Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

or tax year beginnint07/01/24 and ending 06/30/25

OMB No. 1545-0047 2024 Open to Public Inspection

<u> </u>		e 2024 Calendar year, or tax year beginning 7 / OI/24, and ending OO/30/	23	D Employ	er identification number
	Check if a	philicable.	_	D Employe	er identification number
	Address c		RP		40600
	Name cha	nge Doing business as	D/it-		186725
$\Box$	Initial retu	Number and street (or P.O. box if mail is not delivered to street address)  PO BOX 89	Room/suite	E Telephor <b>931</b> –	684-4621
Н	Final retur			731	004 4021
	terminated			- 0	ceipts\$ 264,001,419
	Amended			<b>G</b> Gross red	celpts 204,001,419
$\overline{\Box}$	Application		H(a) Is this a gr	oup return for	subordinates Yes X No
ш	приодио	OTHER WILDIT	H(b) Are all sub		sluded? Yes No
		P.O. BOX 89	` '		. See instructions
_		SHELBYVILLE TN 37162	11 110,	allacii a iisi	. See instructions
<u></u>		npt status: 501(c)(3) <b>X</b> 501(c) ( <b>12</b> ) (insert no.) 4947(a)(1) or 527	_		
J	Website:		H(c) Group exe		
			Year of formation: 1	936	M State of legal domicile: TN
	art I	Summary			
_		Briefly describe the organization's mission or most significant activities:			
ဥ		RURAL ELECTRIC DISTRIBUTION TO 86,020 MEMBERS LOCATE			
nai		COFFEE, FRANKLIN, GILES, MARSHALL, MAURY AND MOORE O	COUNTIES I	N MIDI	OLE
Governance		TENNESSEE.			
Ó	2 (	Check this box if the organization discontinued its operations or disposed of more than	25% of its net a	ssets.	
	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	13
Activities &	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	13
<u>×it</u>	5 T	otal number of individuals employed in calendar year 2024 (Part V, line 2a)		5	195
<b>√ct</b>		otal number of volunteers (estimate if necessary)		_	0
~		otal unrelated business revenue from Part VIII, column (C), line 12		7.	0
		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Ye	ar	Current Year
<u>o</u>	8 (	Contributions and grants (Part VIII, line 1h)			0
Revenue	9 F	Program service revenue (Part VIII, line 2g)	234,399	9,111	262,228,401
eve	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	4,43	5,925	1,049,200
Ř	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,200	
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			263,609,490
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	,	•	, 0
		Benefits paid to or for members (Part IX, column (A), line 4)	14,983	3,837	22,928,469
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,743	_	
Expenses	16aF			_,	0
ber	b T	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)			
Ä	17 (	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	204.42	3.863	219,388,877
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			263,609,490
		Revenue less expenses. Subtract line 18 from line 12	233,14.	7,230	0
P &		to from the first supportions. Outside fill to from fill to 12	Beginning of Cu	rrent Year	End of Year
Net Assets or	<b>20</b> T	otal assets (Part X, line 16)	317,53		352,539,811
Ass	21 T	otal liabilities (Part X, line 26)	140,333	3,328	149,587,138
Set 1	22 N	Net assets or fund balances. Subtract line 21 from line 20	177,202	2,305	202,952,673
	Part II	Signature Block	, <u> </u>	,	
2000000000		nalties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to	the hest of	f my knowledge and belief it
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which pre			,ougo ana zono.,
				Ì	
Sig	an	Signature of officer		Date	
He	_	MICHELLE HERRMAN CFO			
110		Type or print name and title			
		Preparer's signature  Preparer's signature	Date	Charl	X if PTIN
Pai	id			Check	
	eparer	PATRICK R. LILE		•	nployed P01067422
	e Only	Firm's name WINNETT ASSOCIATES, PLLC	F	irm's EIN	62-0808829
US	e Only	PO BOX 745			001 604 5140
		Firm's address SHELBYVILLE, TN 37162-0745	F	Phone no.	931-684-7142
	•	S discuss this return with the preparer shown above? See instructions			X Yes No

	UCK RIVER ELE			2-0186725	Page <b>2</b>
	tement of Program			in this Dout III	
	eck if Schedule O col be the organization's missi		or note to any line i	in this Part III	<u></u>
			COMMUNITIES	AND ENHANCE THE QU	ALTTY
	E FOR OUR MEM		×××		<del></del>
_	ization undertake any sign	ificant program service	s during the year which	were not listed on the	
prior Form 990					Yes X No
•	ribe these new services or				
Did the organi services?	ization cease conducting,	_	_		Yes X No
	ribe these changes on Sch				[ 165 Z NO
	=		for each of its three lard	gest program services, as measured b	V
			_	nount of grants and allocations to other	-
•	nses, and revenue, if any,	· / •		C	•
a (Code:			uding grants of\$		
				S PRIMARILY IN BEDI	
	, GILES, MARS E FORMATION (			COUNTIES IN MIDDLE	TENNESSEE
SINCE IN	E FORMATION C	OF THE COOPI	TRAIIAE IN M	AI OF 1936.	
• • • • • • • • • • • • • • • • • • • •					
	) (Expenses \$	inclu	ıding grants of\$	) (Revenue \$	
N/A					
• • • • • • • • • • • • • • • • • • • •					
*					
• • • • • • • • • • • • • • • • • • • •					
(0.1	\	• •	т	) (D	
: (Code: N/A	) (Expenses \$	inclu	uding grants of\$	) (Revenue \$	
ν/. <del>Α</del>					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
	n services (Describe on So				
(Expenses \$		including grants of\$		) (Revenue \$	)
n Intal program	service expenses	ZNS NIIU ZIUI	•		

## Form 990 (2024) DUCK RIVER ELECTRIC MEMBERSHIP CORE62-0186725 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		3,
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
7	"Yes," complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ū	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	32	Х
_	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		х
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>	120	21	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		Х
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		v
D A A	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	X

## Form 990 (2024) DUCK RIVER ELECTRIC MEMBERSHIP CORE62-0186725 Part IV Checklist of Required Schedules (continued)

	dit iv Gliecklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	1
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	0.4		3.7
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
ч	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>			3.7
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III,</i>	33		Λ
34	or IV, and Part V, line 1	34		х
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			22
	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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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	<u></u> .		<u>. Ц</u>
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 131			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	

Form 990 (2024) DUCK RIVER ELECTRIC MEMBERSHIP CORF62-0186725

ı	Pa	a	۹	5

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 195			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			37
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Fig.CFN Form 114. Report of Foreign Reply and Fig. Reply (FRAR)			
<b>5</b> 2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
t a	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?	71 7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 g 7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders  11a 255,770,927			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b 1,773,017			
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	ızu		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		<i>~</i> `
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2024) DUCK RIVER ELECTRIC MEMBERSHIP CORE 2-0186725 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 13 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 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 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No **10a** Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 14

Did the process for determining compensation of the following persons include a review and approval by

independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official

Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ...

#### Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed **NONE** 

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

MICHELLE HERRMAN

SHELBYVILLE

305 LEARNING WAY

TN 37160

Form 990 (2024)

X

X

Х

15a

15b

16a

#### Form 990 (2024) DUCK RIVER ELECTRIC MEMBERSHIP CORE62-0186725

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the or	ganization nor a	any r	elate	ed or	gan	izatio	n c	ompensated any current o	officer, director, or trustee	<u> </u>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unle	ss pe	ition more rson i irecto	than o both r/truste Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANTHONY KIMBROU	GH 6.82 0.00	x		X				26,660	0	0
(2) MARK WEBB										
VICE CHAIRMAN	3.84 0.00	x		x				16,840	0	0
(3) DANA SALTERS								20/010		
SECRETARY	3.58 0.00	x		X				19,320	0	0
(4) PHILIP DUNCAN	0.00	^		Λ				19,320	<u> </u>	<u> </u>
	6.48									
TREASURER	0.00	X		X				14,490	0	0
(5) BUFORD JENNINGS	2.96									
DIRECTOR	0.00	X						11,600	0	0
(6) JAMES BRENT WIL	LIS 4.90									
DIRECTOR	0.00	x						17,700	0	0
(7) BAXTER WHITE								,		
DIRECTOR	5.05 0.00	x						16,950	0	0
(8) MIKE ENGLAND	0.00	A						10,950	<u> </u>	<u> </u>
DIRECTOR	3.67 0.00	x						10,260	0	0
(9) WAYNE TUCKER								10/200		
DIRECTOR	5.12 0.00	x						16 000	0	0
(10) LYN STACEY	0.00	A						16,080	<u> </u>	<u> </u>
	4.44									
DIRECTOR	0.00	X						13,220	0	0
(11) WILLIAM WILSON	4.87									
DIRECTOR	0.00	X						17,700	0	0

Form **990** (2024)

Form 990 (2024) <b>DUCK RIV</b>										Page <b>8</b>
Part VII Section A. Officer	s, Directors, Ti	uste	es,	Key	Em	ploye	es	, and Highest Compens	ated Employees (continu	ıed)
(A) Name and title	(B) Average hours per week	box offi	, unle	ss pe	ition more rson i	than or is both a	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) WILLIAM HENL										
(12)	2.69									
DIRECTOR	0.00	X						12,900	0	0
(13) BRIAN RIDDLE (13)	3.26									
DIRECTOR	0.00	X						17,920	0	0
(14) SAMMY MORTON										
(14)	14.00									
DIRECTOR	0.00	X						0	0	0
(15) JAMES WRIGHT										
(15)	60.00							05 604	•	0 207
PRESIDENT AND CEO	0.00			X				85,684	0	2,387
(16) TROY CROWELL (16)	50.00									
INTERIM PRES. & CEO	0.00			х				267,243	0	218,952
(17) MICHELLE HER				Λ				201,243	0	210,932
(17) HICHELLE HER	55.00									
CFO	0.00			х				208,022	0	45,899
(18) JAMES EDDE	0.00							200,022		10,000
(18)	50.00									
COO	0.00				X			182,433	0	48,705
(19) SCOTT DAHLST								,		,
(19)	45.00									
CHIEF ENGINEERING	0.00				X			255,730	0	53,278
1b Subtotal								1,210,752		369,221
c Total from continuation sh	eets to Part VII	, Sec	ction	<b>A</b> .				1,326,202		375,124
d Total (add lines 1b and 1c)								2,536,954		744,345
2 Total number of individuals ( reportable compensation from	including but no m the organizati	t limi on	ted t	o th	ose	listed	ab	ove) who received more t	han \$100,000 of	
3 Did the organization list any									sated	3 X
employee on line 1a? <i>If "Yes</i> 4 For any individual listed on li	າ, ເບາກຸກເຂເຍ ວັດກ ne 1a is the sur	ะ <i>นนเ</i> ท กf	reno	ur Sl Irtah	le c	iriuivi( omnei	มนส ทรว	ii ition and other compense	tion from the	
organization and related organization										
individual	· ·							•		4 X
5 Did any person listed on line										
for services rendered to the	organization? <i>If</i>	Yes	s, " cc	mpl	ete	Sched	dule	e J tor such person		5 X

Section B. Independent Contractors

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

compensation from the organization. Repo	n compensation for the	calendar year ending with or within the organization's tax year.	
(A) Name and business address		( <b>B</b> ) Description of services	(C) Compensation
LEWIS TREE SERVICE	300 Li	JCIUS GORDON DR	_
WEST HENRIETTA N	Y 14586	TREE TRIMING	6,720,806
CORBITT POWER & LIGHT LLC	6100 8	BRYANT AVE.	
OKLAHOMA CITY O	K 73149	CONSTRUCTION	4,538,109
THE STATE GROUP INDUSTIAL	4676	JENNINGS LANE	
LOUISVILLE	Y 40218	CONSTRUCTION	3,517,305
TEREX USA LLC	45 GL	VER AVE, 4TH FLOOR	
NORWALK C	Т 06850	TRUCK SERVICE	1,651,469
TAYLOR ELECTRIC INC	600 B	LVD S. SUITE 203	
HUNTSVILLE A	L 35802	CONSTRUCTION	1,421,365
Total number of independent contractors (i received more than \$100,000 of compensations)			
received more than \$100,000 or compensa	uon nom me organizat	ion 17	200

