

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



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

				and ending			, 20
В	heck if ap	nnirable	ame of organization		1 '	-	ufication number
	_ `	w	ELLMAN COOPERATIVE TELEPHONE ASSN		42	-05915	40
	Addre)• <u> </u>	oing Business As				
L	Name	change N	umber and street (or P O box if mail is not delivered to street address)	oom/suite	E Tele	phone num	ber
	Intial	return 3	05 8TH AVENUE		(319) 646	-6075
Г	Termi	Inated Ci	ty or town, state or province, country, and ZIP or foreign postal code				
	Amen		ELLMAN, IA 52356		G Gro	ss receipts	s 2,487,677.
	Applic	cation F N	ame and address of principal officer RANDALL KELLEY			his a group i	
<u></u>	_ pendi	ing	05 8TH AVE WELLMAN, IA 52356		Sul	ordinates?	$H_{i}^{i}H_{i}^{i}H_{i}^{i}$
$\overline{}$		empt status		1 1507		all subordinat	ilist (see instructions)
÷		te N/A		527	_		
J	_			1.			n number
K		of organization		L Year of for	mation 19	58 M St	ate of legal domicile IA
Ľ		Summa					
	1	Briefly des	cribe the organization's mission or most significant activities TO PROV	IDE TELEC	COMMUNI	CATION	S SERVICES TO
õ	ĺ						
nan La							
Ver	2	Check this	box If the organization discontinued its operations or disposed	of more than 2	5% of its ne	t assets	
Activities & Governance	3	Number of	voting members of the governing body (Part VI, line 1a)			3	6.
රේ			independent voting members of the governing body (Part VI, line 1b)				6.
Ees			per of individuals employed in calendar year 2013 (Part V, line 2a)				
≦	-						
Aci			* * * * * * * * * * * * * * * * * * * *			• • •	
			ated business revenue from Part VIII, column (C), line 12				
			ed business taxable income from Form 990-T, line 34				
	١_	.	ns and grants (Part VIII, line 1h)	<u> </u>	Prior		Current Year
e	8	Contributio	ns and grants (Part VIII, line 1h)				0 0
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)			0,724.	
Ş.	10	Investment	income (Part VIII, column (A), lines 3, 4, and √d) 1 . ↑ 204/.			13,133	
	11	Other reve	nue (Part VIII, column (A), lines 5 6d 8c, 9c, 10c, and 11e)			6,591	21,027.
	12	Total reven	ue - add lines 8 through 11 (must equal Part Vill, column (A) line (12).		2,13	0,448.	2,423,084.
	13	Grants and	similar amounts paid (Part IX, column (A)/lides 3(3) N, LT				0 0
	14	Benefits pa	uid to or for members (Part IX, column (A), line 4)				0 0
ø,			ther compensation, employee benefits (Part IX, column (A), lines 5-10)		4 8	0,448.	490,351.
Expenses			al fundraising fees (Part IX, column (A), line 11e)		-		0 0
ē							<u> </u>
ñ				·	1 66	4,042.	1,817,552.
			nses (Part IX, column (A), lines 11a-11d, 11f-24e)				
			ises Add lines 13-17 (must equal Part IX, column (A), line 25)			4,490.	
<u> </u>	19	Revenue le	ss expenses Subtract line 18 from line 12			4,042.	<u> </u>
sets or					ginning of C		
sse	20	Total assets	s (Part X, line 16)			8,610.	
let Ass und Ba	21	Total liabilit	ies (Part X, line 26)			5,730.	
<u> </u>	22	Net assets	or fund balances Subtract line 21 from line 20		3,57	2,880.	3,473,900.
Pa	rt II	Signatu	ure Block				
Und	ler pen	alties of perj	ury, I declare that I have examined this return, including accompanying schedules	s and statements	s, and to the	best of m	y knowledge and belief, it is
Tive	, corre	ct, and comp	ete Declaration of preparer (other than officer) is based on all information of which	preparer has an	/ knowledge		
			Jame S. Hochsteller			05-2	8-14
Sig		Signa	ture of officer		D	ate	
Hei	re		Jayne 5. Hochstedler, CFO				
		Type	or print name and title	<u>'</u>			·
			preparer's name Preparer's signature	Date			PTIN
Paid	ı			.	Che		PB0644184
Prep	oarer	70	WITHOUT THE DECORPTION OF	5-23-	/. /	-employed	/
Use	Only	Firm's name			Firm's El		-0906430
		Firm's addre	SS >7780 OFFICE PLAZA DR. S. SUITE 184 WEST DES MOINES, IA 50266	5-2337	Phone n	515	5-223-0159
мау	the IF	KS discuss	this return with the preparer shown above? (see instructions)	<u> </u>			. X Yes No
For	Paner	work Redu	ction Act Notice, see the separate Instructions				Form 990 (2013)

Fon	m 990 (2013)	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission TO PROVIDE TELECOMMUNICATIONS SERVICES TO ITS MEMBERS.	
2		X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 2,307,903 including grants of \$) (Revenue \$ 2,361,596) THE COOPERATIVE PROVIDES QUALITY SERVICES TO ITS MEMBER	
	SUBSCRIBERS. THESE SERVICES INCLUDE LOCAL EXCHANGE SERVICES, TOLL SERVICES, TERMINAL EQUIPMENT FOR SALE OR	
	LEASE, INTERNET SERVICES, PERSONAL COMMUNICATIONS SERVICES, INSTALLATION AND MAINTENANCE OF CUSTOMER PREMISE WIRING	
	AND OTHER MISCELLANEOUS SERVICES.	
4b	(Code) (Expenses \$	
		_
		-
		_
4c	(Code) (Expenses \$	
4d	Other program services (Describe in Schedule O)	
4e	(Expenses \$\frac{1}{2} \text{ including grants of \$\frac{1}{2}} \text{) (Revenue \$\frac{1}{2}} \text{)} Total program service expenses ▶ 2,307,903.	

