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DLN: 93493279004115

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

Open to Public Inspection

A Fo	r the :	2014 ca	alendar year, or tax year beginnin	g 01-01-2014 , and ending 12-31-20	14				
B Che	eck ıf a	pplicable	C Name of organization FLORIDA KEYS ELECTRIC COOPERA	TR/E		D Emplo	yer ider	ntification number	
┌ Add	ress ch	ange	ASSOCIATION INC	LIVE		59-0	59-0247095		
┌ Nai	me cha	nge	Doing business as			-			
┌ Init	ıal retu	m							
Fin	al			nail is not delivered to street address) Room/	suite	E Teleph	one num	ber	
		nınated	91630 OVERSEAS HWY			(305	852-2	431	
☐ Am	ended	return	City or town, state or province, cou	ntry, and ZIP or foreign postal code		1			
☐ App	olication	pending	TAVERNIER, FL 330700377			G Gross	receipts \$	86,341,220	
			F Name and address of pri	ncıpal officer	H(a) Ist	nis a group	return	for	
			SCOTT NEWBERRY			ordinates?		┌ Yes ┌ No	
			91630 OVERSEAS HWY TAVERNIER, FL 33070037	77	11/65 .				
			,		1	all subord uded?	ınates	│ Yes │ No	
I Ta	x-exem	pt statu	s 501(c)(3) 501(c)(12)	(insert no) 4947(a)(1) or 527			n a list	(see instructions)	
	ebsite	•: • - W	WW FKEC COM		٦ , cr	un avamn	tion nur	nhar 🌬	
				_	1	oup exemp			
			on 🔽 Corporation 🦵 Trust 🦵 Association	on Other ►	L Year of	formation 1	940 M	State of legal domicile FL	
Pa	rt I	Sur	nmary						
			describe the organization's mission			O D E D A T I \	<i>,</i> =		
aı.	-	I O PRO	SVIDE QUALITY AND RELIABL	E ELECTRIC SERVICE TO MEMBER:	SOFTHECO	OPERATI	<i>/</i> E		
<u>နို</u>									
Ē	-								
Governance	2 (Check	this box দ if the organization di	scontinued its operations or disposed	d of more than	25% of its	net as	sets	
	١,,	N					ا ما	0	
2 6 60	l			ing body (Part VI, line 1a)			3	9	
Activities	l			of the governing body (Part VI, line 1			4	9	
톭	l			calendar year 2014 (Part V, line 2a)			5	128	
ĕ	l		·	necessary)			6		
	l			art VIII, column (C), line 12			7a	64,454	
	B	vet uni	related business taxable income i	rom Form 990-T, line 34			7b	63,454	
				413		ior Year	_	Current Year	
ā	8			ne 1 h)		70.057	0	05.447.030	
Revenue	9	_		evenue (Part VIII, line 2g)		78,057,969 100,247		85,447,029	
ã	10				•			98,831	
	11			lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), I	no	717,	0/6	710,708	
	12					78,875	292	86,256,568	
	13			IX, column (A), lines 1-3)		33,	415	29,390	
	14	Bene	fits paid to or for members (Part 1	(X, column (A), line 4)		4,287,	974	4,310,821	
	15	Salar	ries, other compensation, employ	ee benefits (Part IX, column (A), lines	,	10,613,	185	10,828,249	
\$		5-10	,			10,013	103	10,020,249	
Expenses	16a	Profe	essional fundraising fees (Part IX,	column (A), line 11e)	•		0	0	
ੜਿੰ	Ь	Total 1	fundraısıng expenses (Part IX, column (D), line 25) ▶ <mark>0</mark>					
	17	Othe	r expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)		63,940,	718	71,088,108	
	18			st equal Part IX, column (A), line 25)		78,875,	292	86,256,568	
	19			18 from line 12			0	0	
8					Beginni	ng of Curre	nt	End of Year	
20.00 20.00 20.00					<u> </u>	Year			
Not Assets or Fund Balances	20					142,456,		145,765,294	
<u> </u>	21					88,592		89,723,945	
	22			line 21 from line 20		53,863,	767	56,041,349	
	rt II	_	nature Block						
my k	nowled	dge and		amined this return, including accomp nplete Declaration of preparer (other					
		***	****			2015-09-21			
Sign	1	Sigi	nature of officer			Date			
Her		CRI	IS BEATY CFO						
			pe or print name and title						
			Print/Type preparer's name	Preparer's signature		heck I if	PTIN	MEO	
Paid	k	}	William M Miller Firm's name BOLINGER SEGARS GI	William M Miller	Se	elf-employed rm's EIN ► 7	P00439		
Pre	pare	r			["	iiii a LIN 📂 /	J 000ZU.	<i>.</i> ,	
Use	-		Firm's address ► 8215 NASHVILLE AVENU	JE	Pł	none no (80	5) 747-38	306	

LUBBOCK, TX 79423

✓ Yes ☐ No

4e 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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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		No
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 🕏	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)? If "Yes," complete Schedule D, Part X.	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 "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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 13 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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		N o
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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			
3	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		
b	Enter the amount of reserves the organization is required to maintain by the states	I	Ţ	
c	In which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

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.