#### Form 990 (2024) DUCK RIVER ELECTRIC MEMBERSHIP CORF62-0186725

Total revenue	Pa	rt V			of Revenue edule O cor	ntains	a resp	onse or no	ote to any line in	this Part VIII		
2   SALE OF ELECTRICITY   22100(252,475,114(252,475,1144)							<b>.</b>		(A)	<b>(B)</b> Related or exempt	Unrelated	Revenuè éxcluded from tax under
Basiness Coses   Basi	nts nts	1a	Federated cami	paigns	<b>.</b>	1a						
Business Coate   Description   Description	Gra											
Business Coate   Description   Description	ES,		-									
Business Coate   Description   Description	a⊒											
Basiness Coses   Basi	ini					1e						
Basiness Coses   Basi	io S		All other contributions	, gifts, gr	ants,							
Basiness Coses   Basi	the	a				1f						
Basiness Coses   Basi		y				1q	\$					
Basiness Coses   Basi	an	h	Total. Add lines	s 1a–1	f		•					
December   Company   Com		Business Coo										
All other program service reverue   2   262,228,401	පු	2a	SALE OF EL	ECTR	ICITY			221000	252,475,144	252,475,144		
Fall other program service revenue   2   262,228,401	e Š	b	POLE RENTA	L				221000				6,487,974
All other program service reverue   2   262,228,401	S a	С	MISCELLANE	ous				531190	3,265,283	3,265,283		
F All other program service revenue   2   262,228,401	ev a	d										
All other program service reverue   2   262,228,401	5 F	е										
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross rents 6	_	f										
Other similar amounts   417,104   417,104   17		g	Total. Add lines	2a-2	f				262,228,401			
Income from investment of tax-exempt bond proceeds		3	Investment inco	me (ir	ncluding divide	nds, in	terest, an	d				
Securities			other similar am	nounts	)				417,104			417,104
Ga Gross rents   Ga   (i) Personal   Ga   (ii) Personal   Ga   (iii) Personal   Ga   (		4	Income from inv	/estme	ent of tax-exem	npt bon	d procee	ds				
Figure   F		5	Royalties									
D   Less: rental expenses   Gb					(i) Real		(ii) F	Personal				
C   Rental in.c. or (loss)   GC		6a	Gross rents	6a								
Total   Net rental income or (loss)   Total   (i)   Securities   (ii) Other   Securities   (iii) Ot		b	Less: rental expenses	6b								
Total Add lines 11a-11d   Securities   Color		С	Rental inc. or (loss)	6c								
Sales of assets other than inventory   Ta				ne or (	loss)							
Description   Part		<i>i</i> a			(i) Securities	s						
(not including \$ of contributions reported on line 1c). See Part IV, line 18	_			7a			1,	024,025				
(not including \$ of contributions reported on line 1c). See Part IV, line 18	nue	b	Less: cost or other									
(not including \$ of contributions reported on line 1c). See Part IV, line 18	Ve		basis and sales exps.	7b								
(not including \$ of contributions reported on line 1c). See Part IV, line 18	Re		• • •					•				
(not including \$ of contributions reported on line 1c). See Part IV, line 18	her					. <u></u>			632,096	632,096		
of contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b  c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 9a  b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold c Net income or (loss) from sales of inventory  11a PATRONAGE CAPITAL REFUND  Business Code 221000 331,889 331,889  14 All other revenue e Total. Add lines 11a–11d  331,889	ŏ	8a			aising events							
1c). See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 9b Less: direct expenses  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  11a PATRONAGE CAPITAL REFUND  Business Code  221000 331,889 331,889  10a 331,889  Total. Add lines 11a-11d  1331,889			, •									
b Less: direct expenses 8b				•	on line							
c Net income or (loss) from fundraising events  9a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 b  c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory  11a PATRONAGE CAPITAL REFUND  Business Code 221000 331,889 331,889  11d All other revenue e Total. Add lines 11a–11d  331,889			•									
9a Gross income from gaming activities. See Part IV, line 19 9a  b Less: direct expenses  C Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold C Net income or (loss) from sales of inventory  11a PATRONAGE CAPITAL REFUND b C d All other revenue e Total. Add lines 11a–11d  9a  9a  9a  9b  9a  9b  9a  9a  9b  9a  9b  9a  9b  9a  9a												
activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  10a c Net income or (loss) from sales of inventory  Business Code 221000 331,889 331,889  4 All other revenue c Total. Add lines 11a–11d  331,889						g even	ts					
b Less: direct expenses 9b		9a										
C Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code 11a PATRONAGE CAPITAL REFUND b c d All other revenue e Total. Add lines 11a–11d  331,889												
10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11a PATRONAGE CAPITAL REFUND b c d All other revenue e Total. Add lines 11a–11d  331,889			•									
returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11a PATRONAGE CAPITAL REFUND b c d All other revenue e Total. Add lines 11a–11d  10a 10b 221000 331,889 331,889 331,889						ctivities						
b Less: cost of goods sold		10a										
C Net income or (loss) from sales of inventory    11a												
11a PATRONAGE CAPITAL REFUND   221000   331,889   331,889			_									
11a PATRONAGE CAPITAL REFUND 221000 331,889 331,889 b c d All other revenue e Total. Add lines 11a–11d 331,889		С	inet income or (	ioss) f	rom sales of in	ventor	y					
e Total. Add lines 11a–11d	one .	44-	D1 MD 0117 6-	<b>a.</b>					331 000	331 000		
e Total. Add lines 11a–11d	ane Jue	_				221000	331,669	331,009				
e Total. Add lines 11a–11d	els Ver	D	•									
e Total. Add lines 11a–11d	Se Re	r C										
	Σ								331 880			
											0	6,905,078

### Form 990 (2024) DUCK RIVER ELECTRIC MEMBERSHIP CORF62-0186725

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp				
Do r	not include amounts reported on lines 6b, 7b	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	7 Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	22,928,469			
5	Compensation of current officers, directors,				
	trustees, and key employees	2,536,954			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	10.00			
7	Other salaries and wages	10,607,543			
8	Pension plan accruals and contributions (include	0 000 455			
	section 401(k) and 403(b) employer contributions)	3,892,475 3,137,848			
9	Other employee benefits	3,137,848			
10	Payroll taxes	1,117,324			
11	Fees for services (nonemployees):				
a	Management	20 074			
b	Legal	38,974			
C	Accounting	16,130			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	620 067			
40	(A), amount, list line 11g expenses on Schedule O.)	620,067 437,149			
	Advertising and promotion	372,537			
13 14	Office expenses	492,164			
15	Information technology	492,104			
16	Royalties				
17	Occupancy Travel				
	Payments of travel or entertainment expenses	,			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	383,623			
20	,, , ,	3,195,067			
21	Payments to affiliates	0,200,001			
22	Depreciation, depletion, and amortization	13,665,394			
23	Insurance	531,065			
24	Other expenses. Itemize expenses not covered	<b>/</b>			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	COST OF ELECTRICITY SOLD	181,061,120			
b	DISTRIB. MAINTENANCE EXP.	11,738,362			
C	DISTRIB. OPERATIONS EXP.	3,699,078			
d	ADMIN. AND GENERAL EXPENS	2,372,669			
е	All other expenses	765,478			
25	Total functional expenses. Add lines 1 through 24e	263,609,490	0	0	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