100

Page 3

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A schedule O Contributors (see instructions)?	Par	Checklist of Required Schedules			
2 Six 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 If Yes, "complete Schedule C, Part I X 4 Section 591(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year If If Yes, "complete Schedule C, Part I X 5 Stephanoma is section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization maintain accilections of works of arth, instributed treations or other similar assets? If "Yes," complete Schedule D, Part I 7 X Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not isted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part I 1 X Did the organization services? If "Yes," complete Schedule D, Part I 1 X X Did the organization services? If "Yes," complete Schedule D, Part I X X Did the organization services? If "Yes," complete Schedule D, Part I X X X X X X X X X	4	to the encountries described in section 504/2/(0) as 40.47/2/(4) (1) and (1) and (2) are the section 504/2/(0) as 40.47/2/(4) (1) and (2) are the section 504/2/(0) are 40.47/2/(4) (1) and (2) are the section 504/2/(0) are 40.47/2/(4) (1) and (2) are the section 504/2/(0) are 40.47/2/(4) (1) and (2) are the section 504/2/(0) are 40.47/2/(4) (1) and (2) are the section 504/2/(0) are 40.47/2/(0) ar		Yes	No
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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 negotation services? If Yes, "complete Schedule D, Part IV	8	·			
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. 10 Did the organization directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 c Did the organization report an amount for other assets 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 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 VIII c Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 110	_		8		_X
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e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	d				
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	-		_X
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			11e	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Ť				v
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		111		
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 a	· · · · · · · · · · · · · · · · · · ·	122		Y
the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	b		124		
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_	· · · · · · · · · · · · · · · · · · ·	12h	x	
14 a Did the organization maintain an office, employees, or agents outside of the United States?	13				Х
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	14 a		1	7	X
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					-
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					
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			14b		Х
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	15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			15		_ 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)	16				
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			16		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	17		i I	l	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		17		<u> </u>
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	18		40		v
If "Yes," complete Schedule G, Part III	10		18		_^
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	1 3		10		x
	20 a	Did the organization operate one or more hospital facilities? If "Yes " complete Schedule H			
		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	

,25

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Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 -		23		
24 a	3			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			,,
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part L	25b		ĺ
00		-		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			١
	disqualified persons? If so, complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
-	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
C		28c		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			$\frac{x}{x}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			٠
	conservation contributions? If "Yes," complete Schedule M	30		_ <u> </u>
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? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
35 a		JJa		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		ν	
	* * * * * * * * * * * * * * * * * * * *	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable]	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(0040)

Page 5

A Enter the number reported in Box 3 of Form 1096. Enter 0-6 not applicable. 1 a 3 of b Enter the number of Forms W-2G included in line 1a Enter 0-6 not applicable. 1 b 0 of bill the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of Forms W-2G included in line 1a Enter 0-6 not applicable. 2 a Enter the number of employees reported on Form W-3. Transinital of Wage and Tax. 3 a Enter the number of employees reported on Form W-3. Transinital of Wage and Tax. 5 Istaments, field for the calendar year ending with or within the year overed by this return. 2 a Enter the number of employees reported on Form W-3. Transinital of Wage and Tax. 5 Istaments, field for the calendar year and the way of the sill required federal employment tax returns? 6 If Yes, the number of employees reported on Form W-3. Transinital of Wage and Tax. 5 Istaments, field for the calendar year and the gradient of the sill required federal employment tax returns? 6 If Yes, the sit field a Form 990-T for this year? If No To time 30, provide an explanation in Schedule O. 2 A AI any time during the calendar year, did the organization they are interest in or a signature or other authority over, a financial account). 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5 b If Yes, fine the animal gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation and express statement that such contributions or grifts were not tax deductible? 5 b If Yes, fine the organization include with every solicitation and express statement that such contributions or grifts were not tax deductible and the statement of the form 8898 as required to the form 8898 as required to the Form 8899 as required to the form 8890 as required to	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1096 Enter -0-if not applicable.		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a Enter-0-dinot applicable. c Dd the origanization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calking with or within the year covered by this return. 5 If at least one is reported on line 2a, did the origanization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to —6fe (see instructions). 3a Did the origanization have unrelated business gross income of \$1,000 or more during the year? 4a Al any time during the calendar year, did the origanization have an interest in, or a signature or other authority over, a financial account in a foregin country! See as a bank account, securities account, or other financial accounts as country. b If 'Yes,' enter the name of the foregin country ► See instructions for filing requirements for Form TD F 90-22 1. Report of Foregin Bank and Financial Accounts as Was the origanization and the sheller transaction at any time during the tax year? b If Yes,' enter the name of the foregin country ► See instructions for filing requirements for Form TD F 90-22 1. Report of Foregin Bank and Financial Accounts as Was the origanization and the vision of the state of the foregin Bank and Financial Accounts account, or other financial accounts of the foregin Bank and Financial Accounts account, or other financial accounts of the foregin Bank and Financial Accounts accounts. b If 'Yes,' enter the name of the foregin country ► See instructions for filing requirements for Form TD F 90-22 1. Report of Foregin Bank and Financial Accounts accounts of the foregin Bank and Financial Accounts accounts of the foregin Bank and Financial Accounts of the foregin Bank and Financial Accounts and the filing of the foregin Bank and Financial Accounts and the filing of the fore				Yes	No
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the organization is licensed to issue qualified health plans	b				
c Enter the amount of reserves on hand	-				
14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
			14a		Х