	<u> </u>		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		No
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		No
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		No
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process 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? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	No No No

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 V 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 ►CRIS BEATY

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

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

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

- ♦ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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)	(C) (do not check some than one box, unless person is both an officer and a director/true employee Officer Institutional Trustee or director			ess er	(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) JAMES BOILINI PRESIDENT	7 00	х		Х			29,050	0	0
(2) GRETCHEN HOLLAND VICE PRESIDENT	5 00	х		х			30,400	0	0
(3) MICHAEL PUTO SECRETARY	24 90	х		Х			24,550	0	0
(4) HAL BARRETT TREASURER (1/2014 - 9/2014)	4 00	×		х			18,850	0	0
(5) FRANK HAWKINS JR TREASURER	3 10	Х		х			24,850	0	0
(6) DAVID RITZ DIRECTOR	6 20	Х					28,300	0	0
(7) CRAIG BELCHER DIRECTOR	6 80	Х					32,200	0	0
(8) GEORGE HERTEL DIRECTOR	6 70	Х					27,950	0	0
(9) KARL WAGNER DIRECTOR	7 90	х					28,100	0	0
(10) CALE SMITH DIRECTOR (11/2014 - 12/2014)	2 50	x					4,550	0	0
(11) SCOTT NEWBERRY GENERAL MANAGER/CEO	40 00			х			231,343	0	63,076
(12) CRIS BEATY	44 00			х			167,669	0	48,375
(13) JOHN STUART	45 00			х			169,254	0	62,455
(14) DENNIS MINTON SUPPLY & DELIVERY	40 00				х		150,061	0	48,580
	I								Form 990 (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot ecto	not box h ar or/tr	chenicee Highest compensated	ss er	(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
(15) DARRELL DAVISCREW LEADER	40 00					x		147,466	0	44,875
(16) RUDY VEGA JOURNEYMAN LINEMAN	40 00					х		130,450	0	23,232
(17) JUAN CASTANO JOURNEYMAN LINEMAN	40 00					х		129,929	0	23,628
(18) NICOLE KRAUS DIRECTOR OF HR	40 00					х		126,562	0	21,887

1b	Sub-Total	∓			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	۰	1,501,534	0	336,108

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►48

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PIKE ENTERPRISES INC PO BOX 37904 DEPT 116 CHARLOTTE, NC 282370116	SUBSTATION UPGRADE HARDWARE/INSTALLATION	5,102,097
ASPLUNDH TREE EXPERT CO PO BOX 532729 ATLANTA, GA 303532729	TREE TRIMMING	1,122,023
LEIDOS ENGINEERING SVCS LLC PO BOX 223058 PITTSBURGH, PA 15251	ENGINEERING INSPECTIONS/CONSTRUCTION MON	366,004
CAPUTO ELECTRIC INC 98535 OVERSEAS HIGHWAY KEY LARGO, FL 33037	INSTALL UG CONDUIT/CONDUCTOR	141,691
HAVERFIELD CORPORATION 1750 EMMITSBURG ROAD GETTYSBURG, PA 17325	AERIAL LINE INPSECTIONS	132,855
2 Total number of independent contractors (including but not limited to the	ince 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 ▶6

Part V	/III	Statement of Check if Sched	f Revenue ule O contains a respo	nse or note to any li	ne in this Part VIII
					(A) Total revenue
	1a	Federated cam	paigns 1a	1	
s, Grants Amounts	Ь	Membership du			
3ral nou					
S, (C .	Fundraising ev			
Giff	d	Related organiz			
ons, Sim	е	Government grant	s (contributions) 1 €	•	
ıtio er (f	All other contributions and similar amounts no	ons, gifts, grants, and 11 ot included above		
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ons included in lines		
Con	h	Total. Add line	s 1a-1f		
<u> </u>				Business Code	
Program Serwce Revenue	2a	ELECTRICITY SALE	S	221000	79,756,427
æ	ь	ELECTRICITY WHE	ELING	221000	4,796,213
926	С	PATRONAGE DIVID	ENDS	221000	593,939
Z.	d	SERVICE FEES		221000	300,450
Ē	е				
್ಷಾ	f	All other progra	am service revenue		
Ě	g	Total. Add line:	s 2a-2f		85,447,029
	3		ome (including dividei	nds, interest,	100,594
	4	and other simil	ar amounts) stment of tax-exempt bond	proceeds •	100,331
	5	Royalties .		▶	
		no, and a	(ı) Real	(II) Personal	
	6a	Gross rents	164,936	543,865	
	ь	Less rental expenses	0	12,941	
	С	Rental income	164,936	530,924	
	d	or (loss) Net rental inco	L me or (loss)		695,860
			(ı) Securities	(II) O ther	
	7a	Gross amount from sales of assets other than inventory			
	b	Less cost or other basis and		1,763	
	c	sales expenses Gaın or (loss)		-1,763	
	ď	Net gain or (los	<u> </u> s	<u> </u>	-1,763
Φ	8a		rom fundraising		
Other Revenue		\$ of contributions See Part IV, lir	s reported on line 1c) ne 18		
her	ь	Less direct ex			
5	С		(loss) from fundraising	events	
	9a	Gross income f See Part IV, lir	rom gaming activities ne 19 a		
	Ь	Less direct ex			
	c		(loss) from gamıng act	ivities	
	10a	Gross sales of returns and allo			
			а	84,796	
	b	Less cost of g		69,948	14 040
	С	Miscellaneou	(loss) from sales of inv	Business Code	14,848
	11a	miscenaneou	5 ACVCHUE	Dusiness Code	
			_		
	c				
	d	All other reven			
	e	Total. Add line:		▶	
	12		See Instructions .		
		iocai ievenue.	Sec Tuprinctions .	• • • • •	86,256,568

