D	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	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		١,	
	describe in Schedule O how this was done	12c	/	<u> </u>
13	Did the organization have a written whistleblower policy?	13	7	
14 15	Did the organization have a written document retention and destruction policy?	14	 	-
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ	ļ	
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u> ·
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	\ . <u></u>		
	with a taxable entity during the year?	16a	<u> </u>	 ✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1	
	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?	166		
Secti	on C. Disclosure	16b	Ц_	ш-
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3):	s only
	available for public inspection. Indicate how you made these available. Check all that apply.		Ĭ	-
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
00	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 re	cords	5: ▶	
	Mark A. McKinney, 274 E Base Rd, Brownstown, IN 47220			

Form 990 (2017)

Part VII	Compensation of Officers, I	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	on nor any relate	d org	anız	atio	n c	ompe	nsa	ated any curren	t officer, director	r, or trustee.
				((C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	익코	اير	Q	्र	역표	ਲ	from the	related organizations	other compensation
	related	dire	it it	Officer	y e	phes	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		ğ	`	Key employee	yee Yee	٦	(W-2/1099-MISC)		organization and related
	line)	੍ਹੇ ਨੂੰ	al tr) ye	ğ				organizations
		e e	Institutional trustee		"	Highest compensated employee				-
			ě		L	ited				
(1) John Trinkle	4.7									
President	2.5	1						15,735		
(2) Earl Pottschmidt	4.4	<u> </u>	\vdash	-	\vdash		-	13,733		· · · · · · · · · · · · · · · · · · ·
Vice President	·	1						15,045		
(3) Jerry Kelley	5.6						<u> </u>	1.010.10	 	
Secretary-Treasurer		1					l	17,695		•
(4) John Miller	3.1	$\overline{}$	T		Г					
Director		1 🗸					ĺ	15,045		
(5) Walter Hunter	6.7				Π					
Director	2.1	1 ✓					ŀ	19,245	;	
(6) Mark Trisler	2.7				Γ		Π	T		
Director] ✓_					l.	15,095		
(7) Paul Elliott	4.5							,		
Director		[✓						15,445	j	
(8) John Hackman	5.9]								
Director		✓						15,452		
(9) Curtis Wischmeier	6.0]					Ţ			ļ
Director		✓	L				L	15,145	<u> </u>	
(10) Mark A. McKinney	60								Ţ	
General Manager				✓		<u> </u>	L	230,527		20,257
(11) Brad Pritchett	42	Į					l			
Operations & Engineering Manager		<u> </u>	_	L	L	✓	<u></u>	133,045	<u> </u>	12,616
(12) Matthew Persinger	50	1	1				1			
I.T. Manager		<u> </u>		L		✓	<u> </u>	118,383	<u> </u>	12,196
(13) Nancy Stidham	45]								
Office Manager			<u> </u>			✓	$oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{ol{ol}}}}}}}}}}}}}}}}}$	113,874	L	12,196
(14) Brian Covert	45.6]								Ì
Line Foreman		<u> </u>				1	<u> </u>	110,564	<u> </u>	11,505

