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DLN: 93493320093435

# Form **990**

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2014

Open to Public Inspection

A Fo	r the	2014 cal		ning 01-01-2014 $$ , and ending 1	2-31-2014				
		applicable	C Name of organization WHEATLAND ELECTRIC COOPER	ATIVE INC			D Emplo	yer ider	itification number
		change					48-0	532188	3
_	me ch		Doing business as						
	tial reti	urn	Number and street (or P.O. box	ıf mail is not delivered to street address	Room/suite		E Teleph	one numl	per
Fir ret		rmınated	PO BOX 230	iii maii is not denvered to street dadress,	, rtoom, saice		(620)	872-5	885
☐ Am	nended	return		country, and ZIP or foreign postal code	<u> </u>				
Гар	plicatio	n pending	SCOTT CITY, KS 67871				<b>G</b> Gross	receipts \$	123,025,083
			F Name and address of	principal officer		<b>H(a)</b> Is thi			
			BRUCE W MUELLER PO BOX 230			suboi	dinates?		Γ Yes <b>Γ</b> No
			SCOTT CITY, KS 67871			<b>H(b)</b> Are a		ınates	☐ Yes ☐ No
—— т Та	ıx-exel	mpt status	<u> </u>	) ◀ (insert no )	- 527	includ		n a list	(see instructions)
			VW WECI NET	) 4 (mscreno )   1517 (d)(1) 01		_			
						H(c) Grou	p exemp		
			Corporation Trust Associ	ation Other ►		<b>L</b> Year of fo	rmation 19	948 <b>M</b>	State of legal domicile KS
Pa	rt I		nmary						
	1	•	<del>-</del>	ssion or most significant activitie BLE ELECTRIC SERVICE TO ME		COSTON	A COOP	ERATI	VE BASIS
9									
Ē									
řeli	2	Check t	his box দ if the organization	n discontinued its operations or d	sposed of r	nore than 2	5% of its	net as:	sets
Governance			,						ı
	1			erning body (Part VI, line 1a) .				3	12
Activities &				ers of the governing body (Part VI				4	12
E <b>t</b> i3				In calendar year 2014 (Part V, II If necessary)				5 6	150
đ			·	m Part VIII, column (C), line 12				7a	
				ne from Form 990-T, line 34				7b	C
						Prio	r Year	<u> </u>	Current Year
_	8	Contr	butions and grants (Part VIII	[, line 1h)	[			0	0
a Li	9	Progra	am service revenue (Part VII)	I, line 2g)	[	1	140,250,506		117,994,224
Revenue	10			umn (A), lines 3, 4, and 7d) .			1,209,606		516,687
	11			A ), lines 5, 6d, 8c, 9c, 10c, and : 11 (must equal Part VIII, colum	· · · · · · · · · · · · · · · · · · ·			0	3,322,661
	12					1	41,460,	112	121,833,572
	13	Grant	s and sımılar amounts paıd (P	art IX, column (A), lines 1-3)				0	31,656
	14		its paid to or for members (Pa			0	3,904,590		
ø	15	Saları 5-10	es, other compensation, empl		9,001,	945	8,970,980		
nse	16a		•	IX, column (A), line 11e)		0			0
Expenses	Ь	Total fu	undraising expenses (Part IX, columr	n (D), line 25) 🕨					
ш	17	Other	expenses (Part IX, column (A		15,829,	626	98,096,875		
	18			must equal Part IX, column (A), l	F		24,831,		111,004,101
	19	Rever	nue less expenses Subtract II	ne 18 from line 12			16,628,	541	10,829,471
80						Beginning		nt	End of Year
Not Assets or Fund Balances	20	Total	accets (Part V June 16)		-		<b>ear</b> 326,042,	407	340,094,980
A B	21				F		250,839,		252,595,711
\$ <u>E</u>	22			act line 21 from line 20	- F		75,203,		87,499,269
Pa	rt II	Sigr	nature Block					<u>'</u>	
my k	nowle	dge and		examined this return, including a complete Declaration of preparei					
		****	***			20	15-11-13		
Sign		Sign	ature of officer				ite		
Her	е		ONA SMYTHE GENERAL MANAGER						
			e or print name and title Print/Type preparer's name	Preparer's signature	Date	, J <sub>-</sub> .	<u> </u>	PTIN	
Pai	Ч		WILLIAM M MILLER	WILLIAM M MILLER		- 11 12   0110	ck 🔽 ıf -employed	1 200 420	459
	u par		Firm's name   BOLINGER SEGARS	GILBERT AND MOSS LLP		Firm	is EIN 🕨 7	5-088203	37
	on:		Fırm's address ► 8215 NASHVILLE AV	/ENUE		Pho	ne no (806	5) 747-38	06
	· ·	,	LUBBOCK, TX 7942	23					