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
79,756,427	79,756,427		
4,796,213	4,796,213		
593,939	593,939		
300,450	300,450		
85,447,029			
100,594			100,594
695,860		64,454	631,406
-1,763			-1,763
14,848	14,848		
,	-,- /		
86,256,568	85,461,877	64,454	730,237 Form 990 (2014)
			-orm 990 (2014)

	rt IX Statement of Functional Expenses								
Section	Charlet Cahadula O anntains a management to any line in the Bart IV								
		Check if Schedule O contains a response or note to any line in this F	Part IX						
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1		estic governments See Part IV, line 21	29,390						
2		its and other assistance to domestic							
3	gove	ots and other assistance to foreign organizations, foreign ernments, and foreign individuals See Part IV, lines 15							
4	Bene	efits paid to or for members	4,310,821						
5		pensation of current officers, directors, trustees, and employees	990,972						
6	(as c	pensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)							
7		er salaries and wages	6,171,781						
8		sion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	1,285,992						
9		er employee benefits	1,872,083						
10		roll taxes	507,421						
11		for services (non-employees)	,						
а		agement							
b		l							
c		ounting							
d		bying							
e		essional fundraising services See Part IV, line 17							
f		stment management fees							
g	Othe	er (If line 11g amount exceeds 10% of line 25, column (A) unt, list line 11g expenses on Schedule O)							
12		ertising and promotion							
13		e expenses							
14		rmation technology							
15		alties							
16		upancy							
17		el							
18	Payr	ments of travel or entertainment expenses for any federal, e, or local public officials							
19		rerences, conventions, and meetings							
20	Inte	rest	3,603,299						
21	Payr	ments to affiliates							
22		reciation, depletion, and amortization	4,653,535						
23		rance							
24	Othe	er expenses Itemize expenses not covered above (List cellaneous expenses in line 24e If line 24e amount exceeds 10% ne 25, column (A) amount, list line 24e expenses on Schedule O)							
а		CHASED POWER	54,105,061						
b	DIST	TRIBUTION EXPENSE	2,822,135						
c	ADM	IIN & GENERAL EXP	2,248,672						
d	UNR	ELATED BUS INC TAX	13,915			_			
e	Allo	ther expenses	3,641,491			_			
25		I functional expenses. Add lines 1 through 24e	86,256,568						
26	Joint repo educ	t costs. Complete this line only if the organization rted in column (B) joint costs from a combined cational campaign and fundraising solicitation. Check	. , -						

Form 990 (2014)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	-	(B) End of year
	1	Cash-non-interest-bearing	1,142,824	1	3,068,134
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,098,961	4	8,687,173
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
ts	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		6	
Assets	,	Notes and lane recovering not		7	
A _S	7 8	Notes and loans receivable, net	2,664,654	8	2,802,641
	9	Prepaid expenses and deferred charges	7,246,270	9	6,800,255
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 158,046,522	, ,	9	0,000,233
	ь	Less accumulated depreciation		10c	118,049,831
	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	5,236,401	13	5,430,347
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,033,599	15	926,913
	16	Total assets. Add lines 1 through 15 (must equal line 34)	142,456,734	16	145,765,294
	17	Accounts payable and accrued expenses	7,300,761	17	7,158,366
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ар		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	73,915,225	23	75,396,104
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	7,376,981	25	7,169,475
	26	Total liabilities. Add lines 17 through 25	88,592,967	26	89,723,945
ces		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets		27	
<u>ස</u>	28	Temporarily restricted net assets		28	
핃	29	Permanently restricted net assets		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
٥ O	30	Capital stock or trust principal, or current funds	0	30	0
Ř	31	Paid-in or capital surplus, or land, building or equipment fund	3,113,205	31	3,631,204
Assets	32	Retained earnings, endowment, accumulated income, or other funds	50,750,562	32	52,410,145
Net	33	Total net assets or fund balances	53,863,767	33	56,041,349
~	34	Total liabilities and net assets/fund balances	142,456,734	34	145,765,294

Par	t XI Reconcilliation of Net Assets			<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XI				▽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		86,2	256,568
2	Total expenses (must equal Part IX, column (A), line 25)	2		86,2	256,568
3	Revenue less expenses Subtract line 2 from line 1	3			0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		53,8	363,767
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,1	.77,582
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		56,0	041,349
Par	t XII Financial Statements and Reporting	<u> </u>			
	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 revi a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	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 sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	tht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	За		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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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.