(A) Name and title Na	Part VII	Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (<u>continu</u>	ed)		
Name and elds Name a						-					_			_	
Compensation from the organization Sub-total Sub				٠,		neck	more			1		10			
robust for winter and the state of the state		Name and sac	hours per							compensation	compensation		amo	unt of	
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15 Derik Nierman			below dotted	학교	onal		B	96 TOOT		(W-2/1099-MISC)					
15 Derik Nierman			line)	l ste	เกร		8	pen					organi	zations	i
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19 108,775 2,248 109,775 108,775 2,248 109,775 10	(15) Deril	k Nierman	45.7	-	\vdash	\vdash	\vdash	<u> </u>	_	 		$\overline{}$			
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25	} /		†												
25 1b Sub-total	(24)														
1b Sub-total						L									
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Describ B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C	(25)		ļ	ļ											
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Describ B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C	1b Su	h total	<u> </u>	<u> </u>	<u></u>				Ļ	250.000	<u> </u>	_			
Total (add lines 1b and 1c). Description of services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person individual for services rendered to the organization? If "Yes," complete Schedule J for such person is table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. A)										959,070		\dashv			1,019
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) (C) Compensation Electricom Right of Way, LLC Pulse Broadband LLC Fiber Service Project Mgt 790,188 Elliott Tree Service Inc Right of Way Maintenance 495,023 Dwight Smith Enterprises, LLC Right of Way Maintenance 223,213 Dwight Smith Enterprises, LLC Right of Way Maintenance 223,459 Total number of independent contractors (including but not limited to those listed above) who											·				
employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 6 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation Electricom Right of Way, LLC Right of Way Maintenance 790,188 Elliott Tree Service Inc Right of Way Maintenance Right of Way Maintenance 495,023 Elliott Tree Timming, Inc Dwight Smith Enterprises, LLC Right of Way Maintenance 237,213 Dwight Smith Enterprises, LLC Right of Way Maintenance 223,459 Total number of independent contractors (including but not limited to those listed above) who														Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									emp	oloyee, or high	est compe	nsated			- ,
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual		• •													✓
Individual															
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									·,					1	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Electricom Right of Way, LLC Pulse Broadband LLC Fiber Service Project Mgt 785,365 Elliott Tree Service Inc Right of Way Maintenance Right of Way Maintenance 495,023 Right of Way Maintenance 237,213 Dwight Smith Enterprises, LLC Right of Way Maintenance 223,459 2 Total number of independent contractors (including but not limited to those listed above) who	5 Did	d any person listed on line 1a receive o	or accrue co	ompe	nsat	tion	fro	m any	un/	related organiz	zation or inc	lividuai			
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (Description of services (C) (C) (C) (Description of services (C) (C) (C) (Description of services (C) (Description of services (C) (Description of services (Description of servi	for	services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J f	for s	such person			5		1
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Electricom Right of Way, LLC Pulse Broadband LLC Fiber Service Project Mgt Right of Way Maintenance Fiber Service Project Mgt Right of Way Maintenance Right of Way Maintenance 495,023 H&L Tree Timming, Inc Right of Way Maintenance 237,213 Dwight Smith Enterprises, LLC Right of Way Maintenance 237,213 Right of Way Maintenance 223,459															
year. (A) Name and business address Electricom Right of Way, LLC Pulse Broadband LLC Elliott Tree Service Inc Right of Way Maintenance Right of Way Maintenance Right of Way Maintenance 495,023 H&L Tree Timming, Inc Right of Way Maintenance Right of Way Maintenance 237,213 Dwight Smith Enterprises, LLC Right of Way Maintenance 223,459															
(A) Name and business address Electricom Right of Way, LLC Pulse Broadband LLC Fiber Service Project Mgt Fiber Service Project Mgt Right of Way Maintenance Fiber Service Inc Right of Way Maintenance Right of Way Maintenance Fiber Service Project Mgt Right of Way Maintenance Right of Way Maintenance Pulse Broadband LLC Right of Way Maintenance Right of Way Maintenance Pulse Broadband LLC Right of Way Maintenance		· ·	ort compe	nsatio	on to	or ti	ne c	aiend	ıar y	year ending wit	n or within	tne org	janizatio	on's ta	ax
Name and business address Description of services Compensation Electricom Right of Way, LLC Pulse Broadband LLC Elliott Tree Service Inc Right of Way Maintenance Right of Way Maintenance 495,023 H&L Tree Timming, Inc Right of Way Maintenance 237,213 Dwight Smith Enterprises, LLC Right of Way Maintenance 223,459 Total number of independent contractors (including but not limited to those listed above) who									Г	(D)			(6)		
Pulse Broadband LLC Elliott Tree Service Inc Right of Way Maintenance H&L Tree Timming, Inc Dwight Smith Enterprises, LLC Total number of independent contractors (including but not limited to those listed above) who			iress								ervices			ation	
Pulse Broadband LLC Elliott Tree Service Inc Right of Way Maintenance H&L Tree Timming, Inc Dwight Smith Enterprises, LLC Total number of independent contractors (including but not limited to those listed above) who	Electricon	Right of Way, LLC				_			Ric	ht of Way Main	tenance			79	0,188
Elliott Tree Service Inc Right of Way Maintenance 495,023 H&L Tree Timming, Inc Right of Way Maintenance 237,213 Dwight Smith Enterprises, LLC Right of Way Maintenance 223,459 2 Total number of independent contractors (including but not limited to those listed above) who		3 30 300 0							$\overline{}$						
Dwight Smith Enterprises, LLC 2 Total number of independent contractors (including but not limited to those listed above) who	Elliott Tree	e Service Inc							Ric	ht of Way Main	tenance				
2 Total number of independent contractors (including but not limited to those listed above) who									$\overline{}$						
recovered more than \$100,000 of compensation from the average to a			en (malijeli	20 -		- A	line.	od to						22	2 <u>3,459</u>
									י נר		ove, who				

Form **990** (2017)