✓ Yes ☐ No

Form	990 (2014)				Page						
Par		ent of Program Service A Schedule O contains a response	or note to any line in this Part III		٧						
1	Briefly describe	the organization's mission									
COM SER	IMUNITIES WE S VICES WE EMPH	ERVE BY PROVIDING RELIABL	TINUE TO IMPROVE THE QUALIT LE AND COMPETITIVELY PRICED ERSONAL RELATIONSHIPS, SERV TIES	ELECTRICITY AND OTHER	RESSENTIAL						
2			ogram services during the year whi								
	•	ne prior Form 990 or 990-EZ?									
3	services?	tion cease conducting, or make s	significant changes in how it conduct	cts, any program	┌ Yes ┌ No						
4	Describe the org	ganızatıon's program service acc	omplishments for each of its three lanizations are required to report the program service reported								
4a	(Code PROVIDING ELECT	) (Expenses \$ RIC ENERGY TO OUR MEMBERS - 32,43	including grants of \$	) (Revenue \$	) RATIVE BASIS						
		, , , , , , , , , , , , , , , , , , ,									
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)						
	PROVIDING WATER	R DISTRIBUTION CONTRACTS TO CUSTO	DMERS IN FINNEY AND KEARNY COUNTIES	SERVICES ARE PROVIDED ON A CO	OPERATIVE BASIS						
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)						
	PROVIDING INTER	NET SERVICES TO OVER 3,000 CUSTOM	ERS IN 12 COUNTIES IN KANSAS SERVICE	S ARE PROVIDED ON A COOPERATI	VE BASIS						
	Other program	services (Describe in Schedule	0 )								

) (Revenue \$

including grants of \$

(Expenses \$

Total program service expenses ►

# 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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	Yes	
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

	Check if Schedule O contains a response or note to any line in this Part V	• •	<del></del>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   92			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	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			
	If at least one is reported on line 2a, did the organization 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 e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	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		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	7a 7b		110
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	75		
	file Form 8282?	<b>7</b> c		Νo
u	11 res, indicate the number of Forms 6262 med during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
Qa	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter	35		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	O contains a response or note to any line in this Part VI	. ~
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Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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		No
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

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

- 19 Describe in 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►RADONA SMYTHE

PO BOX 230 SCOTT CITY,KS 67871 (620)872-5885

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) WESLEY CAMPBELL	12 50	х		х			33,950	0	0
PRESIDENT (2) DAVID LOWE	12 50	х		х			33,387	0	0
(3) PATRICK RILEY	8 00	х		х			38,707	0	0
SECRETARY (4) DAN BONINE	5 40	х		Х			30,739	0	0
TREASURER (5) RONALD DAVIS	5 00	Х					24,785	0	0
TRUSTEE  (6) CHARLES AYERS TRUSTEE	10 00	Х					20,764	0	0
(7) KATHLEEN EISENHOUR TRUSTEE	5 00	Х					23,872	0	0
(8) VICTOR CASE TRUSTEE	7 50	Х					22,698	0	0
(9) LAWERENCE HOUSTON TRUSTEE	5 00	Х					23,002	0	0
(10) ROE JOHNSON TRUSTEE	5 00	Х					22,971	0	0
(11) ROBERT HISS TRUSTEE	5 00	Х					33,390	0	0
(12) WILLIAM BARNES TRUSTEE	12 80	х					37,289	0	0
(13) BRUCE MUELLER GENERAL MANAGER	50 00			х			330,852	0	221,487
(14) MARY LOONEY ASST GENERAL MANAGER	50 00			х			190,838	0	65,771
	I				1				Form <b>990</b> (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not bo: h a	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estin amount comper from	nated of other nsation i the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organi and re organiz	elated
(15) JOEL BRYAN	40 00			х				200,838		0	81,422
DIRECTOR OF ACCOUNTING (16) PHILLIP SHELLEY DIRECTOR OF OPERATIONS	50 00				х			220,119		0	340,705
(17) LYNN FREESE DIRECTOR OF MEMBER SERVICES	50 00				х			191,024		0	305,586
(18) VINCENT STRICKLER DIRECTOR OF ADMIN & HR	52 00				х			168,974		0	317,958
(19) JEVIN KASSELMAN DIRECTOR OF IT/BROADBAND	40 00					х		136,677		0	109,663
(20) ROBERT BRANDL  AREA SUPERVISOR	51 00					х		126,852		0 89,8	
(21) RADONA SMYTHE MANAGER OF ACCOUNTING	40 00					х		126,619		0 102,8	
(22) STACEY STEVENS MGR OF SPECIAL PROJECTS	40 00					х		118,506		0	101,091
(23) CHRIS HUBER  DISTRICT MANAGER	40 00					х		118,643		0	116,010
1b Sub-Total						<b>P</b>					
c Total from continuation sheets to Part	VII, Section A		•	•		-		2 275 400	0		1 052 224
d Total (add lines 1b and 1c)  2 Total number of individuals (including b	out not limited to	those	· ·	ed al	bov	e) who	rec	2,275,496 eived more than	0		1,852,334
\$100,000 of reportable compensation						·					
										Yes	No
3 Did the organization list any <b>former</b> offi on line 1a? <i>If "Yes," complete Schedule 3</i>			e, ke <sup>,</sup>	y em •	nplo •	yee, o •	r hig	jhest compensate		3	No
For any individual listed on line 1a, is to organization and related organizations and individual										ł Yes	
5 Did any person listed on line 1a received services rendered to the organization?		-						-		5	No
Section B. Independent Contracto	ors										
Complete this table for your five highest compensation from the organization. Re	t compensated										r
Name and h	(A) pusiness address							Descrinti	(B) on of services	Compe	
JJ POWERLINE PO BOX 861 DODGE CITY, KS 67801	uuuuu uuuless							CONSTRUCTION		Сотпре	844,599
LEE CONSTRUCTION								CONCEDUCATION		1	600 440