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	ı, and See ıı	for a	"No"
	Check if Schedule O contains a response or note to any line in this Part VI			<u>x</u>
Sec	tion A. Governing Body and Management			1
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	a		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	a		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following	ŀ		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8ь	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u>X</u>
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	l i		
Coat	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_IA.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c	:)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	erest (oolicy	, and
	financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e		
JSA -	Organization ► JAYNE HOCHSTEDLER 305 8TH AVE WELLMAN, IA 52356 319-646-6075		000	2015:
		⊢om	33U (2013)

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..........

x

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	box. office	unle: er and	Pos heck ss pe d a d	rson	e than coust both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	I 14 5.	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)JAMES PALMER PRESIDENT	.50	х						3,675.	0	0
(2)ED WHETSTINE VICE PRESIDENT	.50	х						3,360.	0	0
OIRECTOR	.50	х						920.	0	0
(4)GEORGE MILLER JR. DIRECTOR (5)JOHN ARTHUR YODER	.50	Х						3,450.	0	0
DIRECTOR (6)LEROY POWELL	.50	Х						3,220.	0	0
SECRETARY-TREASURER (7)LOIS PLANK	.50	х						3,360.	0	0
DIRECTOR (8)RANDALL KELLEY	40.00	х						3,450.	0	0
GENERAL MANAGER (9)				Х				70,942.	0	23,467.
(10)			_							
(11)								· -		
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, True	ustees, Ke	y En	ıplo	ye	es,	and F	ligi	hest Compensat	ed Employ	rees (ca	ontinued)	Page
(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per (do not check more than or eek (list any hours for officer and a director/truste					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from th organizat and relat organizati	tion ted
									-			
									-			
										-		
		-										
											 	
						_		<u> </u>				
1b Sub-total	ection A						^	92,377.		0	23,	467
d Total (add lines 1b and 1c)	<u> </u>			· ·	<u> </u>	· · ·	•	92,377.		0	23,	467
2 Total number of individuals (including but not reportable compensation from the organization		hose		d at	00V6	e) who	re 	ceived more than	\$100,000 d	ot	· · · · · · · · · · · · · · · · · · ·	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.	er, directo	r, or ch ind	tru ıvıdı.	iste:	e, I	key e	mp	loyee, or highes	compens	ated	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of rep eater than	ortab \$15	le c	om 00?	pen	satior <i>"Yes</i>	ar ," (nd other compens complete Schedu	sation from	the		
Individual	accrue co	mpen	satio	on f	rom	any	บกเ	related organization	on or indivi	 dual	4	X
for services rendered to the organization? If "Yo Section B. Independent Contractors	es," complet	te Sch	edu	le J	for	such	pers	son	<u></u>	• •	5	X
 Complete this table for your five highest com compensation from the organization. Report of year 												
(A) Name and business add	Iress							(B) Description of se	rvices	Co	(C) ompensation	1
							L					
							Γ					

Form	990 (2	2013)	WELLMAN CO	OPERATIVE TE	LEPHONE ASSN		42-05915	540 Page 9
Pai	rt VII					·		
		Check if Schedule O c	ontains a respo	onse or note to a	ny line in this Part V (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution and similar amounts not included Noncash contributions included Total. Add lines 1a-1f	1b 1c 1d 1d 1tons)		0			
nge	1			Business Code				ļ
Program Service Revenue	2a b c d	TELECOMM SERVICES		517000	2,361,596.	2,361,596		i
rau	е							
Ď.	f g	All other program service rev Total. Add lines 2a-2f			2,361,596			
	3	Investment income (including other similar amounts) Income from investment of the similar amounts	ig dividends, inte	rest, and ▶	40,461			40,461
	5	Royalties		<u></u> ▶	0			
	6a b c	Gross rents	(i) Real	(II) Personal				
	d	Net rental income or (loss			9,785	-		9,785
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	ľ	(ii) Other				
	d	Net gain or (loss)		. <u></u>	0			
Other Revenue		Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	Ine 1c)	1				
ŧ		Less direct expenses				†		
0		Net income or (loss) from ful	•	· · · · · · · · · · · · · · · · · · ·	0			
		Gross income from gaming a See Part IV, line 19	a	: I				
	c	Net income or (loss) from ga			0			
		Gross sales of inventor returns and allowances	ory, less	43,325				
	ь	Less cost of goods sold !	АТСН.1. ь	64,593.				ļ
	С	Net income or (loss) from sa			-21,268	-21,024	-244	
	<u> </u>	Miscellaneous Reven	ue	Business Code				ļ- ·
	11a	DIRECTORY ADVERT		511140	32,510		32,510.	ļ
	ь							ļ
	С							
	d	All other revenue		L				
		Taket Add lines 44 a 44 d		▶ I	22 510	I		1