	art 2	Check if Schedule O contains a response or not	e to an	y line in this Part X						
		·		,	(A) Beginning of year		<b>(B)</b> End of year			
	1	Cash—non-interest-bearing			1,709,954	1	2,101,874			
	2	Savings and temporary cash investments	7,151,120	2	13,773,708					
	3	Pledges and grants receivable, net		3	•					
	4	Accounts receivable, net		14,883,363	4	20,441,663				
	5	Loans and other receivables from any current or former	er, director,	, ,		, ,				
		trustee, key employee, creator or founder, substantial								
		controlled entity or family member of any of these pers			5					
	6	Loans and other receivables from other disqualified pe								
छ		under section 4958(f)(1)), and persons described in se				6				
Assets	7	Notes and loans receivable, net	8,773,082	7	8,013,872					
As	8	Inventories for sale or use			4,502,092	8	5,393,138			
	9	Prepaid expenses and deferred charges			297,378		565,799			
	_	Land, buildings, and equipment: cost or other	[				=== /			
		basis. Complete Part VI of Schedule D	10a	431,781,202						
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	143,233,978	269,507,904	10c	288,547,224			
	11			11						
	12	Investments—other securities. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •		12					
	13	Investments—program-related. See Part IV, line 11	• • • • • • • • • • • • • • • • • • • •		13					
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11		• • • • • • • • • • • • • • • • • • • •	10,710,740		13,702,533			
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line	33)		317,535,633		352,539,811			
	17	Accounts payable and accrued expenses			35,878,960		40,192,722			
	18	Grants payable		• • • • • • • • • • • • • • • • • • • •	22/2:0/200	18	20,202,:22			
	19	Deferred revenue			19					
	20	Tax-exempt bond liabilities			20					
	21	Escrow or custodial account liability. Complete Part IV	of Sch	nedule D		21				
s	22	Loans and other payables to any current or former offi								
Liabilities		trustee, key employee, creator or founder, substantial								
ig		controlled entity or family member of any of these pers		4.01, 01 00 70		22				
Ë	23	Secured mortgages and notes payable to unrelated th		ies	75,212,721		81,241,917			
	24	Unsecured notes and loans payable to unrelated third	narties		,===,.==	24	0=,===,0=:			
	25	Other liabilities (including federal income tax, payables								
	-"	parties, and other liabilities not included on lines 17-24								
		of Schedule D	1). 0011	ipioto i dit X	29,241,647	25	28,152,499			
	26	Total liabilities. Add lines 17 through 25			140,333,328					
_		Organizations that follow FASB ASC 958, check he			110/333/320	_0	213/301/230			
Ses		and complete lines 27, 28, 32, and 33.								
an	27	AL ( 20 ( ) ( ) ( )				27				
Bal	28	Not accets with depar restrictions				28				
pu		Organizations that do not follow FASB ASC 958, cl	e X		_0					
Ŀ		<del>-</del>	d complete lines 29 through 33.							
ō	29	Comital atople on twent principal or accoment freedo		854,650	29	864,070				
ets	30	Paid-in or capital surplus, or land, building, or equipme	······	551,550	30	552,570				
SSI	31	Retained earnings, endowment, accumulated income,			176,347,655		202,088,603			
Net Assets or Fund Balances	32				177,202,305	32	202,952,673			
ž	33	Total liabilities and net assets/fund balances			317,535,633		352,539,811			
	JJ	TOTAL HADINIES AND HEL ASSETS/HUND DAIMINES			JI, JJJ, 633	აა	JJE,JJ9,011			

Form **990** (2024)

1 Accounting method used to prepare the Form 990: Cash X Accrual Other_ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X	Pa	art XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 25,750, 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Vet assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2 or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XI					X	
2 7 total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 25,750, 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 compiled or reviewed on a separate basis. Consolidated basis. Doth. Separate basis Consolidated basis on both. X Separate basis Consolidated basis. Both consolidated and separate basis C If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis. Both consolidated and separate basis C If "Yes" to line 2 or 25, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 25,750, 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 202,952,  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990:	2	Total expenses (must equal Part IX, column (A), line 25)	2	26	3,60	)9,4	<u>490</u>	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 25,750, 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 202,952,  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	3	Revenue less expenses. Subtract line 2 from line 1	3				0	
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 25,750, 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 202,952,  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	7,20	)2,:	<u> 305</u>	
6 Donated services and use of facilities 7 Investment expenses 7	5	Net unrealized gains (losses) on investments	5					
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 25,750, 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 202,952,  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X	6	Demote described and the official to a	6					
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X	7	Investment expenses	7					
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X	8	Prior period adjustments	8					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other	9	Other shanges in not assets as fund halances (explain an Sahadula O)	9	2.	5,75	50,3	368	
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
Check if Schedule O contains a response or note to any line in this Part XII  Yes  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X			10	202	2,95	52,0	<u>673</u>	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on 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 compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X	Pa	art XII Financial Statements and Reporting						
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Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b X  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
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Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2b X	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
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c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X		separate basis, consolidated basis, or both.						
the audit, review, or compilation of its financial statements and selection of an independent accountant?		X Separate basis Consolidated basis Both consolidated and separate basis						
· · · · · · · · · · · · · · · · · · ·	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
If the organization changed either its oversight process or selection process during the tax year, explain on								
2		If the organization changed either its oversight process or selection process during the tax year, explain on						
Schedule O.		Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2024)