Par	VIII	Statement of Rever							
		Check if Schedule O	contains a	response or no	ote to				
: !						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns		1a					
iran	b	Membership dues .	P-	1b		1			'
S, E	C	Fundraising events .	[1c		Ì]		
ar /	d	Related organizations		1d			1		
ini's,	e	Government grants (contr	ributions)	1e	\neg	}			
r S	f	All other contributions, gift	ts, grants,						
ig e	l	and similar amounts not inclu	ided above	1f]				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include	d in lines 1a-1	f·\$					
	h	Total. Add lines 1a-1f	· · · ·		•				
Je .	1			Business C	ode				
e e	2a	Electric Utility Sales		221000		53,005,546	53,005,546		
ě.	b	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
Z.	С								
S	d				\dashv				
ran	e	A II - 16			\dashv			<u>.</u> .	
Program Service Revenue	f	All other program servi			$\overline{}$				
	<u>g</u> 3	Total. Add lines 2a-2f investment income (i	ncluding (dividends inter	▶ est	53,005,546			
		and other similar amou				122,263	122,263		
i	4	Income from investment	-			122,203	122,263		
	5	Royalties		•	"			-	
	`	Γ	(ı) Real	(ii) Person	al				
	6a	Gross rents	A	1663 🛭 33	5,746				,
	b	Less rental expenses	1						
	С	Rental income or (loss)	7	9					
	d	Net rental income or (oss)		lacktriangle	337,409	337,409		
	7a	Gross amount from sales of	(i) Securitie	s (II) Other					
	j	assets other than inventory							
	b	Less cost or other basis							
		and sales expenses .					Ì		
	C	Gain or (loss) L							
!	d	Net gain or (loss) .		· <u> </u>	▶				
<u>o</u>		Cuana in annua fram fria							
eune	8a	Gross income from fur events (not including \$	ioraising	Ţ	1				
Other Reve		of contributions reported	d on line 1c	:					
Ē						ļ	i		
ţ	ь	Less: direct expenses			\dashv				
0	1	Net income or (loss) from							
		Gross income from gar							
					i				
	b	Less: direct expenses		ь		ļ			
	С	Net income or (loss) from	om gaming	activities					
	10a	Gross sales of inv							
		returns and allowance				1]
	b	Less: cost of goods so				↓			
	C	Net income or (loss) fro		<u>-</u>	•				<u></u>
	<u> </u>	Miscellaneous Re		Business C	-			-	
	11a	***************************************		1	2	1,645,870	1,645,870		
	b			···				ļ <u>.</u>	
	4	All other revenue .		··		···		<u> </u>	
	de	Total. Add lines 11a-1		L		1 645 670			
	12	Total revenue. See ins				1,645,870	55 111 09 0		

	00 (2017)				Page 10
	Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete co	lumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,618			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	27,140			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,828,239 374,430			
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	Other salaries and wages	3,107,138			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	579,264			
9	Other employee benefits	1,218,955			
10	Payroll taxes	275,201			
11	Fees for services (non-employees):				
а	Management				
b	Legal		<u> </u>		
С	Accounting ,				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		<u> </u>		
16	Occupancy		····		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .			<u></u>	
20	Interest	33,405			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	3,462,122		<u> </u>	<u> </u>
23	Insurance			<u> </u>	ļ
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_				 	<u> </u>
a	Cost of Purchased Power	36,846,188		 	
b	Distribution Expenses Customer Service, Admin & Genl Expenses	2,541,325			
c d	Tavac	2,062,470			
u e	All other expenses	1,121,120 623,473		 	
25	Total functional expenses. Add lines 1 through 24e	55,111,088		 	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	33,111,088			
	from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720) If 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 П (A) (B) End of year Beginning of year 1 1 948,844 269,979 Savings and temporary cash investments 2 2 8,393,142 7,120,986 3 3 4 6.460.986 6,742,853 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 7 Inventories for sale or use 8 1,171,832 3,685,656 Q Prepaid expenses and deferred charges 9 62,857 501,661 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 109,671,938 10b Less: accumulated depreciation 31,954,224 76,767,196 10c 77,717,714 Investments - publicly traded securities 11 11 12 12 Investments—other securities. See Part IV, line 11. 13 13 Investments—program-related. See Part IV, line 11 18,492,122 20,118,038 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 111,618,114 116,835,752 17 Accounts payable and accrued expenses 17 8,924,046 10,441,906 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 52,603 4,000,000 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 7,310,464 8,234,938 26 Total liabilities. Add lines 17 through 25 26 17,211,587 21,752,370 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Temporarily restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 589,088 590,812 32 Retained earnings, endowment, accumulated income, or other funds . 93,817,439 32 94,492,570 33 94,406,527 33 95,083,382 Total liabilities and net assets/fund balances 111,618,114 116,835,752

	t XI Reconciliation of Net Assets				ge 12
ı aı	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,088
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,088
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		94,40	6,527
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		67	6,855
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		95,08	3,382
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	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		√
	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:		Į.		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ı		i
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Į		L`
	If "Yes" to line 2a or 2h, does the organization have a committee that assumes responsibility for o	versiaht	1	I	[

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

За

Form **990** (2017)

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 in Schedule O and describe any steps taken to undergo such audits.

· SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name	f the organization		Employer identification number
Jacks	on County Rural Electric Membership Corporation		35-0418308
Pa		vised Funds or Other Similar Fur	
	Complete if the organization answered		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono	or advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,	-	
	only for charitable purposes and not for the bend	efit of the donor or donor advisor, or	for any other purpose
Par	Conservation Easements.	***	
·	Complete if the organization answered	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		•
•	Preservation of land for public use (e.g., recre	-	of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
		Freservation C	or a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization is	hold a qualified concentration contribute	on in the form of a conservation
2	easement on the last day of the tax year.	ileid a quaimed conservation contributi	Held at the End of the Tax Year
a			
Ь	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified	•	
d	Number of conservation easements included in		l I
_	historic structure listed in the National Register		
3	Number of conservation easements modified, training	nsterred, released, extinguished, or ter	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to cons		
5	Does the organization have a written policy re	egarding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation e		- -
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
	> \$		
8	Does each conservation easement reported on lin	• • •	
	and section 170(h)(4)(B)(ıı)?		· · · · · · · · · Yes 🗌 No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easen	_	
Par	III Organizations Maintaining Collectio	ns of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 8	3.
1a	If the organization elected, as permitted under S	SFAS 116 (ASC 958), not to report in it	ts revenue statement and balance shee
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	e footnote to its financial statements th	at describes these items.
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	s revenue statement and balance shee
	works of art, historical treasures, or other simil		
	public service, provide the following amounts rela	•	
			▶ \$
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of a	rt historical treasures or other similar	ar assets for financial dain, provide the
_	following amounts required to be reported under		
_			
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		Ψ
0	ASSES INCIDENTEDITI SSULFAILA		