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must complete all o	columns All other o	organizations must complete column (A)	
Check if Schedule (O contains a response or note to	any line in this Part	IX	

Do not include amounts reported on fines 68, 7b, 8b, 9a, and 10b of Part VIII. Graits and other assetance to governments and organization in the United States See Part IV, line 21 Graits and other assetance to governments organization in the United States See Part IV, line 21 Graits and other assetance to governments organizations, and individuals outside the United States See Part IV, line 21 Graits and other assetance to governments organizations, and individuals outside the United States See Part IV, line 21 Graits and other assetance to governments organizations, and individuals outside the United States See Part IV, line 21 Graits and other assetance to governments organizations of comments of the IV in the	Check if Schedule O contains a response or note to any line in this Part IX									
organizations in the United States See Part N, Inn 21 . C Grants and other assistance to organizations in the United States See Part N, Inne 22 . 3 Grants and other assistance to governments, organizations, and uniformation to the United States See Part N, Inne 15 and 16 . 4 Benefits paud to or for members . 5 Compensation of current officers, directors, trustees, and key employees . 5 Compensation of current officers, directors, trustees, and key employees . 6 Cengensation not included above, to disqualified persons (as defined under section 4988(c(1)) and persons (as defined under section 4988(c(1)) and persons described in section 4988(c(1)) and persons described in section 4988(c(1)) and person searched unsection 4988(c(1)) and 403(b) implyer centributions) . 9 Other employee benefits . 9 22, 953 . 22, 953 . 421, 953 . 22, 953 . 22, 953 . 22, 953 . 22, 953 . 22, 953 . 25, 378 . 9 Other employee benefits . 9 26, 691 . 9 92, 6		(A) Total expenses	Program service		Fundraising					
Signate and other assistance to individuals in the United States See Part N, Ine 22, 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part N, Ine 22, 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part N, Ines 15 and 16, 4 Benefits paid to or for members, 5 Compensation of current officers, directors, trustees, and key employees 5 Compensation of current officers, directors, trustees, and key employees 5 Compensation of current officers, directors, trustees, and key employees 5 Compensation of current officers, directors, trustees, and key employees 5 Pensen plan accruate and contributions (andulas section 4588(c)(ii)) and passion described in socion 4588(c)(iii) and passion 4588(c)(iii) and passion 4588(c)(iiii) and passion 4588(c)(iiii) and passion 4588(c)(iiii) and passion 4588(c)(iiii) and passion 4588(c)(iiiii) and passion 4588(c)(iiiii) and passion 4588(c)(iiiiiiii) and passion 4588(c)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	1 Grants and other assistance to governments and	_		-						
the United States See Part N, Ine 22. Of Carsts and other assistance to povernems, organizators, and individuals outside the United States See Part N, Inea 15 and 18. Benefits paid to of for members. Compensation of current officers, directors, trustees, and see yearly (see the pairs). Compensation not included above, to discussated persons (as defend under section 4858(c(1)) and persons described in section 4858(c(1)) and person secretion of current officers of the person size defend under section 4858(c(1)) and person secretion in 4858(c(1)) and person secretion in 4858(c(1)) and person section 1858(c(1)) and person secretion in 4858(c(1)) and person secretion in 4858(c(1)) and person secretion in 4858(c(1)) and person secretion 1858(c(1)) and person secretion in 4858(c(1)) and person secret	organizations in the United States See Part IV, line 21	O O								
the United States See Part N, Ine 22. Of Carsts and other assistance to povernems, organizators, and individuals outside the United States See Part N, Inea 15 and 18. Benefits paid to of for members. Compensation of current officers, directors, trustees, and see yearly (see the pairs). Compensation not included above, to discussated persons (as defend under section 4858(c(1)) and persons described in section 4858(c(1)) and person secretion of current officers of the person size defend under section 4858(c(1)) and person secretion in 4858(c(1)) and person secretion in 4858(c(1)) and person section 1858(c(1)) and person secretion in 4858(c(1)) and person secretion in 4858(c(1)) and person secretion in 4858(c(1)) and person secretion 1858(c(1)) and person secretion in 4858(c(1)) and person secret	2 Grants and other assistance to individuals in									
organizations, and individuals outside the United States See Part IV, lines 15 and 16, 0 8 Benefits paid to or for members		o								
organizations, and individuals outside the United States See Part IV, lines 15 and 16, 0 8 Benefits paid to or for members	3 Grants and other assistance to governments									
United States. See Part IV, lines 15 and 16,										
4 Benefits paid to or for members		d								
5 Compensation of current officers, directors, trustees, and key employees		0								
trustees, and key employees										
6 Compensation not included above, to disqualified persons (as defined under section 498R(N1)) and persons described in section 498R(N1) and persons described in section 498R(N1) and 402R) employer contributions (include section 491R) and 402R) and		92 377	92 377							