Information about Schedule D (Form 900) and the instruct

Open to Public

Nam	e of the organization	1990) and its instructions is at <u>www.ii</u>		loyer identification number
	IDA KEYS ELECTRIC COOPERATIVE CIATION INC		59-0	0247095
Par	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
	0. g. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	(a) Donor advised funds		(b) Funds and other accounts
٦	Total number at end of year			
A	Aggregate value of contributions to (during year)			
4	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
	Did the organization inform all donors and donor adviso funds are the organization's property, subject to the or		nor advı	sed Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?			
art	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education)	certified	d historic structure
	, ,			Held at the End of the Year
a ·	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified histo	rıc structure ıncluded ın (a)	2c	
	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminat	ed by th	e organization during
	the tax year 🗠			
	Number of states where property subject to conservati	on easement is located 🛌		
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	he periodic monitoring, inspection, har	ndling of	violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec •	cting, and enforcing conservation ease	ments d	luring the year
	—————————————————————————————————————	, and enforcing conservation easemen	ts durınç	the year
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?	l) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the	e footnote to the organization's financia		
	the organization's accounting for conservation easeme Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures,	or Otl	ner Similar Assets.
-	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education	, or rese	arch in furtherance of public
-	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, education		
	(i) Revenue included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
	If the organization received or held works of art, histori following amounts required to be reported under SFAS			
	Revenue included in Form 990, Part VIII, line 1			► \$
	Merchae meladed in Form 550, Fait VIII, lille I			· +

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	ollections of Art, F	<u>listor</u>	ical Tr	<u>eası</u>	ures, or Ot	<u>her</u>	<u>Similar</u>	<u>Asse</u>	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	, check	any of tl	he foll	lowing that ar	e a	sıgnıfıcant	use of	ıts	
а	Public exhibition	•	d 厂	Loan c	rexc	:hange progra	ms				
b	Scholarly research	•	е Г	Other							
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and explain	how the	y furthe	rthe	organızatıon's	ex	empt purpo	se in		
5	During the year, did the organization solicit							ılar	_		_
	assets to be sold to raise funds rather than	· ·						!! + F		Yes	No
Par	Part IV, line 9, or reported an ar					n answered	Υ (es" to Fori	n 990	<u>, </u>	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other intermedia	ary for (contribut	tions	or other asse	ts n	ot	_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	llowing	table		_					
									Amou	nt	
c	Beginning balance						l c				
d	Additions during the year					1	.d				
е	Distributions during the year					-	.е				
f	Ending balance					1	Lf				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1, for e	scrow o	rcust	odial account	t lıa	bility?	Γ.	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the ex	xplanat	on has b	oeen į	provided in Pa	art >	(III			Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b) Prior	year	b (c) ⊺	wo years back	(d)⊺	hree years ba	ick (e)Four ye	ears back
1a	Beginning of year balance										
Ь	Contributions								_		
С	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 cur	rent year end balance	(line 1g	ı, 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 sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organization	on that	are held	and	admınıstered	for t	:he			
	organization by							_		Yes	No
	(i) unrelated organizations				•		•		3a(i)		
b	(ii) related organizations If "Yes" to $3a(II)$, are the related organization						•		3a(ii) 3b		
4	Describe in Part XIII the intended uses of the						•	· · · L	שכ		
	t VI Land, Buildings, and Equipme				ans	wered 'Yes'	to	Form 990	Part	TV III	
	11a. See Form 990, Part X, line		o o i gai	nza cio i i		Werea 165		01111 330,	rare		
	Description of property			Cost or o		(b)Cost or other)		(c) Accumula depreciation		(d) Boo	ok value
1a	_and		\neg		$\neg \uparrow$	1,535,6	09				1,535,609
	Buildings					21,568,8	_	3,889	,391		7,679,484
	_easehold improvements					, ,-	1	,			· · · ·
	Equipment				\neg	128,502,6	90	36,107	,300	9:	2,395,390
	7 th a				\rightarrow			<u> </u>			
_	Juliel				l	6,439,3	348				6,439,348

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Con See Form 990, Part X, line 13.	mplete if the organization	n answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (h) must equal Form 990. Part X. col (B) line 13.)		
Total (column (b) mast equal remi sse, rate x, col (b) mile 15 /), Part IV, line 11d See Form 990, Part X, line 15
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	1)	
Part X Other Liabilities. Complete if the organ		o Form 990 Part IV line 11e or 11f See
Form 990, Part X, line 25.		5 . 51.11 556, Farcity, IIIIC 116 OF 111. 566
1 (a) Description of liability	(b) Book value	
Federal income taxes		
CONSUMER DEPOSITS	5,781,117	
ACCRUED EMPLOYEE COMPENSATED ABSENCES	1,300,873	
DEFERRED CREDIT - UNAMORTIZED DISCOUNT OF	1,300,073	
REACQUIRED DEBT	63,549	
OTHER DEF CREDIT - FORFEITED DEPOSITS	23,936	
	·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,169,475	
(, , y see , y cor (b) mic 25)	/,109,4/3	