	le D (Form 990) 2017	O-lloodiana of	And I Code of and		Other Circilar A		Page 2
_	Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply):			•	-	significant use	or its
а	Public exhibition			or exchange pro			
b	Scholarly research		e 🔲 Othe	er			
С	Preservation for future generations						_
ļ	Provide a description of the organizat XIII.	tion's collections a	and explain how	they further the o	organization's exc	empt purpose ir	n Par
i	During the year, did the organization assets to be sold to raise funds rather] No
ari	IV Escrow and Custodial Arra	ingements.					
	Complete if the organization 990, Part X, line 21.	answered "Yes'	" on Form 990,	Part IV, line 9, o	or reported an a	amount on For	rm
a	Is the organization an agent, trustee						
	included on Form 990, Part X?					☐ Yes ☐	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following	table:			
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
•	Distributions during the year			[1e		
F	Ending balance		·		1f		
_	Did the organization include an amount	at an Earm 000 Da					
							⊒ No
	If "Yes," explain the arrangement in P						
b	If "Yes," explain the arrangement in P t V Endowment Funds.	art XIII. Check here	e if the explanation	on has been prov	ided on Part XIII		
b	If "Yes," explain the arrangement in P	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		<u> </u>
b	If "Yes," explain the arrangement in P t V Endowment Funds. Complete if the organization	art XIII. Check here	e if the explanation	on has been prov	ided on Part XIII	<u>.</u>	<u> </u>
b	If "Yes," explain the arrangement in P t V Endowment Funds. Complete if the organization Beginning of year balance	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		<u> </u>
b ar a b	If "Yes," explain the arrangement in P t V Endowment Funds. Complete if the organization Beginning of year balance Contributions	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		<u> </u>
b ali	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		<u> </u>
b ar b	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		<u> </u>
a b c	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		<u> </u>
b ali a b c	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		<u> </u>
a a b c	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		
b ali b c d e	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs.	art XIII. Check here answered "Yes"	e if the explanation	on has been prov	ided on Part XIII		<u> </u>
a b c d	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	art XIII. Check here answered "Yes" (a) Current year	e if the explanation on Form 990, (b) Prior year	Part IV, line 10. (c) Two years back	k (d) Three years ba		
a b c d	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the standard programs of the standard programs of the standard percentage of the standard perce	answered "Yes" (a) Current year he current year en	e if the explanation on Form 990, (b) Prior year	Part IV, line 10. (c) Two years back	k (d) Three years ba		
a b c d e	If "Yes," explain the arrangement in P Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowments	answered "Yes" (a) Current year he current year en	e if the explanation on Form 990, (b) Prior year	Part IV, line 10. (c) Two years back	k (d) Three years ba		
a b c d e f	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment	answered "Yes" (a) Current year the current year enter the current year enter the current year enter the current year enter the current year enter the current year enter the current year enter the current year enter the current year enter the y	e if the explanation on Form 990, (b) Prior year	Part IV, line 10. (c) Two years back	k (d) Three years ba		
b ar a	If "Yes," explain the arrangement in P To Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment	art XIII. Check here answered "Yes" (a) Current year he current year en nt %	e if the explanation on Form 990, (b) Prior year d balance (line 1	Part IV, line 10. (c) Two years back	k (d) Three years ba		
a b c de f g a b c	If "Yes," explain the arrangement in P Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses	answered "Yes" (a) Current year the current year end the current year	e if the explanation on Form 990, (b) Prior year and balance (line 1	Part IV, line 10. (c) Two years back	k (d) Three years ba	ack (e) Four years	s back
a b c de f	If "Yes," explain the arrangement in P Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by	answered "Yes" (a) Current year the current year en the way to the current year en 2c should equal 10 e possession of the	e if the explanation on Form 990, (b) Prior year d balance (line 1) %	Part IV, line 10. (c) Two years back g, column (a)) hel	ded on Part XIII	ack (e) Four years	s back
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abc de f	If "Yes," explain the arrangement in P Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by	answered "Yes" (a) Current year the current year en the current year en 2c should equal 10 e possession of th	e if the explanation on Form 990, (b) Prior year od balance (line 1 % 00%. ne organization the	Part IV, line 10. (c) Two years back g, column (a)) hel	ded on Part XIII	the Yes 3a(i) 3a(ii)	s back

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		20,000		20,000
b	Buildings		3,042,136	1,627,514	1,414,622
С	Leasehold improvements				
đ	Equipment		7,313,232	6,169,776	1,143,456
е	Other		99,296,570	24,156,934	75,139,636
otal.	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10d	:.) ▶	77,717,714