Form 990 (2024) DUCK RIVER ELECTRIC MEMBERSHIP COREG2-0186725

Part VII Section A. Officers	s, Directors, 1	rust	ees,	ney		pio	yees	s, and Highest Compens	ated Employees (continue	ea)
					C) ition					
(A)	(B)			heck	more			(D)	(E)	(F)
Name and title Average hours			box, unless person is both officer and a director/truste					Reportable compensation	Reportable compensation	Estimated amount of other
per week								from the	from related	compensation
	(list any	or di	nstit	Officer	Key employee	mgh.	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	recto	utio	er	emp	est c	ıer	1099-NEC)	1099-NEC)	related organizations
	organizations	l a fa	nal t		oloye	mg		1000 1120)	,	•
	below dotted line)	Individual trustee or director	Institutional trustee		ĕ	Highest compensated employee				
	,		Эе			ated				
(20) STEVEN HOPKI										
(12)	46.00									
DIRECTOR, COLUMBIA O					X			158,320	0	74,899
(21) JEFF HOCKADA										
(13)	50.00									
DIST. OPER. SUPERVIS	0.00					X		158,403	0	65,651
(22) LEE PETTES										
(14)	50.00									
OPS SUPERVISOR	0.00					X		152,761	0	95,483
(23) JULIE MURDOC										
(15)	43.00									
SR PURCHASING MGR	0.00					X		154,248	0	34,842
(24) JEFF HOLT										
(16)	45.00									
SR WORKING FOREMAN	0.00					X		154,210	0	32,557
(25) SEAN SCHELLE	R									
(17)	50.00									
WORKING FOREMAN	0.00					X		171,540	0	36,842
(26) SCOTT SPENCE										
(18)	63.00									
PRES. & CEO (FORMER)	0.00						X	224,431	0	10,792
(27) JAMES BATES								,		•
(19)	48.00									
FORMER CONTROLLER	0.00						X	152,289	0	24,058
1b Subtotal								1,326,202		375,124
c Total from continuation she	eets to Part VII	l, Se	ctio	n A .				,		•
d Total (add lines 1b and 1c)										
2 Total number of individuals (i	including but no	t lim	ited	to th	ose	liste	d al	bove) who received more t	han \$100,000 of	
reportable compensation from	n the organizat	ion								
• D:111 : 1: 1: 1		ı.								Yes No
3 Did the organization list any temployee on line 1a? If "Yes									sated	3
4 For any individual listed on lin									tion from the	
organization and related orga										
individual										4
5 Did any person listed on line									n or individual	_
for services rendered to the o		Yes	s, co	ompi	ete .	Scne	eaui	e J for such person		5
<ul><li>Section B. Independent Contract</li><li>1 Complete this table for your f</li></ul>		non	cato	d inc	lono	ndo	nt c	ontractors that received m	ore than \$100 000 of	
compensation from the organ										ax year.
	(A) I business address							Descrip	(B) tion of services	(C) Compensation
Nume und	business address							Возопр	tion of services	Compensation
-										
2 Total number of independent								those listed above) who		
received more than \$100,000	of compensati	ion fr	om t	the c	rgar	<u>niz</u> at	tion			

## SCHEDULE C (Form 990)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of organization	art III.		Employer identi	fication number (EIN)
DUCK RIVER ELECTRI	C MEMBEDSHID	CORD	62-01867	• •
Part I-A Complete if the organization is ex				
Provide a description of the organization's direct and in	-			
definition of "political campaign activities."	1 1 3			
2 Political campaign activity expenditures. See instruction	ons		\$	10,020
3 Volunteer hours for political campaign activities. See in				
Part I-B Complete if the organization is ex				
1 Enter the amount of any excise tax incurred by the org	anization under section 49	55	\$	
2 Enter the amount of any excise tax incurred by organiz	zation managers under sec	tion 4955	\$	
3 If the organization incurred a section 4955 tax, did it fil	e Form 4720 for this year?			Yes No
				Yes No
<b>b</b> If "Yes," describe in Part IV.				
Part I-C Complete if the organization is ex	cempt under section	501(c), except se	ction 501(c)(3).	
1 Enter the amount directly expended by the filing organ	ization for section 527 exe	mpt function		
activities			\$	
2 Enter the amount of the filing organization's funds con	tributed to other organization	ons for section		
527 exempt function activities			\$	10,020
3 Total exempt function expenditures. Add lines 1 and 2	. Enter here and on Form 1	120-POL,		
line 17b			\$	10,020
4 Did the filing organization file Form 1120-POL for this	year?			X Yes No
<b>5</b> Enter the names, addresses, and EINs of all section 5.	=			its.
For each organization listed, enter the amount paid fro			•	
contributions received that were promptly and directly	· · · · · · · · · · · · · · · · · · ·	_	•	
segregated fund or a political action committee (PAC).	If additional space is need	led, provide information	in Part IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds. If none, enter -0	contributions received and promptly and directly
			Turido: il fiorio, cintor o .	delivered to a separate
				political organization.  If none, enter -0
(4) MENNECCEE ACMION CONSTRUCE FOR	NA CUNTTI I E			ii none, enter -o
(1) TENNESSEE ACTION COMMITTEE FOR PO BOX 100912	NASHVILLE TN 37224	62-0925545	10 020	
	IN 3/224	62-0925545	10,020	
(2)				
(2)				
(3)				
(4)				
(4)				
(5)				
(0)				
(6)				_
1-7				

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

Schedule C (Form 990) 2024 DUCI	K RIVER ELE	ECTRIC MEME	ERSHIP CO	RI62-0186725	Page <b>2</b>
Part II-A Complete if the orga	nization is exer	npt under sectio	on 501(c)(3) and	I filed Form 5768	election under
section 501(h)).  A Check if the filing organizat	ion helongs to an a	offiliated group (and	l list in Part IV ear	h affiliated group me	 mber's name, addres
EIN, expenses, and	-			in anniated group me	mber 5 name, addres
B Check if the filing organizat		, , ,	,	1.	
	obbying Expend			(a) Filing	(b) Affiliated
(The term "expenditures	" means amounts	paid or incurred.)	)	organization's totals	group totals
1a Total lobbying expenditures to influence					
<b>b</b> Total lobbying expenditures to influence	ce a legislative body (	direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
<b>d</b> Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	dd lines 1c and 1d)				
f Lobbying nontaxable amount. Enter th					
columns.					
IF the amount on line 1e, column (a) or (	b), is: THEN the lobby	ing nontaxable amou	nt is:		
not over \$500,000	20% of the amou	unt on line 1e.			
over \$500,000 but not over \$1,000,000	\$100,000 plus 1	5% of the excess over \$	5500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 1	0% of the excess over \$	\$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5	% of the excess over \$1	1,500,000.		
over \$17,000,000	\$1,000,000.				
<b>g</b> Grassroots nontaxable amount (enter	25% of line 1f)				
<b>h</b> Subtract line 1g from line 1a. If zero or	less, enter -0-				_
i Subtract line 1f from line 1c. If zero or	less, enter -0-				
j If there is an amount other than zero o	n either line 1h or line	e 1i, did the organizat	tion file Form 4720		
reporting section 4911 tax for this year	?				Yes No
	4-Year Averag	ing Period Under	Section 501(h)		
(Some organizations that ma	de a section 501(h	n) election do not	have to complete	all of the five colur	nns below.
:	See the separate i	nstructions for lir	nes 2a through 2	f.)	
L	obbying Expendit	ures During 4-Yea	ar Averaging Per	od	
Calendar year (or fiscal year beginning in)	(a) 2021	<b>(b)</b> 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990) 2024

f Grassroots lobbying expenditures

DUCK RIVER ELECTRIC MEMBERSHIP CORE62-0186725 Schedule C (Form 990) 2024 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? **c** Media advertisements? **d** Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? **f** Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? i Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments, and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year **b** Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions ..... Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART I-A, LINE 1 THE ORGANIZATION CONTRIBUTED FUNDS TO THE TENNESSEE ELECTRICAL COOPERATIVES (A STATE AND LOCAL POLITICAL ACTION COMMITTEE)

SCHEDULE C, PART I-A, LINE 1
THE ORGANIZATION CONTRIBUTED FUNDS TO THE TENNESSEE ELECTRICAL COOPERATIVE PAC (A STATE AND LOCAL POLITICAL ACTION COMMITTEE).