Part		Revenue per Audited Financial Sta wered 'Yes' to Form 990, Part IV, line		nts With Revenue p	er Re	eturn Complete If
1		ner support per audited financial statements			1	85,449,750
2	A mounts included on line 1 b	out not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of	facilities	2b			
С		ts	2c			
d)	2d	12,941		
e	Add lines 2a through 2d				2e	12,941
3	•				3	85,436,809
4		90, Part VIII, line 12, but not on line 1				
a		cluded on Form 990, Part VIII, line 7b.	4a			
b	•)	4b	819,759		
_	·			•	4.	819,759
C E					4c 5	
5 Dart		nd 4c. (This must equal Form 990, Part I, lin Expenses per Audited Financial St				86,256,568 Peturn Complete
Fait		nswered 'Yes' to Form 990, Part IV, lin			, hei	Return. Complete
1		er audited financial statements			1	81,138,929
2	Amounts included on line 1 b	ut not on Form 990, Part IX, line 25				<u> </u>
а		facilities	. 2a			
b					1	
c	-		2c		1	
d)	2d	12,941	1	
e	•			12,541	2e	12,941
	J				3	,
3					-	81,125,988
4		90, Part IX, line 25, but not on line 1:	ء ا	ı		
a		luded on Form 990, Part VIII, line 7b		5 1 20 500	1	
b	•)		5,130,580	1	- 1 - 2 - 2 - 2
_ C					4c	5,130,580
5	XIII Supplemental In	and 4c. (This must equal Form 990, Part I, li	ne 18)		5	86,256,568
	nation	I, lines 2d and 4b, and Part XII, lines 2d an	d 4b Al:	so complete this part to	provid	le any additional
	Return Reference	Explanation				
Part X,	, Line 2	ON JANUARY 1, 2009, THE COOPERAT PROVISIONS OF ACCOUNTING PRINC OF AMERICA THE PRIMARY TAX POSI A TAX EXEMPT ENTITY THE COOPERANOT THAT THEIR TAX POSITION WILL INTERNAL REVENUE SERVICE, AND THUPON SETTLEMENT WITH TAXING AU	CIPLES (TION O ATIVE D BE SUS HAT ALI	GENERALLY ACCEPTE F THE COOPERATIVE ETERMINED THAT IT STAINED UPON EXAM L TAX BENEFITS ARE L	D IN T IS IT IS MO INATI	HE UNITED STATES S FILING STATUS AS RE LIKELY THAN ON BY THE
	I, Line 2d - Other	TOWER RENTAL EXPENSES ALLOCATE	D TO R	ENTAL INCOME 12,94	1	
Adjust Part XI Adjust	I, Line 4b - Other	EXPENSES RECORDED IN NON-OPERA	TING M	ARGINS RECLASSED	TO EX	PENSES 819,759
	II, Line 2d - Other	TOWER RENTAL EXPENSES ALLOCATE	D TO R	ENTAL INCOME 12,94	1	
	II, Line 4b - Other	EXPENSES RECORDED IN NON-OPERA PATRONAGE CAPITAL ASSIGNABLE 4			то ех	PENSES 819,759
SCHEI	OULE D	Part VIII THE AMOUNT OF INVESTMENT PART X, LINE 13 DOES NOT EQUAL OF 990, PAGE 11, PART X, LINE 16, COLUINSTRUCTIONS SCHEDULE D, PART VOTHER ASSETS ON FORM 990, PAGE 11 PERCENT OF THE TOTAL ASSETS ON FORM SECONSEQUENTLY IN ACCORDANCE WIBEEN LEFT BLANK PART XII, LINE 4B FOAMOUNT OF PATRONAGE DIVIDENDS AS AN INCREASE IN EQUITY AND NOTAUDITED FINANCIAL STATEMENTS IS DIVIDENDS THAT ARE EITHER ALLOCAUDITED FINANCIAL STATEMENTS A OF PATRONAGE DIVIDENDS IS ONE A EXEMPT PURPOSE OF OPERATING ON DIVIDENDS EITHER ALLOCATED OR THORM 990, PART IX, LINE 4 AS "BENEF	R EXCEE MN B C III HAS 1, PAR FORM 9 TH IRS R THE A PAID C T AS AN REPOR ATED O RE PREF SPECT A COO TO BE A	D 5 PERCENT OF THE ONSEQUENTLY IN AC BEEN LEFT BLANK PETA, LINE 15 DOES NOT BOTH TO THE ACT OF THE	TOTA CORD of IX T T EQU LINE 1 EDULE STATE E MEM AT TH CAUSE RATIVI E AMO EMBER	L ASSETS ON FORM ANCE WITH IRS THE AMOUNT OF AL OR EXCEED 5 .6, COLUMN B D, PART IX HAS MENTS, THE IBERS IS REPORTED TINCOME PER THE IT OF PATRONAGE E TIME THE THE ALLOCATION F FULFILLS ITS TAX UNT OF PATRONAGE S IS REPORTED ON

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

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493279004115 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization FLORIDA KEYS ELECTRIC COOPERATIVE 59-0247095 ASSOCIATION INC Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II 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. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.

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 recipients	(c) A mount of 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 Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.									
Return Reference	Explanation								
Part I, Line 2	THE BOARD OF DIRECTORS HAS DISCRETION TO DONATE TO EXEMPT 501(C)(3)CHARITABLE NON-PROFIT ORGANIZATIONS PRIOR TO DONATING, THE BOARD REVIEWS THE ORGANIZATIONS' INFORMATION AND REQUEST FOR FUNDING								
IV	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 EACH GRANT, SPONSORSHIP AND/OR DONATION MADE DURING THE YEAR WAS BELOW THE INDIVIDUAL REPORTING THRESHOLDS OF PART II								

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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.