	(a) Description of security or category (including name of security)	ory	(b) Book value			lethod of valuation nd-of-year market value
Financia	I derivatives					
Closely-	held equity interests					
Other						
(^4)						····
(B)	***************************************					
(C)	***************************************					
(D)				-		
(E)	***************************************					
(F)						
(G) (H)	***************************************					
	(h) must squal Form 2000 Post V and (D) in a 12 h					
art VIII	(b) must equal Form 990, Part X, col. (8) line 12.) Investments—Program Relat					
art viii	Complete if the organization an		m 000 Part IV	line 11	o Soo Eor	m 000 Part V line
	(a) Description of investment	iswered res on For	(b) Book value			Method of valuation
	(a) Description of investment		(b) Book value			nd-of-year market value
) Patrona	ge Capital from Associated Cooperativ	00	10.744	EAE COS		
	ents in Associated Cooperative	<u> </u>		,545 Cos ,493 Cos		
3)	ents in Associated Organizations		3/3	,455 005		
1)				_		
5)						
3)						· · · · · · · · · · · · · · · · · · ·
7)						
3)						
9)						
	(b) must equal Form 990, Part X, col. (B) line 13)	>	20,118	,038		
tal. (Column ((b) must equal Form 990, Part X, col. (B) line 13) DOTHER ASSETS.	<u> </u>	20,118	,038		
tal. (Column (d. See For	m 990, Part X, line
tal. (Column (Other Assets.				d. See For	m 990, Part X, line (b) Book value
tal. (Column (Part IX	Other Assets.	swered "Yes" on Fo			d. See For	
tal. (Column (Part IX	Other Assets.	swered "Yes" on Fo			d. See For	
tal. (Column (Part IX 1)	Other Assets.	swered "Yes" on Fo			d. See For	
tal. (Column (Part IX 1) 1) 2) 3)	Other Assets.	swered "Yes" on Fo			d. See For	
tal. (Column (Part IX	Other Assets.	swered "Yes" on Fo			d. See For	
1) 2) 3) 4) 5)	Other Assets.	swered "Yes" on Fo			d. See For	
tal. (Column (Part IX 1) 2) 3) 4) 5)	Other Assets.	swered "Yes" on Fo			d. See For	
2) 2) 3) 5) 6) 7) 8)	Other Assets.	swered "Yes" on Fo			d. See For	
tal. (Column (Part IX 1) 2) 3) 4) 5) 7)	Other Assets. Complete if the organization an	nswered "Yes" on For (a) Description				(b) Book value
tal. (Column (Part IX	Other Assets. Complete if the organization and an an an an an an an an an an an an an	nswered "Yes" on For (a) Description			d. See For	(b) Book value
1) (Column (Part IX 1) (2) (3) (4) (5) (6) (7) (3) (Column (Co	Other Assets. Complete if the organization and an an an an an an an an an an an an an	(a) Description col. (B) line 15)	m 990, Part IV	, line 11		(b) Book value
1) (Column (Part IX 1) (2) (3) (4) (5) (6) (7) (3) (Column (Co	Other Assets. Complete if the organization and the organization and the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organization and the organization are of the organizat	(a) Description col. (B) line 15)	m 990, Part IV	, line 11		(b) Book value
Part IX Part IX (Column (Part IX (Column	Other Assets. Complete if the organization and the complete if the organization and the complete if the organization and line 25.	col. (B) line 15)	m 990, Part IV	, line 11		(b) Book value
Part IX Part IX (Column (Part IX) (Column (Part	Other Assets. Complete if the organization and an amount of the organization and amount of the organization and the organization are line 25. (a) Description of liability	(a) Description col. (B) line 15)	m 990, Part IV	, line 11		(b) Book value
tal. (Column (Part IX	Other Assets. Complete if the organization and the imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15) (a) Description	m 990, Part IV	, line 11		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization and imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes	col. (B) line 15) (a) Description col. (B) line 15) (b) Book value	m 990, Part IV	, line 11		(b) Book value
Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX Part IX	Other Assets. Complete if the organization and imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes illated Post-retirement Benefits Deposits	col. (B) line 15) (b) Book value 3,79 1,2	m 990, Part IV	, line 11		(b) Book value
Part IX Par	Other Assets. Complete if the organization and imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes illated Post-retirement Benefits Deposits	col. (B) line 15) (b) Book value 3,79 1,2	m 990, Part IV	, line 11		(b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 7) 3) 9) Otal. (Column (Part X 1) Federal in (Part X 1) Federal in (Part X 1) Deferred (Par	Other Assets. Complete if the organization and imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes illated Post-retirement Benefits Deposits	col. (B) line 15) (b) Book value 3,79 1,2	m 990, Part IV	, line 11		(b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 77) 8) 9) Otal. (Column (Colu	Other Assets. Complete if the organization and imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes illated Post-retirement Benefits Deposits	col. (B) line 15) (b) Book value 3,79 1,2	m 990, Part IV	, line 11		(b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 55) 66) 77) 8) 9) Otal. (Column (Part X 1) Federal III 2) Accumum 2) Accumum 3) Member (4) Deferrect 5) 66) 77)	Other Assets. Complete if the organization and imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes illated Post-retirement Benefits Deposits	col. (B) line 15) (b) Book value 3,79 1,2	m 990, Part IV	, line 11		(b) Book value
tal. (Column (Part IX) 1) 2) 3) 4) 5) 6) 77) 8) 9) otal. (Column (Part X) 1) Federal III 2) Accumu (Part X) 4) Deferrec (Part X) 6) 77) 8)	Other Assets. Complete if the organization and imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes illated Post-retirement Benefits Deposits	col. (B) line 15) (b) Book value 3,79 1,2	m 990, Part IV	, line 11		(b) Book value
tal. (Column (Part IX 1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column (Part X 1) Federal (Part X 1) Federal (Part X 1) Part X	Other Assets. Complete if the organization and imm (b) must equal Form 990, Part X, Other Liabilities. Complete if the organization and line 25. (a) Description of liability income taxes illated Post-retirement Benefits Deposits	col. (B) line 15) Iswered "Yes" on Following the second of the seco	m 990, Part IV	, line 11		(b) Book value