DAA Schedule C (Form 990) 2024

Schedule C (Forn	n 990) 2024	DUCK	RIVER	ELECTRIC	MEMBERSHIP	CORE62-0186725	Page <b>4</b>
Part IV	Supplemental	Informa	ation (con	tinued)			
			•	•			

Schedule C (Form 990) 2024

#### **SCHEDULE D** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number DUCK RIVER ELECTRIC MEMBERSHIP CORP 62-0186725 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ...... 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

41,786,993

369,087,271

Schedule D (Form 990) (Rev. 12-2024)

16,975,596

257,684,108

288,547,224

24,811,397

111,403,163

e Other

c Leasehold improvements .....

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) (Rev. 12-2021) UCK RIVER ELECTRIC MEMBERSHIP CORES - 0186725

	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	eld equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments – Program Related	F 000 Dt IV	/ lin - 44 - 0 Farma 000 Dart V lin - 40
	Complete if the organization answered "Yes" of		<del>†</del>
	(a) Description of investment	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
			Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	nn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
I dit ix	Complete if the organization answered "Yes" of	on Form 990 Part IV	/ line 11d See Form 990 Part X line 15
	(a) Description	on rollings, raitiv	(b) Book value
(1)	(4) 25551, palot.		(4) 2001. 14.140
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
_	nn (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		
	Complete if the organization answered "Yes" of	on Form 990, Part IV	/, line 11e or 11f. See Form 990, Part X,
	line 25.	,	, ,
1.	(a) Description of liability		(b) Book value
(1) Federal	income taxes		
(2) CUST	OMER DEPOSITS		10,909,17
(3) ADVA	NCES FOR CONSTRUCTION		10,492,48
(4) OTHE	R LIABILITIES		3,395,78
(5) POST	RETIREMENT BENEFITS		3,355,05
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, line 25, col. (B))		28,152,49
	uncertain tax positions. In Part XIII, provide the text of the f	· · · · · · · · · · · · · · · · · · ·	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Pa	art XI Reconciliation of Revenue per Audited Financi			Ret	um
	Complete if the organization answered "Yes" on F	•	V, line 12a.		0.60 600 000
1	Total revenue, gains, and other support per audited financial statements	•		1	263,639,990
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a		2a			
b		2b			
C		2c			
d	/	2d		٥.	
e	• • • • • • • • • • • • • • • • • • • •			2e 3	263,639,990
3	Subtract line 2e from line 1			3	203,039,990
ът а		4a			
b			-30,500		
c	Add lines 4s and 4h			4c	-30,500
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lir.	ne 12.)		5	263,609,490
000000000000000000000000000000000000000	art XII Reconciliation of Expenses per Audited Financi			er R	
	Complete if the organization answered "Yes" on F				
1	Table and a second leave a second label of the	, 		1	240,711,521
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				,
а	Donated services and use of facilities	2a			
b		2b			
С		2c			
d		2d	30,500		
е	Add lines 2a through 2d			2e	30,500
3	Subtract line 2e from line 1			3	240,681,021
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а			00 000 460		
b	Other (Describe in Part XIII.)	4b	22,928,469		
				_	00 000 460
	Add lines 4a and 4b			4c	22,928,469
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I			4c 5	22,928,469 263,609,490
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information	line 18.)		5	263,609,490
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.)	s 1b and 2b; Part V, line	5	263,609,490
5 Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information	line 18.)	s 1b and 2b; Part V, line	5	263,609,490
<b>5</b> <b>Prov</b> 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI.	and 4; Part IV, line	s 1b and 2b; Part V, line	<b>5</b> 4; Pa	263,609,490 art X, line
<b>5 Prov</b> 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, line	s 1b and 2b; Part V, line	<b>5</b> 4; Pa	263,609,490 art X, line
<b>5 Prov</b> 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN	and 4; Part IV, line	s 1b and 2b; Part V, line	5 4; Pa	263,609,490 art X, line
5 Prov 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN	and 4; Part IV, line art to provide any a	s 1b and 2b; Part V, line dditional information.  RETURN - O	5 4; Pa ************************************	263,609,490 art X, line R -30,500
5 Prov 2; Pa D P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS	and 4; Part IV, line art to provide any a	s 1b and 2b; Part V, line dditional information.  RETURN - OT	5 4; Pa ************************************	263,609,490 art X, line R -30,500
Prov 2; Pa D P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  VART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS	and 4; Part IV, line art to provide any a	s 1b and 2b; Part V, line dditional information.  RETURN - OT	5 4; Pa FHE: \$	263,609,490  art X, line  R  -30,500  OTHER  30,500
Prov 2; Prov 2; Prov D	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  ART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED I	s 1b and 2b; Part V, line dditional information.  RETURN - OT  N FINANCIALS  N RETURN - OT	5 4; Pa PHE \$ \$ • •	263,609,490  art X, line  R  -30,500  OTHER  30,500  ER
Prov 2; Prov 2; Prov D	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  VART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED I	s 1b and 2b; Part V, line dditional information.  RETURN - OT  N FINANCIALS  N RETURN - OT	5 4; Pa PHE \$ \$ • •	263,609,490  art X, line  R  -30,500  OTHER  30,500
Prov 2; Prov 2; Prov P D	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information Vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  PART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS  PART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  PART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  PART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  PART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  PART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  PART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED I	s 1b and 2b; Part V, line dditional information.  RETURN - OT  N FINANCIALS  N RETURN - OT	5 4; Pa PHE \$ \$ • •	263,609,490  art X, line  R  -30,500  OTHER  30,500  ER
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Prov 2; Prov 2; Prov P D P N P N T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  ART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ET MARGINS ASSIGNED TO MEMBERS:  ART XIII - SUPPLEMENTAL FINANCIAL IN ET MARGINS ASSIGNED TO MEMBERS ARE FOR HE COOPERATIVE IS PROHIBITED FROM THE TERNESS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED ON IFORMATION REPORTED OF IERETIREM SEE VALLEY	s 1b and 2b; Part V, line dditional information.  RETURN - OT N FINANCIALS  N RETURN - OT N RETURN - OT N RETURN - OT N RETURN - OT N FORM 990, ENT OF THE N AUTHORITY.	5 4; Pa 4; Pa \$ DTH \$ PA	263,609,490  art X, line  R
Prov 2; Prov 2; Prov P D P N P N T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  ART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ET MARGINS ASSIGNED TO MEMBERS:  ART XIII - SUPPLEMENTAL FINANCIAL IN ET MARGINS ASSIGNED TO MEMBERS ARE FOR HE COOPERATIVE IS PROHIBITED FROM TERMS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED ON IFORMATION REPORTED OF IERETIREM SEE VALLEY	s 1b and 2b; Part V, line dditional information.  RETURN - OT N FINANCIALS  N RETURN - OT N RETURN - OT N RETURN - OT N RETURN - OT N FORM 990, ENT OF THE N AUTHORITY.	5 4; Pa 4; Pa \$ DTH \$ PA	263,609,490  art X, line  R
Prov 2; Prov 2; Prov P D P N P N T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  ART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ET MARGINS ASSIGNED TO MEMBERS:  ART XIII - SUPPLEMENTAL FINANCIAL IN ET MARGINS ASSIGNED TO MEMBERS ARE FOR HE COOPERATIVE IS PROHIBITED FROM THE TERNESS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED ON IFORMATION REPORTED OF IERETIREM SEE VALLEY	s 1b and 2b; Part V, line dditional information.  RETURN - OT N FINANCIALS  N RETURN - OT N RETURN - OT N RETURN - OT N RETURN - OT N FORM 990, ENT OF THE N AUTHORITY.	5 4; Pa 4; Pa \$ DTH \$ PA	263,609,490  art X, line  R
Prov 2; Prov 2; Prov P D P N P N T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  ART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ET MARGINS ASSIGNED TO MEMBERS:  ART XIII - SUPPLEMENTAL FINANCIAL IN ET MARGINS ASSIGNED TO MEMBERS ARE FOR HE COOPERATIVE IS PROHIBITED FROM THE TERNESS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED ON IFORMATION REPORTED OF IERETIREM SEE VALLEY	s 1b and 2b; Part V, line dditional information.  RETURN - OT N FINANCIALS  N RETURN - OT N RETURN - OT N RETURN - OT N RETURN - OT N FORM 990, ENT OF THE N AUTHORITY.	5 4; Pa 4; Pa \$ DTH \$ PA	263,609,490  art X, line  R
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Prov 2; Prov 2; Prov P D P N P N T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, art XIII Supplemental Information vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XII, LINE 4B - REVENUE AMOUNTS IN ONATIONS  ART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  ART XIII, LINE 4B - EXPENSE AMOUNTS IN ET MARGINS ASSIGNED TO MEMBERS:  ART XIII - SUPPLEMENTAL FINANCIAL IN ET MARGINS ASSIGNED TO MEMBERS ARE FOR THE COOPERATIVE IS PROHIBITED FROM THE ARGINS BY ITS REGULATOR, THE TENNESS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED OF INCLUDED OF IFORMATION REPORTED OF IERETIREM SEE VALLEY	s 1b and 2b; Part V, line dditional information.  RETURN - OT N FINANCIALS  N RETURN - OT N FORM 990, ENT OF THE N AUTHORITY.	5 4; Pa 4; Pa \$ DTH \$ PA	263,609,490  art X, line  R
Prov 2; Prov 2; Prov P D P N P N T	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I art XIII Supplemental Information  Add the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part XI, LINE 4B - REVENUE AMOUNTS IN ONATIONS  ART XII, LINE 2D - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ONATIONS  ART XII, LINE 4B - EXPENSE AMOUNTS IN ET MARGINS ASSIGNED TO MEMBERS:  ART XIII - SUPPLEMENTAL FINANCIAL IN ET MARGINS ASSIGNED TO MEMBERS ARE FOR HE COOPERATIVE IS PROHIBITED FROM THE TERNESS	and 4; Part IV, line art to provide any a ICLUDED ON INCLUDED OF INCLUDED OF IFORMATION REPORTED OF IERETIREM SEE VALLEY	s 1b and 2b; Part V, line dditional information.  RETURN - OT N FINANCIALS  N RETURN - OT N FORM 990, ENT OF THE N AUTHORITY.	5 4; Pa 4; Pa \$ DTH \$ PA	263,609,490  art X, line  R