persons (as defined under section 4958(0)(1)) and persons described in section 4938(0)(3)(8). 7 Other salaries and wages. 8 Penson plan accrusia and contributions (include section 4018) and 4018) and 4030) employer contributions). 9 Other employee benefits. 92, 691. 92, 691. 92, 691. 92, 691. 92, 691. 92, 691. 92, 691. 92, 691. 92, 691. 92, 691. 93, 788. 15, 378. 15, 378. 15, 378. 15, 378. 16, 595. 16, 595. 16, 595. 17, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10		32,311.	32,311.		-					
persons described in section 4958(c)(3)(8) 7 Other satanes and wages 8 Penson plus accrusts and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits 9 2, 691. 9 Payroll taxes 25, 378. 25, 378. 9 2, 691. 9 2,										
7 Other salanes and wages										
8 Penson plan accruals and contributions (include section 401(s) and 403(b) employer contributions). 22,953. 22,953. 3 9 Other employer benefits		U								
401(k) and 403(b) employer contributions).	7 Other salaries and wages	256,952.	256,952.							
9 Other employee benefits 92, 691 92,	8 Pension plan accruals and contributions (include section									
10 Payroll taxes 25, 378 25, 378 25, 378 1 Fees for services (non-employees)	401(k) and 403(b) employer contributions)									
10 Payroll taxes	9 Other employee benefits		92,691.							
11 Fees for services (non-employees) a Management b Legal		25,378.	25,378.							
a Management										
b Legal		d								
d Lobbying 0 0 66,595. 66,595. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		250.	250.							
d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other (if line 11g appenses on Schedule O). 2 Advertising and promotion 3 Office sepanses 10 Occupancy 11 Information technology. 12 Royalites. 13 Occupancy 14 Information technology. 15 Royalites. 16 Occupancy 17 Travel. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials of lineses. 20 Interest 167,783. 21 Payments to affiliates. 22 Depreciation, depletion, and amortization 542,529. 23 Insurance. 24 Other expenses litemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PLANT SPECIFIC OPERATIONS 108,341. 26 CUSTOMER OPERATIONS 117,333. 27 Payments of CORPORATE OPERATIONS 117,333. 28 OCORPORATE OPERATIONS 117,333. 3177,333.										
e Professional fundraising services See Part IV, line 17,										
Investment management fees 0 0 0 0 0 0 0 0 0										
Q Other (ine 11g amount exceeds 10% of line 25, column (in amount, list line 11g expenses on Schedule O).			-	- 						
(A) amount, list line 11g expenses on Schedule O). 2 Advertising and promotion	f Investment management fees									
2 Advertising and promotion	g Other (if line 11g amount exceeds 10% of line 25, column									
13 Office expenses	(A) amount, list line 11g expenses on Schedule O)	<u> </u>								
14 Information technology	12 Advertising and promotion									
15 Royalties	13 Office expenses	0								
16 Occupancy	14 Information technology									
Tarvel 0 Reapments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 0 Interest 167,783. 167,78	15 Royalties	0								
Travel	16 Occupancy	O								
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PLANT SPECIFIC OPERATIONS b PLANT NONSPECIFIC OPERATIONS c CUSTOMER OPERATIONS d CORPORATE OPERATIONS 4 All other expenses 1 109, 431. 2 7 Total functional expenses Add lines 1 through 24e 2 307, 903. 2 307, 903. C 107, 783. 167, 783. 187, 342, 452. 188, 341. 188, 341. 188, 341. 188, 341. 198, 341. 199, 431. 20, 307, 903. 20, 307, 903. 20, 307, 903. 20, 307, 903.		O								
for any federal, state, or local public officials Conferences, conventions, and meetings Interest 167,783. 167,	I									
19 Conferences, conventions, and meetings 0		d								
167,783. 167,783. 167,783.		d								
Payments to affiliates		167.783.	167,783.							
Depreciation, depletion, and amortization		n								
Insurance 0 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PLANT SPECIFIC OPERATIONS 532, 462. 532, 462. b PLANT NONSPECIFIC OPERATIONS 108, 341. 108, 341. c CUSTOMER OPERATIONS 117, 333. 117, 333. d CORPORATE OPERATIONS 91, 828. 91, 828. e All other expenses 190, 431. 190, 431. 2, 307, 903. 2, 307, 903. 2 25 Total functional expenses Add lines 1 through 24e 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)		542,529	542 520		-					
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PLANT SPECIFIC OPERATIONS bPLANT NONSPECIFIC OPERATIONS cCUSTOMER OPERATIONS 108,341. 117,333. 117,333. dCORPORATE OPERATIONS 91,828. e All other expenses			342,323.							
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a PLANT SPECIFIC OPERATIONS b PLANT NONSPECIFIC OPERATIONS c CUSTOMER OPERATIONS d CORPORATE OPERATIONS e All other expenses 190,431. 25 Total functional expenses Add lines 1 through 24e organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	1									
bPLANT NONSPECIFIC OPERATIONS cCUSTOMER OPERATIONS dCORPORATE OPERATIONS e All other expenses 190,431. 25 Total functional expenses Add lines 1 through 24e 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)										
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dCORPORATE OPERATIONS e All other expenses		108,341.	108,341.							
e All other expenses	cCUSTOMER OPERATIONS	117,333.	117,333.							
e All other expenses	dCORPORATE OPERATIONS	91,828.	91,828.							
25 Total functional expenses Add lines 1 through 24e 2,307,903. 2,307,903. 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)					·					
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)	·			-						
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)										
fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	organization reported in column (B) joint costs									
following SOP 98-2 (ASC 958-720)										
	following SOP 98 2 (ASC 959 720)									
		<u> </u>		<u>l</u>						