	XI Reconciliation of Revenue per Audited Financial Statements With Revenue		ige 🕶
raii	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per neturn.	
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:	· · • • • • • • • • • 	
a	Net unrealized gains (losses) on investments	1 1	
b	Donated services and use of facilities	 	
C	Recoveries of prior year grants	 -{	
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	—
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · • 	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1 1	
b	Other (Describe in Part XIII.)	 	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
a	Donated services and use of facilities		
b	Prior year adjustments	——— I	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	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		
ь	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b a		line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.	
••			
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Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	

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SCHEDULE (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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990,

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

OMB No. 1545-0047

ů O Industrial Development Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** ✓ 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 . . . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance (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 5,500 (d) Amount of cash grant 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? For Paperwork Reduction Act Notice, see the Instructions for Form 990. 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 or government Name of the organization Development Part Part II 9 ල € 9 5 8 <u></u> 

Schedule I (Form 990) (2017)

Cat. No. 50055P

Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance recipients Part IV Part III 3 2 9

### · SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** 

ackso		18308		
Part	Questions Regarding Compensation			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Fo 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	rm	Yes	No
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use		]	1
	☐ Travel for companions ☐ Payments for business use of personal residence		İ	1
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme or reimbursement or provision of all of the expenses described above? If "No," complete Part III			
	explain	1b	<u>.</u>	-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on I 1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by related organization to establish compensation of the CEO/Executive Director, but explain in Part III.	a		
	☑ Compensation committee ☐ Written employment contract	1	ì	
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<b>√</b> _
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<b>✓</b>
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	ļ	<b>✓</b>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		
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.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix	,		<del> </del>
,	payments not described on lines 5 and 6? If "Yes," describe in Part III			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		$\top$	1
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," described to the initial contract exception described in Regulations section 53.4958-4(a)(3)?			1
	ın Part III	. 8		
				<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described	ın		1

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

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

Note: The sum of columns (Biol-Lin) for each listed individual must equal the total amount of Form 990. Part VII. Section A line 1a

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 Ta, applicable column (D) and (E) amounts for that individual.	or eac	In listed individual mus	St equal the total am	Sount of Form 990, Pa	rt VII, Section A, line 1	a, applicable columi	n (U) and (E) amount	s for that individual.
		(a) Dicarcomii o	14-E alla/ol 1033-1911	oc companisation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(a)-( ₍₎ (a)	as deferred on prior
				compensation				FORTH 890
	3	230,527				20,257	250,784	
1Mark A. McKinney	<u>(ii</u>							
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	(0)							
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16	€							
							Sch	Schedule J (Form 990) 2017

### - SCHEDULE L

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

	Revenue Service	► Go t	to www.irs.gov/F			ctions and t							spect	ion	
Name o	of the organization							Err	ployer	identif	fication	อก กนา	nber		
	on County Rural Elect											41830	<u>8</u>		
Part		fit Transaction ne organization											V, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship be	tween o		person and		(c) Descri	ption of	transa	action	1		(d) Corr	ected?
(1)														100	
(2)															
(3)															
(4)															
(5)															
(6)															
2	Enter the amount		-		_		•	·=		-	yea				
_	under section 4958										. !	<b>&gt;</b> \$			
3	Enter the amount o	of tax, if any, or	line 2, above,	reimb	ursed by	the organi	ızatıor	1	• •		. •	▶ \$			
Part	II Lagrada and	/a= F-a Inta-	rested Decree				-								—
Fart		I/or From Inter ne organization			Form 990	0-EZ. Part	V. line	38a or Forn	n 990.	Part	IV. I	ıne 2	6: or i	f the	
	organization r	eported an am	ount on Form 9	90, P	art X, line	e 5, 6, or 2	2.		000,		.,,		<b>-, -</b>		
(-) (-)		45 8 1-5 - 1	(1)			410		(0.5.1				75. A =		GLIM	
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or m the	(e) Origin principal an		(f) Balance d	ue (g)	) In defa	ault?		proved ard or	(i) Wi agreei	
		]		orgar	nization?							comm	nttee?	_	
			l	То	From	<u> </u>			Y	es 1	No	Yes	No	Yes	No
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(2)															
(3)		<del> </del>		<b> </b>							_		<b> </b>		
(4)		<del> </del>	ļ		-										
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(6)	<del> </del>	<del> </del>		<u> </u>	+			<u> </u>	-				<b>_</b>		
(7)	<del></del>	<del> </del>	<del> </del>	<del> </del> -			-		$\dashv$	-+					
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(10)		<del> </del>	<del> </del>	-					<del></del>	<del></del>	-				
Total		<u> </u>	L	L		<u> </u>	_	\$ \$			$\dashv$		L	<u> </u>	
Part	III Grants or As	sistance Bene	fiting Interest	ed Pe	rsons.	<del></del>	<u>·</u>	<u>*</u>							
		ne organization				0, Part IV, I	line 27	<b>'</b> .							
(a)	Name of interested person		ship between inter		(c) Amount	of assistance		d) Type of assis	stance	$\neg$	(e)	Purpo	se of a	ssistan	ce
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(5)							$\Box$		_	一广					
(6)															
(7)															
(8)															
(9)				]			<u> </u>								