Schedule D (I	(Form 990) (Rev. 12-202 <b>D) UCK RIVER ELECTRIC MEMBERSHIP CORES2-0186725</b>	Page <b>5</b>
Part XIII	(Form 990) (Rev. 12-202 <b>D)</b> UCK RIVER ELECTRIC MEMBERSHIP CORE 2-0186725  Supplemental Information (continued)	
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#### **SCHEDULE J**

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

DUCK RIVER ELECTRIC MEMBERSHIP CORP

62-0186725

Employer identification number

F	Part I Questions Regarding Compensation			
			Yes	No
1	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments    Yaymento for business use of personal residence   Y			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
2				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	X	
2	Indicate which if any of the following the exceptration used to establish the componentian of the			
3	, ,,			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant			
	<b>X</b> Form 990 of other organizations <b>X</b> 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:	4 -		v
	a Receive a severance payment or change-of-control payment?	4a		X
	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	c Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5				
Ŭ	compensation contingent on the revenues of:			
		5a		
	h Any related arganization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.	JU		
	ii Tes Offilie 3a of 3b, describe iii Fait III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
	a. The approximation 2	6a		
	• • • • • • • • • • • • • • • • • • • •	6b		
	<b>b</b> Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.			
	·,···			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
		7		
8				
J	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
		8		
	in Part III	J		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		
		_		