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JJ POWERLINE	CONSTRUCTION	844,599
PO BOX 861		
DODGE CITY, KS 67801		
LEE CONSTRUCTION	CONSTRUCTION	690,448
413 CAMPUS DR ST 101		
GARDEN CITY, KS 67846		
NISC	BILLING/CONVERSION	416,918
PO BOX 1147		
MANDAN, ND 58554		
SOLIDA AND SONS TREE SERVICE	LANDSCAPING	404,178
PO BOX 421		
PHILLIPSBURG, KS 67661		
SABRE INDUSTRIES	CONSTRUCTION	317,828
PO BOX 658		
SIOUX CITY, IA 51102		
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►13

Part V	Ш	Statement o						_
		Check if Schedi	ule O contains a respo	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership du	es 1b					
10 July 1								
S, (	С	Fundraising ev						
돌	d	Related organiz	zations 1d					
<u>ي</u> آ <u>ي</u>	е	Government grant	s (contributions) <b>1e</b>					
ijon I S	f	All other contribution	ons, gifts, grants, and 1f	İ		į		İ
t e	a		ons included in lines			-		}
풀잎	9	1a-1f \$	ons meladed in lines					
Cont	h	Total. Add lines	s 1a-1f	· · · •				
				Business Code				
enn	2a	SALE OF ELECTRIC	ΊΤΥ	221000	97,783,802	97,783,802		
æ	b	PATRONAGE DIVID	ENDS	221000	11,654,705	11,654,705		
Program Serwce Revenue	С	WATER CONTRACT	rs	221000	4,742,319	4,742,319		
	d	WIRELESS INTERN	ET	517000	2,917,148	2,917,148		
ය E	е	OTHER PROGRAM	REVENUE	221000	896,250	896,250		
<u> </u>	f	All other progra	am service revenue					
£	g	Total. Add lines	s 2a-2f		117,994,224			
	3		ome (including dividen					
			aramounts)		722,635			722,635
	4		stment of tax-exempt bond	proceeds				
	5	Royalties .	(ı) Real	(II) Personal				
	6a	Gross rents	(1) Real 8,400	1,907,574				
	ь	Less rental	0	20,434				
	c	expenses Rental income	8,400	1,887,140				
	_	or (loss)	,	, ,	1,895,540			1,895,540
	d	Net rental inco	me or (loss)  (i) Securities	(II) O ther	1,893,340			1,893,340
	7a	Gross amount	(i) Securities	(II) O thei				
		from sales of assets other		530,646				
	ь	than inventory Less cost or						
	ן ו	other basis and		736,594				
	С	sales expenses Gaın or (loss)		-205,948				
	d	Net gain or (los	ss)		-205,948			-205,948
	8a		rom fundraısıng					
Other Revenue		events (not inc \$	reported on line 1c)					
<u>.</u>	ь	less director	penses b					
돌	c		(loss) from fundraising					
•	9a	Gross income f	rom gaming activities ne 19					
	b c		a penses b (loss) from gaming act					
		Gross sales of returns and allo	inventory, less owances .					
	h	less sostof-	a oods sold b	185,936				
	b c		oods sold <b>b</b> (loss) from sales of Inv	434,483 entory	-248,547	-248,547		
	Ť	Miscellaneous		Business Code	,	,		
		OTHER PASST INVESTMENT	HROUGH	221000	1,675,668	1,675,668		
	Ь							
	c							
	d		ue					
	e		s 11a-11d	· · · · •	1,675,668			
	12	Total revenue.	See Instructions .		121,833,572	119,421,345	(	2,412,227

	990 (2014)				Page <b>10</b>
	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				<u></u>
	Check if Schedule O contains a response or note to any line in this		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) 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	31,656			
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	3,904,590			
5	Compensation of current officers, directors, trustees, and key employees	2,981,128			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,031,544			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	1,531,830			
10	Payroll taxes	426,478			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
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 (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,145,058			_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,576,071			
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)				
а	PURCHASED POWER	66,163,100			
b	ADMIN AND GENERAL	5,190,285			
c	DISTRIBUTION EXPENSE	3,392,526			
d	CUSTOMER SERVICE	1,151,967			_
e	All other expenses	5,477,868			
25	Total functional expenses. Add lines 1 through 24e	111,004,101			_
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)				