Form 990 (2013)

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Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	952,754.	1	760,762.
	2	Savings and temporary cash investments	206,867.	2	407,586.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	1,013,281.	4	962,753.
	5	Loans and other receivables from current and former officers, directors,	-		
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	C	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	C	6	0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8		39,290.	8	41,673.
`\	9	Inventories for sale or use Prepaid expenses and deferred charges	26,803.	9	22,604.
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10, 780, 972.			il.
	b	Less accumulated depreciation	6,467,826.	10c	6,553,650.
l	11	Investments - publicly traded securities		11	0
	12	Investments - other securities See Part IV, line 11	1,349,888.		1,111,462.
	13	Investments - program-related See Part IV, line 11		13	0
ļ	14	Intangible assets	·		36,551.
	15	Other assets See Part IV, line 11	135,350.		341,853.
\rightarrow	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,228,610.	16	10,238,894.
	17	Accounts payable and accrued expenses	596,767.	17	217,372.
	18	Grants payable	10.101	18	0
	19	Deferred revenue	10,101.	19	9,283.
- 1	20	Tax-exempt bond liabilities	<u> </u>	20	0
w 1	21	Escrow or custodial account liability Complete Part IV of Schedule D	U	21	0
.≝	22	Loans and other payables to current and former officers, directors,			
į.		trustees, key employees, highest compensated employees, and			0
_		disqualified persons Complete Part II of Schedule L	5,893,002.	22	6,367,650.
	23	Secured mortgages and notes payable to unrelated third parties ATCH 4	3,893,002.		6,367,630.
	24	Unsecured notes and loans payable to unrelated third parties	4	24	0
İ	25	Other liabilities (including federal income tax, payables to related third			
ļ		parties, and other liabilities not included on lines 17-24) Complete Part X	155,860.	25	170,689.
	26	of Schedule D	6,655,730.		6,764,994.
Se	26	Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.	0,033,130.	20_	0,104,554.
اعِ	27	Unrestricted net assets		27	
3ala	28	Temporarily restricted net assets		28	·
<u> </u>	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34			
ts (30	Capital stock or trust principal, or current funds	d	30	0
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	<u>_</u>	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds	3,572,880.	32	3,473,900.
Net	33	Total net assets or fund balances	3,572,880.	33	3,473,900.
	34	Total liabilities and net assets/fund balances	10,228,610.	34	10,238,894.
	-		==,===,===		20,200,0011

Form **990** (2013)

7 Investment expenses	Form 9	90 (2013)			Pa	age 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Par	t XI Reconciliation of Net Assets				
1 Total revenue (must equal Part VIII, column (A), line 12)		Check if Schedule O contains a response or note to any line in this Part XI	<i>.</i>			X
2 Total expenses (must equal Part IX, column (A), line 25) . 2 2,307,903. 3 Revenue less expenses Subtract line 2 from line 1 . 3 115,181. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4 3,572,880. 5 Net unrealized gains (losses) on investments . 5 . 5 . 6 . 6 . 6 . 6 . 6 . 6 . 6 . 6	1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,4	123,0	084.
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 33, column (A)). 5 Net unrealized gains (losses) on investments. 6 Donated services and use of facilities. 7 Investment expenses. 7	2		2			
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		3]	115,	181.
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses	4		4	3,5	72,8	380.
6 Donated services and use of facilities	5		5			(
8 Prior period adjustments	6		6			(
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses	7			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)). Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No	8	Prior period adjustments	8			C
Time contains a column (B) 3,473,900.	9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2	114,	161.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XII	B (33, column (B))	10	3,4	73,9	<u> 300.</u>
1 Accounting method used to prepare the Form 990	Part					$\overline{}$
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII		• • •		┸
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 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 Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Accounts with twist water was the F 200 D 0 to V D 00			Yes	No
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 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 Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	'					
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 Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			explain in			
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?	29					l .
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			noulad or	Za		<u> </u>
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?		·	iipiieu oi			ĺ
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 Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	h			26	x	
separate basis, consolidated basis, or both 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	D			20		-
Separate basis X 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			leu on a			
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	_		ought.			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	·			20	X	
Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		·				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			xpiaiii iii			
the Single Audit Act and OMB Circular A-133?	3a		t forth in			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	Ju		t fortil iii	3a		X
	b	•	lergo the			
				3b		

Form **990** (2013)

SCHEDULE D (Form 990)

. . .

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Open to Public

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection

1411110	and organization			-""	ployer identification number
WELL	MAN COOPERATIVE TELEPHONE ASSN				42-0591540
Part I	Organizations Maintaining Donor Advis Complete if the organization answered "			Accol	ınts.
		(a) Donor adv	vised funds		(b) Funds and other accounts
T	otal number at end of year				
	ggregate contributions to (during year)				
	ggregate grants from (during year)				
	ggregate value at end of year				
	old the organization inform all donors and donor	advisors in writing the	at the assets held in	dono	r advised
	unds are the organization's property, subject to the	=			
	old the organization inform all grantees, donors, a	_	•		
	nly for charitable purposes and not for the benefi				
С	onferring impermissible private benefit?	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Yes No
	Conservation Easements. Complete if t			m 99	0, Part IV, line 7
P	urpose(s) of conservation easements held by the	= '			
ļ	Preservation of land for public use (e.g., recr	eation or education)	Preservation of	of an h	nistorically important land area
ļ	Protection of natural habitat		Preservation of	of a ce	ertified historic structure
Į	Preservation of open space				
	omplete lines 2a through 2d if the organization h	eld a qualified conser	vation contribution in	the fo	orm of a conservation
е	asement on the last day of the tax year				United the First Advantage
_					Held at the End of the Tax Year
	otal number of conservation easements			2a	
	otal acreage restricted by conservation easements				
	umber of conservation easements on a certified		, ,	2c	
	umber of conservation easements included in (c)				
	storic structure listed in the National Register				<u> </u>
	umber of conservation easements modified, tran	isterred, released, ext	linguished, or termina	ated b	by the organization during the
	x year >				
	umber of states where property subject to conse				
	oes the organization have a written policy regard		- ·	_	
	olations, and enforcement of the conservation ea				
	taff and volunteer hours devoted to monitoring, in	ispecting, and entorci	ng conservation eas	emen	ts during the year
	· mount of expenses incurred in monitoring, inspec	ating and anforming of	naanatian aasamar	- t d	and the year
	·\$	sang, and emorcing co	inservation easemer	ns ou	ring the year
	oes each conservation easement reported on lin	o 2(d) above caticfy ti	ha raquiramente of ca	otion :	170/h\/4\/P\
	and section 170(h)(4)(B)(ii)?				
In	Part XIII, describe how the organization reports	conservation easeme	nte in ite revenue and	· · · ·	nce statement and
	plance sheet, and include, if applicable, the text of				•
	ganization's accounting for conservation easeme		organization o miano.	u, olu	terrette that decombes the
art I		of Art, Historical T	reasures, or Other	r Sim	ilar Assets.
					