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

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

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

	(B) Breakdown of W-	2 and/or 1099-MISC and/or	1099-NEC compensation	(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 compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
TROY CROWELL	(i) 263,33	8 0	3,905	195,674	23,278	486,195	0
1 INTERIM PRES. & CEO	(ii)	0 0	0	0	0	0	0
MICHELLE HERRMAN	(i) 198,59	0 0	9,432	34,367	11,532	253,921	0
2 CFO	(ii)	0 0	0	0	0	0	0
JAMES EDDE	(i) 160,06	0 0	22,373	37,797	10,908	231,138	0
3 COO	(ii)	0 0	0	0	0	0	0
SCOTT DAHLSTROM	(i) 250,12	1 (	5,609	41,952	11,326	309,008	0
4 CHIEF ENGINEERING	(ii)	0 0	0	0	0	0	0
STEVEN HOPKINS	(i) 157,12	4 (	1,196	51,264	23,635	233,219	0
5 DIRECTOR, COLUMBIA O	(ii)	0 0	0	0	0	0	0
JEFF HOCKADAY	(i) 156,27	9 (	2,124	54,663	10,988	224,054	0
6 DIST. OPER. SUPERVIS	(ii)	0 0	0	0	0	0	0
LEE PETTES	(i) 148,06	5 (	4,696	72,678	22,805	248,244	0
7 OPS SUPERVISOR	(ii)	0 0	0	0	0	0	0
JULIE MURDOCK	(i) 152,10	0 0	2,148	16,541	18,301	189,090	0
8 SR PURCHASING MGR	(ii)	0 0	0	0	0	0	0
JEFF HOLT	(i) 149,16	4 (	5,046	19,957	12,600	186,767	0
9 SR WORKING FOREMAN	(ii)	0 0	0	0	0	0	0
SEAN SCHELLER	(i) 163,04	8 (	8,492	13,486	23,356	208,382	0
10 WORKING FOREMAN	(ii)	0 0	0	0	0	0	0
SCOTT SPENCE	(i) 120,42	6 (	104,005	3,462	7,330	235,223	0
11 PRES. & CEO (FORMER)	(ii)	0 0	0	0	0	0	0
JAMES BATES	(i) 138,28	9 (	14,000	13,100	10,958	176,347	0
12 FORMER CONTROLLER	(ii)	0 0	0	0	0	0	0
	(i)						
13	(ii)						
	(i)						
14	(ii)						
	(i)						
15	(ii)						
	(i)						
16	(ii)						

Schedule J (Form 990) (Rev. 12-2024)

# Schedule J (Form 990) (Rev. 12-2024) DUCK RIVER ELECTRIC MEMBERSHIP CORE62-0186725 **Supplemental Information** Part III Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART III - OTHER ADDITIONAL INFORMATION SCHEDULE J, PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION EMPLOYEE REIMBURSEMENT OF HEALTH CLUB MEMBERSHIP DUES ALLOWANCE OF 50% OF DUES PAID TO A MAXIMUM OF \$200 PER YEAR PER EMPLOYEE UPON PRESENTATION OF A NO HEALTH CLUB DUES WERE REIMBURSED TO ANY DIRECTORS. PAID RECEIPT.

## SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

DUCK RIVER ELECTRIC MEMBERSHIP CORP

Employer identification number 62–0186725

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE COOPERATIVE HAS MEMBERS THAT PAY A \$10 MEMBERSHIP FEE WHEN ESTABLISHING METERED SERVICE FOR ELECTRICITY.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS MEMBERS ARE ENTITLED TO VOTE FOR THE DIRECTORS ON THE BALLOT WHO REPRESENT THE SERVICE AREA IN WHICH THE MEMBERS RESIDE.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS DECISIONS TO SELL THE COOPERATIVE REQUIRE MEMBER APPROVAL. CHANGES TO THE BYLAWS MAY BE SUBMITTED FOR MEMBERS APPROVAL.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE COOPERATIVE'S BOARD MEMBERS COMPLETED QUESTIONNAIRES WHICH WERE THEN USED FOR THE COMPLETION OF IRS FORM 990. THEN THE BOARD MEMBERS RECEIVED THE FINAL IRS FORM 990 AS PART OF THE MATERIALS FOR BUSINESS CONDUCTED DURING A REGULAR MEETING OF THE BOARD OF DIRECTORS PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL BOARD MEMBERS COMPLETED A QUESTIONNAIRE ON VARIOUS MATTERS TO BE USED IN COMPLETING IRS FORM 990. THE QUESTIONNAIRES CONTAINED QUESTIONS PERTAINING TO POTENTIAL CONFLICTS OF INTEREST THAT WOULD REQUIRE DISCLOSURE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE PRESIDENT AND CEO IS SET BY THE BOARD. THE BOARD RELIES ON STUDIES AND REVIEWS, AS WELL AS DATA FROM THE U.S. BUREAU OF LABOR STATISTICS, AND SURVEYS PERFORMED BY VARIOUS TRADE ORGANIZATIONS. THE BOARD SETS THE COMPENSATION FOR THE PRESIDENT AND CEO, APPROVES MERIT POOL DOLLARS, AND A BUDGET ADJUSTMENT THERETO FOR ALL EMPLOYEES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE PRESIDENT & CEO MAKES SPECIFIC INDIVIDUAL SALARY DECISIONS BASED ON AN INDEPENDENT CONSULTANT'S MARKET COMPENSATION STUDY AND APPROVED BUDGET MERIT AND COST OF LIVING ADJUSTMENT POOL FOR THE EMPLOYEES HE SUPERVISES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE PROVIDED TO ANY MEMBER WHO REQUESTS SUCH DOCUMENTS AT THE COOPERATIVE'S OFFICES. THE GOVERNING DOCUMENTS ARE ALSO POSTED AND AVAILABLE TO ALL MEMBERS AND THE GENERAL PUBLIC ON THE COOPERATIVE'S WEBSITE. THE ANNUAL FINANCIAL INFORMATION IS PROVIDED TO EACH MEMBER ATTENDING THE COOPERATIVE'S ANNUAL MEETING AND IS AVAILABLE ON THE COOPERATIVE'S WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
ACTUARIAL GAIN-POSTRETIREMENT BEN OBLIG.-PENSION \$ 910,687
ACTUARIAL GAIN-POSTRETIREMENT BEN OBLIG-HEALTH \$ 159,661
AMORTIZATION-POSTRETIREMENT BEN. OBLIG.-HEALTH PLA \$ 87,774

## SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number				
DUCK RIVER ELECTRIC MEMBERSHIP CORP	62-0186725				
AMORTIZATION-POSTRETIREMENT BEN. OBLIGPENSION	\$ 1,654,359				
INCREASE IN MEMBERSHIPS	\$ 9,420 \$ 22,928,467 \$ 25,750,368				
NET MARGINS ALLOCATED TO MEMBERS	\$ 22,928,467				
TOTAL	\$ 25,750,368				
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