Form 990 (2014)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line i	n this I	Part	х			
		· · · · · · · · · · · · · · · · · · ·				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				2,108,899	1	1,764,665
	2	Savings and temporary cash investments			-		2	
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				15,722,819	4	5,630,634
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete Schedule L	Part II	of			5	
Assets	6	Loans and other receivables from other disqualified persons (4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section $501(c)(9)$ voluntary organizations (see instructions) Complete Part II of Schedul	d contr emplo	rıbut	ıng employers		6	
\$\$ <del>(</del>	7	Notes and loans receivable, net	_				7	8,566,928
4	8	Inventories for sale or use				3,993,051	8	3,337,053
	9	Prepaid expenses and deferred charges				6,145,446	9	5,485,981
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		295,647,570			
	ь	Less accumulated depreciation	10b		86,052,931	197,864,204	<b>10</b> c	209,594,639
	11	Investments—publicly traded securities					11	
	12	Investments—other securities See Part IV, line 11					12	
	13	Investments—program-related See Part IV, line 11				82,627,557	13	69,583,354
	14	Intangible assets				17,580,431	14	27,935,243
	15	Other assets See Part IV, line 11			•	0	15	8,196,483
	16	Total assets. Add lines 1 through 15 (must equal line 34) .				326,042,407	16	340,094,980
	17	Accounts payable and accrued expenses				44,105,715	17	6,757,990
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
S	21	Escrow or custodial account liability Complete Part IV of Sc	hedule	e D			21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqua		trus	cees,			
jab		persons Complete Part II of Schedule L					22	
_	23	Secured mortgages and notes payable to unrelated third part	ies .			205,592,571	23	237,748,994
	24	Unsecured notes and loans payable to unrelated third parties		•			24	
	25	Other liabilities (including federal income tax, payables to re and other liabilities not included on lines 17-24) Complete FD	art X			1,141,050	25	8,088,727
	26	Total liabilities. Add lines 17 through 25				250,839,336	26	252,595,711
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34.						
สม	27	Unrestricted net assets					27	
Bal	28	Temporarily restricted net assets					28	
딛	29	Permanently restricted net assets			•		29	
or Fur		Organizations that do not follow SFAS 117 (ASC 958), check complete lines 30 through 34.	here 🕨	┡	and			
2	30	Capital stock or trust principal, or current funds				0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				0	31	0
As	32	Retained earnings, endowment, accumulated income, or othe	r funds	5		75,203,071	32	87,499,269
Net	33	Total net assets or fund balances			•	75,203,071	33	87,499,269
	34	Total liabilities and net assets/fund balances				326,042,407	34	340,094,980
								Form <b>990</b> (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		121,8	333,572
2	Total expenses (must equal Part IX, column (A), line 25)	2		111,0	004,101
3	Revenue less expenses Subtract line 2 from line 1	3		10,8	329,471
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		75,2	203,071
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-2,2	296,461
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,7	763,188
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		87,4	199,269
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis			1	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493320093435