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Department of the Treasury Internal Revenue Service

ASSOCIATION INC

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

Name of the organization **Employer identification number** FLORIDA KEYS ELECTRIC COOPERATIVE 59-0247095

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
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 the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	W-2 and/or 1099-MISC compensation		(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 SCOTT NEWBERRY, GENERAL MANAGER/CEO	(i) (ii)	187,969 0	16,000	27,374	46,445	16,631	294,419	0
2 CRIS BEATY, CFO	(i) (ii)	150,632 0	904	16,133	32,932	15,443 0	216,044	0
3 JOHN STUART, COO	(i) (ii)	143,440	 0	24,949 0	47,012	15,443 0	231,709	0 0
4 DENNIS MINTON, SUPPLY & DELIVERY	(i) (ii)	131,845 0	1,500	16,716 0	33,616	14,964 0	198,641	0
5 DARRELL DAVIS, CREW LEADER	(i) (ii)	132,124 0	1,639	13,703	31,029	13,846	192,341	0
6 RUDY VEGA, JOURNEYMAN LINEMAN	(i) (ii)	118,567 0	860 0	11,023 0	9,579 0	13,653	153,682	0
7 JUAN CASTANO, JOURNEYMAN LINEMAN	(i) (ii)	117,821 0	870 0	11,238	9,975 0	13,653	153,557 0	0 0

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
FORM 990, PART II, COLUMN C	INCLUDED IN THIS AMOUNT IS THE INCREASE IN ACTUARIAL VALUE OF BENEFITS PAYABLE UNDER A DEFINED BENEFIT RETIREMENT PLAN
	THE CONTRIBUTION RATE FOR PARTICIPANTS IN THE NRECA R&S DEFINED BENEFIT PENSION PLAN ARE THE SAME FOR ALL INDIVIDUALS
	IN THIS MULTI-EMPLOYER PLAN THE CHANGE IN ACTUARIAL VALUE FOR EACH PARTICIPANT, HOWEVER, VARIES WITH AGE IN OTHER
	WORDS, THE OLDER A PLAN PARTICIPANT IS, THE GREATER THE INCREASE IN THAT INDIVIDUAL'S CHANGE IN ACTUARIAL VALUE, ALL
	OTHER THINGS BEING EQUAL BECAUSE THIS RELATES TO A MULTI-EMPLOYER PLAN, CASH CONTRIBUTION TO THE PLAN IN LIEU OF THE
	ACTUARIAL INCREASE ARE EXPENSED IN THE FINANCIAL STATEMENTS SCOTT NEWBERRY ACTUARIAL INCREASE IN DEFINED BENEFIT
	PLAN \$37,945 401(K) EMPLOYER MATCH 8,500 TOTAL COLUMN C 46,445 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (37,945)
	ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 44,183 EXPENSE TO COOPERATIVE \$52,683 CRIS BEATY ACTUARIAL INCREASE IN
	DEFINED BENEFIT PLAN \$26,283 401(K) EMPLOYER MATCH 6,649 TOTAL COLUMN C 32,932 LESS ACTUARIAL INCREASE IN DEFINED
	BENEFIT PLAN (26,283) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 34,409 EXPENSE TO COOPERATIVE \$41,058 JOHN STUART
	ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$40,364 401(K) EMPLOYER MATCH 6,648 TOTAL COLUMN C 47,012 LESS ACTUARIAL
	INCREASE IN DEFINED BENEFIT PLAN (40,364) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 34,409 EXPENSE TO COOPERATIVE
	\$41,057 DENNIS MINTON ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$27,752 401(K) EMPLOYER MATCH 5,864 TOTAL COLUMN C
	33,616 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (27,752) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 30,432
	EXPENSE TO COOPERATIVE \$36,296 DARRELL DAVIS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$26,993 401(K) EMPLOYER MATCH
	4,036 TOTAL COLUMN C 31,029 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (26,993) ADD CASH CONTRIBUTION TO DEFINED
	BENEFIT PLAN 21,225 EXPENSE TO COOPERATIVE \$25,261 RUDY VEGA ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN \$5,775 401(K)
	EMPLOYER MATCH 3,804 TOTAL COLUMN C 9,579 LESS ACTUARIAL INCREASE IN DEFINED BENEFIT PLAN (5,775) ADD CASH
	CONTRIBUTION TO DEFINED BENEFIT PLAN 19,610 EXPENSE TO COOPERATIVE \$23,414 JUAN CASTANO ACTUARIAL INCREASE IN
	DEFINED BENEFIT PLAN \$ 6,163 401(K) EMPLOYER MATCH 3,812 TOTAL COLUMN C 9,975 LESS ACTUARIAL INCREASE IN DEFINED
	BENEFIT PLAN (6,163) ADD CASH CONTRIBUTION TO DEFINED BENEFIT PLAN 19,610 EXPENSE TO COOPERATIVE \$23,422

Schedule J (Form 990) 2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization FLORIDA KEYS ELECTRIC COOPERATIVE	Employer identification number
ASSOCIATION INC	59-0247095