hedule L (Form 990 or 990-EZ) 2017  art IV Business Transactions Inv	rolving Interested Persons.	D-+ IV k 00- (	205 000		age 2
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
				Yes	No
1) Hoosier Energy REC	Jackson County REMC is	36,032,098	Wholesale power purchase		1
2)	one of 18 coops that own				<b>}</b>
<u>))                                   </u>	Hoosier Energy REC.				-
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rt V Supplemental Information			<u> </u>		<u>.                                    </u>
		*			
				******	
		*********************			

### * 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.

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Jackson County Rural Electric Membership Corporation	35-0418308	
I. Form 990, Part III, Line 2: Jackson County REMC is in the process of adding high-speed fiber interest.	net service (in addition to electric	
service) to its customers on a cooperative basis. Construction of fiber plant began in late 2017.		
II. Form 990, Part VI, Section A, Line 4: Bylaws of the Jackson County REMC were amended in 2017.	Attached is a copy of the	
amendment to Bylaw Article XI, Section 3 that provides for the Board of Directors to determine that ad	ditional services which qualify as	
like organization activities - such as the fiber internet service - may be engaged in, on a patronage ba	asis	
(Please see attached. The red print supercedes the original Article section, shown below the amendment	ent.)	
III. Form 990 Part VI, Section A, Line 6&7: Jackson County REMC is a cooperative owned by approxi	mately 20,000 members who have	
power to elect the Board of Directors.		
IV. Form 990 Part VI, section B, Line 11: Form 990 is reviewed by the Board of Directors before it is fi	led with IRS.	
V. Form 990 Part VI, Section B, Line 12c: The conflict of Interest Policy is monitored by the General I	Manager and the Board of Directors.	
VI. 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.		
VII. Form 990 Part VI, Section C, Line 19: All governing documents, audited financial statements, and	Conflict of Interest Policy are	
available upon request.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
VIII. Form 990 Part XI, Line 9: Other changes in Net Assets:		
Membership Fees balance increased in 2017 by + \$1,7	24	
Patronage Capital balance increased in 2017 by + \$2,239,5	560	
Other Comprehensive Income - Post Retirement Benefits adjustment decreased in 2017 + \$1,126,6	583	
Operating Margins assignable to Patronage Capital - variance from previous year - \$2,691,	112	
Total Change in Net Assets (Equities): 676,	855	
***************************************		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Partl

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.

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

	O 2 2 4 5 D. P. S.

OMB No. 1545-0047

Employer identification number

35-0418308 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Jackson County Rural Electric Membership Corporation

						1
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)					i	
(6)						
(4)				,		
(9)						
(9)					<del> </del>	
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	Complete if the one tax year.	organization an	swered "Yes" or	1 Form 990, Par	t IV, line 34, beca	ause it had
(a) Name, address, and EIN of related organization	-	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
						Yes No
(1) Jackson Connect LLC, a Division of Jackson County REMC 274 E Base Rd, Brownstown, IN 47220 EIN: 82-2122911 Fiber II	Fiber Internet Service IN		501 (c) (12)		JacksonCoREMC	\ \ \
(2)						
(9)						
(4)		]				
(9)	-					
(9)						
(2)		<u> </u>				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No	Cat No 50135Y		Schedule F	Schedule R (Form 990) 2017

Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Comparison   Com	because it had one or more related organizations treated as a partnership during the tax year  (a) (b) (c) (d) (d) (e) (f) (f) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f
ion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, as a corporation or trust during the tax year.  (d) Type of entity (Corp. Sorp, or tust) Income (end-d-year assets) (weership entity) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp. Sorp, or tust) (Corp.	euut
ion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, as a corporation or trust during the tax year.    Direct controlling   Type of entity   Corp. S cop. or trust    Direct controlling   Corp. S cop. or trust    Direct controlling   Corp. S cop. or trust    Corp. S cop. or trust    Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organization   Organizatio	
ion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, as a corporation or trust during the tax year.  (d)	
ion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, as a corporation or trust during the tax year.    One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year.   One composition of trust during the tax year	
ion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, as a corporation or trust during the tax year.  (d)	<u> </u>
ion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, as a corporation or trust during the tax year.  (d) (e) (f) (g) (a) (a) (b) (a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
ion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, as a corporation or trust during the tax year.  (d) (e) (f) (g) (h) (comp. S corp. or trust) income end-of-year assets ownership antity?  Yes No Yes No	
ion or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, as a corporation or trust during the tax year.  (d) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	
Direct controlling Type of entity (C corp. S corp. or trust) income end-of-year assets ownership	e as a Cor
<del></del>	(b) Leg
	-
	-

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2017

Part V Transactio

				•	_	3
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?	h one or more related orda	inizations listed in Par	Is II–IV?			r
				1a	-	1
Gift, grant, or capital contribution to related organization(s)			•	1b		L
Gift, grant, or capital contribution from related organization(s)				10		L
Loans or loan quarantees to or for related organization(s)		•		19		L
Loans or loan guarantees by related organization(s)				16		IJ
Dividends from related organization(s)				<b>J</b> F		
יייי יייי ייייי ייייי יייייי יייייי יייי				=   ;	<u>}</u>	ا
Sale or assets to related organization(s)				19	7	l
Purchase of assets from related organization(s)			•	1h	<u> </u>	
Exchange of assets with related organization(s)				  =		L
Lease of facilities, equipment, or other assets to related organization(s)				ij		LT
Lease of facilities, equipment, or other assets from related organization(s)				+ +	\ <u>\</u>	-1
Performance of services or membership or fundraising solicitations for related organization(s)	(s)uoi			=		L
Performance of services or membership or fundraising solicitations by related organization(s)	(\$)		•	E	1	L
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		•	•	, = =		l
Sharing of paid employees with related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	· .	9	L	l
					$\vdash$	[-
Reimbursement paid to related organization(s) for expenses				1p	<u> </u>	
Reimbursement paid by related organization(s) for expenses				19	>	L
Other transfer of cash or property to related organization(s)				+		ιl
Other transfer of cash or property from related organization(s)				15	7	۱ .
If the answer to any of the above is "Yes," see the instructions for information on who must	nust complete this line, including	luding covered relation	covered relationships and transaction thresholds.	n thresh	olds.	ı
(a)		(3)	3			l
lat Name of related organization	Transaction type (a – s)	(c) Amount involved	Method of determining amount involved	amount in	volved	
						1 1
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	•					
						1
						ı
			Schedule B (Form 990) 2017	(Form 90	90) 201	11

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

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

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Name, address, and EIN of entity	Primary activity		Predominant	Are all partners			Disproportionate	nate Code V – UBI			Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	alocation	8 9		managing partner?	ownership
			rrom tax under sections 512 – 514)	organizations/			Vec	(Form 1065)	Yes	ź	
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Schedule R (I	Form 990) 2017	Page 5
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.	
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# NOTICE OF PROPOSED AMENDMENT TO THE BYLAWS OF THE JACKSON COUNTY RURAL ELECTRIC MEMBERSHIP CORPORATION

Notice is hereby given, pursuant to the provisions of Article XIV of the Bylaw of the Corporation and pursuant to the provisions of I.C., 23-17-18-1, that the amendment of certain provisions of the Bylaws of the Jackson County Rural Electric Membership Corporation will be considered during the next regular meeting of the Board of directors scheduled for Tuesday, December 12, 2017, at 8:30 a.m. to be held at the offices of the Corporation at 274 East Base Road, Brownstown, Indiana.

The proposed amendment to Article XI, Section 3, of the Bylaws of the Corporation is as follows:

### **ARTICLE XI**

### NON-PROFIT OPERATION

### Section 3. Patronage Refunds in Connection with Furnishing Related Goods and Services

In the event that the Rural Electric should engage in the sale or furnishing of other goods or services qualifying as a like organization activity as outlined in IRC Section 501(c)(12), all amounts received and receivable therefrom which are in excess of costs and expenses properly chargeable against the furnishing of such goods or services shall, insofar as permitted by law, be pro-rated annually on a patronage basis from whom such amounts were obtained. The Board of Directors through applicable policies, resolutions, other contractual authority or an affirmative vote of the members shall determine which additional services will be provided on a patronage basis. The Board of Directors shall also have the authority under accepted accounting practices, loan covenants and tax law to prescribe the manner in which losses derived from such services may be handled. The retirement of patronage capital allocated to such patrons shall be considered and made by the Board of Directors from time to time subject to the same limitations and guidance of Section 2 of this Article IV.

The current Bylaw provision reads as follows:

### Section 3. Patronage Refunds in Connection with Furnishing Related Goods and Services

In the event that the Rural Electric should engage in the business of furnishing of goods or services other than electric energy, all amounts received and receivable therefrom which are in excess of costs and expenses properly chargeable against the furnishing of such goods or services shall, insofar as permitted by law, be pro-rated annually on a patronage basis.