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

## **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.

Open to Public

ema	l Revenue Service	Information about Schedule D (Form	990) and its instructions is at <u>www.ir</u>	s.gov/1	<u>form 990</u> .	Inspect	ion
	me of the organ			Emp	loyer ident if ica	tion numbe	er
٧٧H	EATLAND ELECTRIC	COOPERATIVE INC		48-0	0532188		
Pa		izations Maintaining Donor Adv				Complet	e if the
	organi	zation answered "Yes" to Form 990		T .	(L) Fdd -		
	Total number a	at and of year	(a) Donor advised funds	-	(b) Funds and o	tneraccou	ints
L >		ue of contributions to (during year)					
<u>.</u> 2		ue of grants from (during year)					
í	55 5	ue at end of year					
		zation inform all donors and donor adviso	l	nor advi	sad		
•		organization's property, subject to the or		ioi auvi	seu	┌ Yes	┌ No
5	used only for c conferring imp	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?	it of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete if	the organization answered "Yes" t	to Form	າ 990, Part IV	, line 7.	
	Preservation Preservation Complete lines	conservation easements held by the organ of land for public use (e g , recreation of natural habitat on of open space see through 2d if the organization held a he last day of the tax year	or education) Preservation of ar Preservation of a	certified	d historic struct	ure	
	cusement on t	he last day of the tax year			Held at the	End of the	Year
а	Total number o	of conservation easements		2a			
b	Total acreage	restricted by conservation easements		2b			
c	Number of con	servation easements on a certified histo	ric structure included in (a)	2c			
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d			
;	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	e organization d	during	
	the tax year ►	<u> </u>					
ļ	Number of stat	tes where property subject to conservati	on easement is located 🗠				
;	_	nization have a written policy regarding t f the conservation easements it holds?	he periodic monitoring, inspection, han	dling of	violations, and	┌ Yes	┌ No
,	Staff and volur ►	nteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ments d	uring the year		
1	A mount of exp ► \$	enses incurred in monitoring, inspecting	, and enforcing conservation easement	s during	g the year		
1		nservation easement reported on line 2(c 70(h)(4)(B)(ii)?	i) above satisfy the requirements of sec	ction 17	'0(h)(4)(B)(ı)	┌ Yes	┌ No
)	balance sheet	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia				
ai	Compl	lizations Maintaining Collection ete ıf the organızatıon answered "Y	es" to Form 990, Part IV, line 8.				
a	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or rese	arch ın furthera		
b	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to these	ts held for public exhibition, education,				IC
	(i) Revenue in	cluded in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets inc	luded in Form 990, Part X			<b>F</b> \$		
2	If the organiza	tion received or held works of art, histori ints required to be reported under SFAS			cial gain, provid	e the	
а	Revenue inclu	ded in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	cal Tr	eası	<u>ures, or Ot</u>	<u>he</u>	r Similar	Asse	ets (co	ontinued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	ds, ch	ieck	any of t	he fol	llowing that ai	re a	sıgnıfıcant	use o	fits	
а	Public exhibition		d	Γ	Loan	orexo	change progra	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	llections and expla	ın hov	v the	y furthe	r the	organızatıon's	s ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part o	f the	organiz	zatıor	n's collection?	?			Yes	┌ No
Par	Escrow and Custodial Arrange Part IV, line 9, or reported an am						n answered	l "Y	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions	or other asse	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follow	ving t	:able							
										Amo	unt	
C	Beginning balance						<u>_</u> :	1c				
d	Additions during the year						<u> </u>	1d				
е	Distributions during the year						_1	1e				
f	Ending balance						_ :	1f				
2a b	Did the organization include an amount on Fo									·	Yes	┌ No
	If "Yes," explain the arrangement in Part XII  TO Endowment Funds. Complete i									10	• •	<u>'</u>
Fa	Endowment Funds. Complete	(a)Current year		Prior			Two years back				e)Four y	ears back
1a	Beginning of year balance											
ь	Contributions											
C	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balanc	e (lın	e 1g	, columr	n (a))	held as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiza	ation t	that	are held	land	admınıstered	for	the			
	organization by								г		Yes	No
	(i) unrelated organizations			•		•		•		3a(i)	-	
ь	(ii) related organizations									3a(ii) 3b	<u> </u>	<u> </u>
4	Describe in Part XIII the intended uses of th	•				•		•	!	30	<u> </u>	<u> </u>
	Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1	<b>nt.</b> Complete if t				ans	wered 'Yes'	to	Form 990	, Part	IV, lı	ne
	Description of property	<u></u>			Cost or o		(b)Cost or oth basis (other)		(c) Accumul depreciati		( <b>d</b> ) Bo	ok value
1a	and						1,860,4	405				1,860,405
	Buildings						5,385,3	<del> i</del>	3,92	3,168		
b E	Juliuliigs			1								1,462,223
	Leasehold improvements											1,462,223
<b>c</b> l	•				6,784	4,413	235,266,0	024	82,12 <sup>-</sup>	9,763		1,462,223 69,920,674
c l d E	Leasehold improvements				6,784	4,413	235,266,0 46,351,3		82,12	9,763	15	

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of v	
(including name of security)		Cost or end-of-year	market value
(1)Financial derivatives (2)Closely-held equity interests			
Other			
Tabel (Caluma (h) annah annah Farra (000 Dart V ani (D) kan 12 )	<b>F</b>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			arm 000 Part IV line 11c
Part VIII Investments—Program Related. C See Form 990, Part X, line 13.	ompiete ii tile organizatioi	n answered 165 to FC	omi 990, Fait IV, IIIIE IIC
(a) Description of investment	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
See Additional Data Table			
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>▶</b> 69,583,354		
Part IX Other Assets. Complete if the organizati			Form 990. Part X. line 15
(a) Desc			(b) Book value
<b></b>			
Total. (Column (b) must equal Form 990, Part X, col.(B) line			line dde ei ddf C
Part X Other Liabilities. Complete if the org Form 990, Part X, line 25.	janization answered 'Yes' t	o romii 990, Part IV,	ille 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes	+		
DEFERRED CREDITS	779,259		
CONSUMER DEPOSITS AND PREPAYMENTS	565,575		
ACCRUED TAXES	2,566,324		
ACCRUED INTEREST	736,142		
ACCRUED COMPENSATED ABSENCES	3,441,427		
	3,111,727		
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>▶</b> 8,088,727		