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 BY DISTRICT

Return Reference	Explanation
, ,	THE FOLLOWING ACTS REQUIRE APPROVAL OF THE MEMBERS OF THE COOPERATIVE 1 DISSOLUTION/LIQUIDATION OF THE COOPERATIVE 2 MERGER OR CONSOLIDATION OF THE COOPERATIVE WITH ANOTHER ORGANIZATION 3 THE DISPOSAL OF A SUBSTANTIAL PORTION OF THE COOPERATIVES ASSETS

Return Reference	Explanation
Form 990, Part VI, Section A, line 8b	FROM TIME TO TIME THE ENTIRE BOARD WILL GO INTO EXECUTIVE SESSION FOR DISCUSSING ITEMS OF A SENSITIVE AND CONFIDENTIAL NATURE. WHEN THIS OCCURS MANAGEMENT AND OTHERS IN ATTENDANCE ARE REMOVED FROM THE MEETING ROOM ITEMS DISCUSSED IN EXECUTIVE SESSION ARE NOT DOCUMENTED. HOWEVER, ACTIONS TAKEN BY THE BOARD AFTER EXECUTIVE SESSIONS ARE ADJOURNED ARE FULLY DOCUMENTED IN THE WRITTEN MINUTES.

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING. THE DISCUSSION AND REVIEW WAS PERFORMED AT THE BOARD MEETING IMMEDIATELY BEFORE FILING. THE FORM 990

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE COOPERATIVE REGULARLY REVIEWS BUSINESS RELATIONSHIPS WITH BOARD MEMBERS AND EMPLOYEES TO DETERMINE IF ALL BUSINESS RELATIONSHIPS ARE IN PROPER COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY DIRECTORS AND EMPLOYEES ARE OBLIGATED TO DISCLOSE TO THE BOARD PRESIDENT, CEO AND THE BOARD ATTORNEY ANY POTENTIAL CONFICT OF INTEREST INVOLVING THEMSELVES, A PEER, OR A FAMILY MEMBER

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	THE CEO'S PERFORMANCE AND SALARY ARE REVIEWED ANNUALLY BY THE HUMAN RESOURCES COMMITTEE WHICH IS COMPRISED OF THREE BOARD MEMBERS THE HUMAN RESOURCES COMMITTEE BRINGS A RECOMMENDATION FOR THE CEO'S SALARY ADJUSTMENT AND INCENTIVES TO THE ENTIRE BOARD FOR APPROVAL

Return Reference	Explanation
	THE COOPERATIVE PROVIDES A SUMMARY OF THE AUDITED BALANCE SHEET AND INCOME STATEMENT ON THE COOPERATIVE'S WEBSITE AND ANNUALLLY PUBLISHES THIS SUMMARY IN THE FLORIDA CURRENTS MAGAZINE. THE COOPERATIVE WILL PROVIDE A COMPLETE COPY OF THE AUDITED FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, OR GOVERNING DOCUMENTS TO ANY MEMBER WHO REQUESTS A COPY

Return Reference	Explanation
Form 990, Part VII, Column F	IN ORDER TO PROVIDE RETIREMENT BENEFITS TO ITS EMPLOYEES, THE COOPERATIVE HAS ESTABLISHED A DEFINED CONTRIBUTION PLAN UNDER SECTION 401(K) OF THE INTERNAL REVENUE CODE. AS PART OF THE PLAN DOCUMENT, THE COOPERATIVE PROVIDES A MATCHING CONTRIBUTION UP TO 4% OF A PARTICIPATING EMPLOYEES BASE SALARY ADDITIONALLY, THE COOPERATIVE PARTICIPATES IN A MULTI-EMPLOYER DEFINED BENEFIT PLAN CONTRIBUTIONS TO THIS PLAN ARE BASED ON THE FULL FUNDING LIMITATION OF SUCH PLAN EMPLOYER CONTRIBUTIONS FOR BOTH PLANS ARE AVAILABLE TO PARTICIPATING EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, MEETING THE ELIGIBILITY REQUIREMENTS OF SUCH PLANS THE COOPERATIVE ALSO PROVIDES HEALTH, DENTAL, VISION AND LIFE INSURANCE TO ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, THROUGH A QUALIFIED PLAN THE AMOUNTS REPORTED ON PART VII, COLUMN (F) FOR THE OFFICER OR KEY EMPLOYEE IS COMPRISED OF THE ACTUARIAL INCREASE IN THE DEFINED BENEFIT PLAN FOR THE OFFICER, THE TOTAL AMOUNT CONTRIBUTED TO THE 401(K) PENSION PLAN AND THE INSURANCE PREMIUMS PAID FOR THE BENEFIT OF THE OFFICER OR KEY EMPLOYEE.