a If w po	the organization elected, as permitted under Si orks of art, historical treasures, or other similar ublic service, provide, in Part XIII, the text of the fo	AS 116 (ASC 958), ar assets held for purportion of the purportion of the second	not to report in its riblic exhibition, educ statements that des	reveni cation cribes	ue statement and balance shee , or research in furtherance o these items
W	the organization elected, as permitted under sorks of art, historical treasures, or other similarible service, provide the following amounts relating	ar assets held for pu), to report in its rebblic exhibition, educ	evenu	e statement and balance shee , or research in furtherance o
	Revenues included in Form 990, Part VIII, line 1				▶ \$
) Assets included in Form 990, Part X				
	the organization received or held works of a				
	llowing amounts required to be reported under S				manda gam, provide m
	evenues included in Form 990, Part VIII, line 1.				▶ \$
b A:	ssets included in Form 990, Part X			 	> \$

Schedule D (Form 990) 2013

Page 3
, age 🕶

		, Part IV, line 11b See Form 990	, rail A, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion
I denvatives			
held equity interests			
			·-··
STMENTS IN NONAFFIL. CO.	676,065.		-
			
	-		
(b) must equal Form 990, Part X, col (B) line 12)	1,111,462.		
Investments - Program Related. Complete if the organization answered	"Yes" to Form 990,	, Part IV, line 11c See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year man	
	<u></u>		
		.=	
· - ·	 -		
		1	
	"Yes" to Form 990	Part IV line 11d See Form 990	Part X line 15
	-	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(2)		· · · · · · · · · · · · · · · · · · ·	(4) 2001114
			-
	· ·		
		-	
	ne 15)	<u></u>	
		5 . 11 . 11 . 116 . 5	000 5 434
	"Yes" to Form 990,	, Part IV, line 11e or 11f. See For	m 990, Part X,
			·-
	(b) Book value	<u>e</u>	
		0.50	
	21,0	025.	
n (b) must equal Form 990, Part X, col (B) line 25)	▶ 170, €	580	
	STMENTS IN AFFILIATED CO. STMENTS IN NONAFFIL. CO. (b) must equal Form 990, Part X, col (B) line 12) Investments - Program Related. Complete if the organization answered (a) Description of investment (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered (a) Other Liabilities. Complete if the organization answered line 25. (a) Description of hability all income taxes MER DEPOSITS RED COMPENSATION	The led equity interests STMENTS IN AFFILIATED CO. 435, 397. STMENTS IN NONAFFIL. CO. 676, 065. (b) must equal Form 990, Part X, col (B) line 12) ▶ 1,111,462. Investments - Program Related. Complete if the organization answered "Yes" to Form 990. (a) Description of investment (b) Book value (b) must equal Form 990, Part X, col (B) line 13) ▶ Other Assets. Complete if the organization answered "Yes" to Form 990. (a) Description (b) must equal Form 990, Part X, col (B) line 15). Other Liabilities. Complete if the organization answered "Yes" to Form 990 line 25. (a) Description of liability (b) Book value (b) Book value (c) Book va	STMENTS IN AFFILIATED CO. 435,397. STMENTS IN NONAFFIL. CO. 676,065. STMENTS IN NONAFFIL. CO. 676,065. [b) must equal Form 990, Part X, col (B) line 12) \(\) 1,111,462. Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990. (a) Description of investment (b) Book value (c) Method of value Cost or end-of-year mar Cost

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WELLMAN COOPERATIVE TELEPHONE ASSN

Employer identification number

42-0591540

MEMBERS

PART VI SECTION A LINE 6

ALL SERVICES PROVIDED BY THE COOPERATIVE REQUIRE THE CUSTOMER TO BE A MEMBER.

ELECTION OF DIRECTORS AND MEMBER APPROVAL

PART VI SECTION A LINE 7A & 7B

MEMBERS ELECT THE BOARD OF DIRECTORS AT AN ANNUAL MEETING. MEMBER

APPROVAL OF SIGNIFICANT BOARD DECISIONS THAT MAY ARISE SUCH AS MERGERS

AND ACQUISITIONS IS NECESSARY.