SCHEDULE D

Par		evenue per Audited Financial Sta vered 'Yes' to Form 990, Part IV, line :		nts With	Revenue p	er R	<b>eturn</b> Complete ıf
1	Total revenue, gains, and othe	r support per audited financial statements				1	120,650,634
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses)	on investments	2a				
b	Donated services and use of fa	acilities	2b				
C	Recoveries of prior year grants	5	2c				
d	Other (Describe in Part XIII )		2d				
e	Add lines <b>2a</b> through <b>2d</b> .		·			2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	120,650,634
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII )		4b		1,182,938		
C	Add lines <b>4a</b> and <b>4b</b>		·			4c	1,182,938
5	Total revenue Add lines <b>3</b> and	<b>4c.</b> (This must equal Form 990, Part I, line	12)			5	121,833,572
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, line			h Expenses	per	Return. Complete
1	•	audited financial statements				1	105,916,573
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acılıtıes	2a				
b	Prior year adjustments		2b			1	
c	Other losses		2c			1	
d	Other (Describe in Part XIII )		2d			1	
e	Add lines <b>2a</b> through <b>2d</b>					2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	105,916,573
4	Amounts included on Form 99	0, Part IX, line 25, but not on line <b>1:</b>					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )		4b		5,087,528	1	
c	Add lines <b>4a</b> and <b>4b</b>					4c	5,087,528
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I, lir	ne 18 )			5	111,004,101
Par	XIII Supplemental Inf	ormation					
Part		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and					de any additional
	Return Reference	Explanation					
PART	X, LINE 2	THE COOPERATIVE FOLLOWS THE "UN ACCOUNTING PRINCIPLES GENERALL" THE PRIMARY TAX POSITION OF THE ( EXEMPT ENTITY THE COOPERATIVE II THAT ITS TAX POSITIONS WILL BE SU REVENUE SERVICE (IRS) AND THAT AL SETTLEMENT WITH TAXING AUTHORIT	Y ACC COOPE DETERI STAIN LL TAX	EPTED IN ERATIVE MINED TH ED UPON	THE UNITED IS ITS FILING HAT IT IS MO EXAMINATI	STAT SSTAT RE LIK ON BY	ES OF AMERICA TUS AS A TAX (ELY THAN NOT THE INTERNAL
	XI, LINE 4B - OTHER STMENTS	INCOME RECLASSED AS EXPENSES ON		1 990 1,1	82,938		
PART	XII, LINE 4B - OTHER	PATRONAGE CAPITAL ASSIGNABLE 3,	904,59	0 INCO	ME RECLASSE	DAS	EXPENSES ON FORM

D, PART IX HAS BEEN LEFT BLANK

PART IX THE AMOUNT OF OTHER ASSETS ON FORM 990, PAGE 11, PART X, LINE 15 DOES

NOT EQUAL OR EXCEED 5 PERCENT OF THE TOTAL ASSETS ON FORM 990, PAGE 11, PART X, LINE 16, COLUMN B CONSEQUENTLY IN ACCORDANCE WITH IRS INSTRUCTIONS SCHEDULE

Jenedale 2 (1 31111 33 3) 23 13		1 age 5		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

### **Additional Data**

Software ID: Software Version:

**EIN:** 48-0532188

Name: WHEATLAND ELECTRIC COOPERATIVE INC

# Form 990, Schedule D, Part VIII - Investments Program Related (a) Description of investment type (b) Book value

(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) RESTRICTED FUNDS	1,859,237	C
(2) PATRONAGE CAPITAL - SUNFLOWER POWER CORP	52,726,490	С
(3) PATRONAGE CAPITAL - CFC	3,053,112	C
(4) PATRONAGE CAPITAL - KEC	117,897	C
(5) PATRONAGE CAPITAL - FEDERATED RURAL INS	425,275	С
(6) PATRONAGE CAPITAL - NISC	16,569	С
(7) PATRONAGE CAPITAL - PIONEER ELECTRIC COOP	57,524	С
(8) PATRONAGE CAPITAL - OTHER	120,747	C
(9) CAPITAL TERM CERTIFICATES	4,566,231	С
(10) INVESTMENT IN MKEC - EQUITY METHOD	6,640,272	С

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DLN: 93493320093435

OMB No 1545-0047

Schedule I

(Form 990)

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

Open to Public

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the Treasury Internal Devenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Inspection

Internal Nevenue Service	
Name of the organization	Employer identification number
WHEATLAND ELECTRIC COOPERATIVE INC	48-0532188

#### Part I **General Information on Grants and Assistance**

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

☐ Yes ✓ No

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applıcable cash valuation non-cash assistance or assistance grant or government assistance (book, FMV, appraisal, other) (1) SCOTT COMMUNITY 48-0995697 501(C)(3) 5,300 DONATION -FOUNDATION SHARING SUCCESS 303 COURT STREET FUND/WALK-RUN-SCOTT CITY, KS 67871 ROLL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table					
3	Enter total number of other organizations listed in the line 1 table				

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of (c)A mount of recipients cash grant		(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	

Part IV Supplemental II	<b>iformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
	ALL GRANTS, SPONSORSHIPS AND DONATIONS ARE MADE TO NON-PROFIT AND CIVIC ORGANIZATIONS THAT ARE LOCATED IN THE
	COOPERATIVE'S SERVICE AREA ALL DONATIONS ARE INTENDED TO IMPROVE THE COMMUNITIES IN WHICH OUR MEMBERS RESIDE

Schedule I (Form 990) 2014

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DLN: 93493320093435

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization **Employer identification number** WHEATLAND ELECTRIC COOPERATIVE INC 48-0532188 Ougstions Describing Companyation