Return Reference	Explanation
Form 990, Part VIII, Line 2	PATRONAGE DIVIDENDS RESULT FROM THE PAYMENT OF INTEREST FROM COOPERATIVE BANKS AND THE PURCHASE OF SUPPLIES AND SERVICES FROM OTHER COOPERATIVE ORGANIZATIONS THE EXPENSES ASSOCIATED WITH PURCHASES FROM AND PAYMENTS TO SUCH COOPERATIVE ORGANIZATIONS ARE A DIRECT COMPONENT OF COST OF THE ELECTRIC SERVICE PROVIDED BY THE COOPERATIVE TO ITS MEMBERS

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 WILL BE 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 \$7,162,753 LESS DIRECTORS FEES REPORTED ON 1099-MISC (248,800) LESS EMPLOYEE OFFICER BENEFITS INCLUDED IN LINE 5 (173,906) PLUS SALARIES AND WAGES CAPITALIZED DIRECTLY TO PLANT 1,925,868 PLUS SALARIES AND WAGES CAPITALIZED/EXPENSED INDIRECTLY THROUGH CLEARING & OTHER ACCOUNTS 1,643,149 TOTAL WAGES ACCRUED AND/OR PAID \$10,309,064

Return Reference	Explanation
· ·	ADMINISTRATIVE AND GENERAL EXPENSE IS COMPRISED OF THE FOLLOWING OFFICE SUPPLIES AND EXPENSE \$118,710 OUTSIDE SERVICES EMPLOYED 406,607 INSURANCE 577,649 MAINTENANCE OF GENERAL PLANT 802,459 MISCELLANEOUS EXPENSE 343,247 TOTAL ADMINISTRATIVE AND GENERAL EXPENSE PER FORM 990 \$2,248,672

Return Reference	Explanation
Form 990, Part IX, Line 24e	ALL OTHER EXPENSES ARE COMPRISED OF THE FOLLOWING TAXES - OTHER \$1,072,100 POWER PRODUCTION 179,128 TRANSMISSION 523,824 AMORTIZATION 65,089 CUSTOMER SERVICE 1,010,981 OTHER DEDUCTIONS - EXTRAORDINARY ITEM RECLASSED 790,369 TOTAL OTHER EXPENSES PER FORM 990 \$3,641,491

Return Reference	Explanation
Form 990, Part IX, Line 4	THE FORM 990 INSTRUCTIONS SPECIFICALLY STATE THAT THE AMOUNT OF PATRONAGE DIVIDENDS PAID TO THE MEMBERS SHOULD BE REPORTED ON PART IX, LINE 4 THE PHRASE "PATRONAGE DIVIDENDS PAID" REPERS TO THE RROCESS, SUBSEQUENT TO YEAR PED, BY WHICH THE COOPERATIVE AT PATRONAGE DIVIDENDS PAID" REPERS TO THE RROCESS, OPERATES AT COST WITH ITS MEMBERS THE COOPERATIVES TAX EXEMPT PURPOSE IS TO PROVIDE LECTRICITY TO ITS MEMBERS AND TO DO SO ON A COOPERATIVE BASIS TAX LAW DEFINES" OPERATING ON A COOPERATIVE BASIS" AS SUBPRODINATION OF CAPITAL, DEMOCRATIC CONTROL, AND OPERATION AT COST THE COOPERATIVE OPERATES AT COST THROUGH THE ALLOCATION OF TRUE PATRONAGE DIVIDENDS (ALSO REPERED TO AS ALLOCATIONS OF PATRONAGE CAPITAL) TO ITS MEMBERS PATRONAGE DIVIDENDS ARE CONSIDERED PAID IF THE ALLOCATION IS MADE (1) PURSUANT TO A PRE-EXISTING OBLIGATION, (2) FROM THE MARGINS PRODUCED FROM THE TRANSACTIONS DONE WITH OR FOR MEMBERS, AND (3) IN A FAIR AND EQUITABLE BASIS ON THE BASIS OF PATRONAGE (IE PURCHASES). ADDITIONALLY, THE COOPERATIVE SYEAR-BND OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROPIT OFERATION ARTICLE OF THE COOPERATIVES YEAR-BND OF DECEMBER 31 EACH ONE OF THESE REQUIREMENTS FOR A TRUE PATRONAGE DIVIDEND IS PROVIDED FOR IN THE NON-PROPIT OFERATION ARTICLE OF THE COOPERATIVE SHAWS AND IS SUMMARIZED AS FOLLOWS (A) IN ORDER TO INDUCE PATRONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROPIT OFERATION ARTICLE OF THE COOPERATIVE SHAWS AND IS SUMMARIZED AS FOLLOWS (A) IN ORDER TO INDUCE PATRONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROPIT OF ARTONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROPIT OF ARTONAGE AND TO ASSURE THAT THE COOPERATIVE WILL OPERATE ON A NON-PROPING THE PROVISION OF ELECTRIC ENERGY ARE RECEIVED WITH THE UNDERSTANDING THAT THEY ARE PURPHSHED BY THE MEMBERS AS CAPITAL (C) THE COOPERATIVE SO BULGATED TO PAY BY CREDITS TO A CAPITAL ACCOUNT OF A PATRONAGE OF THE COOPERATIVE OF THE COOPERATIVE OF THE COOPE

Return Reference	Explanation
	UNCLAIMED CAPITAL CREDITS 322,136 RETIREMENT OF PATRONAGE CAPITAL -2,973,376 REALLOCATION OF UNCLAIMED CAPITAL CREDIT RETIREMENTS 518,001 PATRONAGE CAPITAL ASSIGNABLE 4,310,821

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 AUDIT AND SELECT THE INDEPENDENT FINANCIAL STATEMENT AUDITOR