CONFLICT OF INTEREST POLICY

PART VI SECTION B LINE 12C

THE CONFLICT OF INTEREST POLICY IN WRITTEN IN THE EMPLOYEE MANUAL AND COMPLIANCE IS MANDATORY FOR ASSOCIATION WITH WELLMAN COOPERATIVE TELEPHONE ASSOCIATION.

COMPENSATION

PART VI SECTION B LINES 15 A & B

THE COMPENSATION OF MANAGEMENT IS DETERMINED BY THE BOARD OF DIRECTORS
ON AN ANNUAL BASIS.

DISCLOSURE OF GOVERNING DOCUMENTS

PART VI SECTION C LINE 19

THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND CERTAIN

Name of the organization
WELLMAN COOPERATIVE TELEPHONE ASSN

Employer identification number 42-0591540

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO MEMBERS UPON REQUEST.

FORM 990 REVIEW

PART VI SECTION A LINE 11

NO REVIEW PROCESS EXISTS REGARDING THE BOARD OF DIRECTORS (GOVERNING

BODY) AND THE FORM 990.

OTHER CHANGES IN NET ASSETS

PART XI LINE 5

PAYMENT OF PATRONAGE CAPITAL (36,041)

INCOME FROM SUBSIDIARY

(170,080)

IOWA VIDEO EQUITY EARNINGS

(8,040)

TOTAL CHANGE IN NET ASSETS (214,161)

	ATTACHMENT 1
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	. 43,325.
INVENTORY AT BEGINNING OF YEAR	
PURCHASES	
SALARIES AND WAGES	
OTHER COSTS	. 64,593.
SUBTOTAL	. 64,593.
MINUS ENDING INVENTORY	
COST OF GOODS SOLD	. 64,593.

Name of the organization Employer identification number WELLMAN COOPERATIVE TELEPHONE ASSN 42-0591540 ATTACHMENT 2 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES **ENDING** DESCRIPTION BOOK VALUE PREPAID EXPENSES 22,604. 22,604. TOTALS ATTACHMENT 3 FORM 990, PART X - DEFERRED REVENUE **ENDING** DESCRIPTION BOOK VALUE IWIRELESS UNEARNED REVENUE 9,283. TOTALS 9,283. ATTACHMENT 4 FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE RUS & RTB MORTGAGE NOTES LENDER: BEGINNING BALANCE DUE 5,523,819. ENDING BALANCE DUE 6,367,650.

LENDER:

REDLEG LOAN

Name of the organization	Employer identification number
WELLMAN COOPERATIVE TELEPHONE ASSN	42-0591540
LENDER: SEI GUARANTEE	ATTACHMENT 4 (CONT'D)
BEGINNING BALANCE DUE	369,183.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	5,893,002.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	6,367,650.

WELLMAN COOPERATIVE TELEPHONE ASSN

42-0591540

SCHEDULE R (Form 990)

Internal Revenue Service Name of the organization Department of the Treasury

WELLMAN COOPERATIVE TELEPHONE ASSN

Part i

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships See separate instructions. ▶ Attach to Form 990.

Open to Public 2013 Inspection

OMB No 1545-0047

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▶ Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 42-0591540 (f) Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity Part II <u>_</u> Ð ଅ <u>ව</u> **3 9**

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2013 ŝ Yes (f) Direct controlling entity (if section 501(c)(3)) (e) Public chanty status (d) Exempt Code section Legal domicile (state or foreign country) õ Primary activity (a)Name, address, and EIN of related organization Ę (5) 2 <u>ල</u> €, 9 [2]

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

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WELLMAN

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Page 2

(k) Percentage ownership (J) General or managing partner? ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Illine 34 because it had one or more related organizations treated as a corporation or trust during the tax year Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes amount in box 20 of Schedule K-1 (Form 1085) (I) Code V-UBI (h) Diaproportonete efecations? ŝ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling | (c) Legal domicile foreign country) (state or (b) Primary activity Name, address, and EIN of related organization Part IV Part III

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Section 512(b)(13) controlled entity? (h) Percen-tage ownership (g) Share of end-of-year assets (f) Share of total income (e)
Type of entity
(C copp. S corp. or trust) (d)
| Direct controlling entity (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN of related organization

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Schedule R (Form 990) 2013

Yes

Schedule R (Form 990) 2013

Method of determining AMOUNT GIVEN If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 19 ļ 1р æ 4 2 e 두 **+** Ε 9 ב ס + 18 Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 281,178. Amount involved Performance of services or membership or fundraising solicitations by related organization(s)................. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction type (a-s) 3 Ω Performance of services or membership or fundraising solicitations for related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)........... Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Name of retated organization Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Purchase of assets from related organization(s) Sale of assets to related organization(s) WIRELESS SEI

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Schedule R (Form 990) 2013

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

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

(a) (b) (c) (d) (d) (e) (f) (f) (f) (f) (f) (g) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionata allocations?	L	(i) Code V-UBI Bmount in box 20 of Schedule K-1 (Form 1065)	(J) General or meneging partner?		(k) Percentage ownership
(1)			section 512-514)	Yes			Yes	S S		Yes	Ŷ.	
(2)												
(<u>3</u>)												
(4)								 				
(§)								-				
(9)												
(1)											-	
(8)											†	
(6)												
(10)												1
(11)												
(12)												
(13)											-	
(14)												
(15)											-	
(16)												
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Schedule R (Form 990) 2013

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)