	Questions Regarding Compensation			<b>.</b>	
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide a				
		using allowance or residence for personal use			
		ments for business use of personal residence			
	<u> </u>	alth or social club dues or initiation fees			
	Discretionary spending account Pers	sonal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization for reimbursement or provision of all of the expenses described above		1b		No
2	Did the organization require substantiation prior to reimbursing o directors, trustees, officers, including the CEO/Executive Direct		2		No
3	Indicate which, if any, of the following the filing organization used organization's CEO/Executive Director Check all that apply Doused by a related organization to establish compensation of the O	not check any boxes for methods			
		tten employment contract			
		mpensation survey or study			
	Form 990 of other organizations	proval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Secondary are lated organization	ction A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a		Νo
b	Participate in, or receive payment from, a supplemental nonquali	fied retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compen	nsation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the app	plicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must co	omplete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of	the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did compensation contingent on the net earnings of	the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III	Ţ			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in Pa		7		
8	Were any amounts reported in Form 990, Part VII, paid or accure subject to the initial contract exception described in Regulations in Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable psection 53 $4958-6(c)$ ?	presumption procedure described in Regulations	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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) 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

(A) Name and Title	<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	· · · · · · · · · · · · · · · · · · ·		(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

### Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

### **Additional Data**

Software ID: **Software Version:** 

**EIN:** 48-0532188

Name: WHEATLAND ELECTRIC COOPERATIVE INC

(F) Compensation in

(E) Total of columns

(D) Nontaxable

#### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and

(A) Name and Title	(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) O ther reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred in prior Form 990
1 BRUCE MUELLER, GENERAL MANAGER	(I) (II)	· · · ·		196,176 0	25,311 0	552,339 0	0
1 MARY LOONEY, ASST GENERAL MANAGER	(I) 188,30 (II)	7 0 1,799 0	732 0	42,208 0	23,563 0	256,609 0	0 0
2 JOEL BRYAN, DIRECTOR OF ACCOUNTING	(ı) 179,88 (ıı)	9 0 224 0	20,725 0	63,091 0	18,331 0	282,260 0	0 0
3 PHILLIP SHELLEY, DIRECTOR OF OPERATIONS	(I) 191,79 (II)	200	28,121 0	317,448 0	23,257 0	560,824 0	0 0
4 LYNN FREESE, DIRECTOR OF MEMBER SERVICES	(I) 176,17	224 0 0	14,622 0	281,951 0	23,635 0	496,610 0	0 0
5 VINCENT STRICKLER, DIRECTOR OF ADMIN & HR	(I) 146,83	7 0 224 0 0	21,913 0	300,898 0	17,060 0	486,932 0	0 0
6 JEVIN KASSELMAN, DIRECTOR OF IT/BROADBAND	(1) 122,66	2 224 0	13,791 0	85,609 0	24,054 0	246,340 0	0 0
7 ROBERT BRANDL, AREA SUPERVISOR	(I) 118,99 (II)	260	7,602 0	62,609 0	27,195 0	216,656 0	0 0
8 RADONA SMYTHE, MANAGER OF ACCOUNTING	(I) 117,82 (II)	224	8,571 0	74,583 0	28,254 0	229,456 0	0 0
9 STACEY STEVENS, MGR OF SPECIAL PROJECTS	(I) 116,61 (II)	224 0 0	1,669 0	73,844 0	27,247 0	219,597 0	0 0
10 CHRIS HUBER, DISTRICT MANAGER	(I) 113,06	9 272 0 0	5,302 0	75,810 0	40,200 0	234,653 0	0

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493320093435

OMB No 1545-0047

2014

Open to Public Inspection

## 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
WHEATLAND ELECTRIC COOPERATIVE INC

Employer identification number
48-0532188

Return Reference	Explanation
FORM 990, PART I, LINES 15 & 17	THE COOPERATIVE PREVIOUSLY INCLUDED ALL LABOR COSTS AS COMPONENTS OF OTHER FUNCTIONAL EXPENSES USED FOR NORMAL FINANCIAL REPORTING ACCORDINGLY, NO COMPENSATION WAS REPORTED ON PART VII LINE 15 FOR THE 2013 CALENDAR YEAR HOWEVER, FOR THE 2014 CALENDAR YEAR, THE COOPERATIVE BEGAN SEPARATELY STATING THE TOTAL OF ALL LABOR COST EXPENSED TO THE INCOME STATEMENT FOR FORM 990 REPORTING PURPOSES TO INCREASE CONSISTENCY, LABOR COSTS OF \$9,001,945 WERE RECLASSIFIED FROM LINE 17 "OTHER EXPENSES" RESULTING IN A COMPARATIVE LINE 15 TOTAL OF \$9,001,945

Return Reference	Explanation
	BRUCE MUELLER (GM), MARY LOONEY (ASST GM) AND CHARLES AYERS (TRUSTEE) ALL SERVE ON THE BOARD OF SUNFLOWER ELECTRIC POWER CORPORATION AT THE REQUEST OF AND FOR THE BENEFIT OF THE COOPERATIVE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE COOPERATIVE WAS FORMED BY THE MEMBERS TO PROVIDE ELECTRIC SERVICE AT COST ON A COOPERATIVE BASIS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS OF THE COOPERATIVE VOTE ON THE BOARD OF DIRECTORS ELECTIONS ARE DONE ON A ONE MEMBER ONE VOTE BASIS BOARD CONSISTS OF 12 DIRECTORS WHO ARE ELECTED BY THE MEMBERSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE, 2 MERGER OR CONSOLIDATION WITH ANOTHER COOPERATIVE ORGANIZATION, 3 DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVE'S ASSETS, AND 4 AMENDMENT TO THE ARTICLES OF INCORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT AND PAID PREPARER REVIEW DRAFTS OF FORM 990 PRIOR TO E-FILING BOARD REVIEWS ANNUAL FILINGS AT MONTHLY MEETINGS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS ANNUALLY REVIEW AND EVALUATE THE CEO'S PERFORMANCE AND ESTABLISH A COMPENSATION LEVEL FOR THE CEO CEO REVIEWS AND EVALUATES PERFORMANCE OF ALL OTHER STAFF AND ESTABLISHES COMPENSTION LEVELS FOR THOSE STAFF IN ACCORDANCE WITH BUDGETED AMOUNTS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX	THE ACCOUNTING RECORDS OF THE COOPERATIVE ARE MAINTAINED IN ACCORDANCE WITH THE UNIFORM SYSTEM OF ACCOUNTS AS PRESCRIBED BY THE FEDERAL ENERGY REGULATORY COMMISSION FOR CLASS A AND B ELECTRIC UTILITIES MODIFIED FOR ELECTRIC BORROWERS OF THE RURAL UTILITIES SERVICE(RUS) THE UNIFORM SYSTEM OF ACCOUNTING DOES NOT RECORD EXPENSES IN THE GENERAL EXPENSE CATEGORIES PROVIDED ON PART IX LINES 1 - 23 THE COOPERATIVE SEPARATELY REPORTS SALARIES AND WAGES, EMPLOYEE BENEFITS AND PAYROLL TAXES THAT ARE ALLOCATED IN ACCORDANCE WITH THEIR ACCOUNTING SYSTEM, BUT OTHER EXPENSES THAT ARE DESCRIBED IN LINES 1 - 23 ARE REPORTED ON LINE 24 UNDER THE EXPENSE CATEGORIES REQUIRED BY THE UNIFORM SYSTEM OF ACCOUNTS

Return Reference	Explanation
FORM 990, PART IX, LINES 5-7	SALARIES AND WAGES ARE ALLOCATED TO ASSET, LIABILITY, AND EXPENSE ACCOUNTS BASED ON THE ACCOUNTING SYSTEM DESCRIBED ABOVE. THE FOLLOWING SCHEDULE RECONCILES AMOUNTS REPORTED ON LINES 5-7 TO TOTAL WAGES ACCRUED AND/OR PAID TOTAL PER LINES 5-7 \$ 7,012,672 LESS DIRECTORS FEES REPORTED ON 1099-MISC (345,554) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (368,680) LESS KEY EMPLOYEE BENEFITS INCLUDED IN LINE 5 (964,249) PLUS SALARIES AND WAGES ALLOCATED TO NONOPERATING MARGINS 122,024 PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 3,505,881 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED IDIRECTLY THROUGH CLEARING & OTHER ACCOUNTS 1,799,511 TOTAL WAGES ACCRUED AND OR PAID \$10,761,605

Return Reference	Explanation
FORM 990, PART IX, LINE 24	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE AND SUPPLIES \$ 1,388,648 OUTSIDE SERVICES EMPLOYED 779,513 OTHER INSURANCE 525,148 REGULATORY COMMISSION EXPENSE 140,496 DIRECTORS' FEES AND EXPENSE 91,095 MISCELLANEOUS GENERAL EXPENSE 1,988,407 MAINTENANCE OF GENERAL PLANT 276,977 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER 990 \$ 5,190,284

Return Reference	Explanation
PART IX, LINE 4	PURSUANT TO THE FORM 990 INSTRUCTIONS, THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE PATRONS SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REFERS TO THE PROCESS, SUBSEQUENT TO YEAR-END, BY WHICH THE COOPERATIVE ALLOCATES PATRONAGE CAPITAL TO AND, THEREFORE, OPERATES AT COST WITH ITS PATRONS

Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	ALL OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING OPERATING TAXES \$ 3,957,046 OTHER DEDUCTIONS 69,476 WATER EXPENSES 1,058,742 WIRELESS EXPENSES 124,195 SALES EXPENSE 199,781 TRANSMISSION EXPENSE 68,628 TOTAL ALL OTHER EXPENSES PER FORM 990 \$ 5,477,868

Return Reference	Explanation
,	THE COOPERATIVE HAS DETERMINED THAT CERTAIN INTANGIBLES AND CONTRACT RIGHTS USED IN THE WATER OPERATIONS SHOULD BE INCLUDED ON LINE 14 AS "INTANGIBLE ASSETS" FOR 2014 TO INCREASE CONSISTENCY, SUCH AMOUNTS AS OF DECEMBER 31, 2013 HAVE BEEN RECLASSIFIED FROM LINE 10C TO LINE 14

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DONATED CAPITAL -421 PATRONAGE CAPITAL ASSIGNED 3,904,590 PATRONAGE CAPITAL RETIRED - 140,981

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS HAVE ASSIGNED MEMBERS TO AN AUDIT COMMITTEE TO OVERSEE THE FINANCIAL STATEMENT AUDITOR