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334 45 1 AUG 8 1 2015

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	For the 2	014 calendar year, or tax year beginning April 1 , 2014, and endi	ng Ma	<u>rch 31</u>	, 20 15
В	Check if ap	oplicable C Name of organization Nebraska Municipal Power Pool		D Employ	er identification number
	Address cl	nange Doing business as		l	47-0575470
	Name cha	Number and street (or P O box if mail is not delivered to street address) Room/s	urte	E Telepho	one number
	Initial retur				402-474-4759
$\overline{\Box}$	Final return/	7.0			
$\overline{\Box}$	Amended	i i		G Gross r	eceipts \$ 6,823,776
Ħ	Application		H(a) is this a		subordinates? Yes No
_	Арріюцію	8377 Glynoaks Drive Lincoln, NE 68516-6304	1	•	es included? Yes No
	Tax-exem				a list (see instructions)
<u>.</u> .i	Website:		H(c) Grow	o exemption	number >
<u></u>		anization			e of legal domicile NE
	art I	Summary	1973	, IN Olak	or regar derinare ME
_		riefly describe the organization's mission or most significant activities: Nebra	ska Municina	al Power F	Pool provides a variety of
0	i	•			
ŝ		nergy-related services to its member communities, including the areas of: electric			
Ë		usiness software management, financial planning cost of service/rate studies, & u			
ove	1	theck this box \to I if the organization discontinued its operations or disposed	of more tha	1	1
Ō	1	lumber of voting members of the governing body (Part VI, line 1a) .		3	16
8	1	lumber of independent voting members of the governing body (Part VI, line 1b	"	·	16
Activities & Governance	1	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		. 5	62
ŧ	1	otal number of volunteers (estimate if necessary)		. 6	0
⋖	1	otal unrelated business revenue from Part VIII column (C), line 12		. 7a	0
	b N	let unrelated business taxable income from Form 9903/ The 34		. 7b	0
			Pnor Y		Current Year
e		contributions and grants (Part VIII, line 1h).	ــــــــــــــــــــــــــــــــــــــ	256,341	
Revenue			} ., 	1,140,203	1,112,566
Zev		nvestment income (Part VIII, column (A), lines 3,4, and 7d)	ļ <u>,</u>	1,358	1,256
_		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11eh	,	<u>4,741,541</u>	5,432,330
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,139,443	6,823,776
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,000	0
		denefits paid to or for members (Part IX, column (A), line 4)		0	
Sa	15 5	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		797,642	836,475
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0	0
хbе	b T	otal fundraising expenses (Part IX, column (D), line 25)	~ ^	, 3	,
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,254,207	5,947,187
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		6,061,849	6,783,662
	19 F	Revenue less expenses Subtract line 18 from line 12		77,594	40,114
5 8	3		Beginning of C	urrent Year	End of Year
et Assets or	20 T	otal assets (Part X, line 16)		1,182,968	1,474,635
ASE	21 T	otal liabilities (Part X, line 26)		1,103,121	1,354,674
2	22 1	let assets or fund balances. Subtract line 21 from line 20		79,847	119,961
P	art II	Signature Block			
		s of perjury, I declare that I have examined this return, including accompanying schedules and state			my knowledge and belief, it is
tru	ie, correct,	and complete Declaration of preparer (other than officer) is based on all information of which prepar	er has any know	/ledge	
		Jamie L. Johnson		Angi	1st 5, 2015
Si		Signature of officer		ate J	
He	ere	Jamie L. Johnson Director of Finance	e and	H CCC	ounting
		Type or print name and title			J
Pa	aid	Print/Type preparer's name Preparer's signature	Date	Check	☐ if PTIN
	eparer			self-em	
	se Only	Firm's name ▶	Fin	m's EiN ▶	
_; _		Firm's address ▶	Ph	one no	
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)			Yes No
Fo	r Paperwo	rk Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2014)

orm 99	90 (2014)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	. 🗸
•	None	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	pnor Form 990 or 990-EZ?	 ✓ No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	<u></u> ✓ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 584,538 including grants of \$ 0) (Revenue \$ 635,211	1 \
	Provide computer software programs to approximately 179 municipalities with populations ranging from 80 to 48,520. The cor	- ·
	software programs include a complete financial billing package, or the packages can be purchased individually, depending on	
	needs of the community The packages include: general ledger, utility billing, inventory control, accounts payable, payroll, ac	
	receivable, bank reconciliation, time sheet, and service orders. New user workshops and annual "refresher" workshops are he throughout the NMPP service area.	:ld
	unoughout the NMFF Service area.	•
4b	(Code:) (Expenses \$ 568,929 including grants of \$ 0) (Revenue \$ 477,355	<u>i</u>)
	Provide electric distribution related services to approximately 53 municipalities These services include:	
	Cost of service/rate design studies/financial plans to aid decision makers in the understanding of system costs and assistance determining customer rates; mutual aid to assist member communities in the event of a natural disaster or emergency; electric	
	distribution services to assist in the maintenance of member distribution systems; infrared scanning services to identify abnormal	
	heat in electrical and mechanical systems to predict equipment trouble and potential revenue loss; create community newslett	ers;
	utility brochures and logos to promote community services and image.	
	<u></u>	
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0))
	Provide grants paid through the Energy Research & Development Fund (ERDF) which allows individual Nebraska Municipal Po	
	Pool members who contribute to the ERDF fund to apply for grants to help finance the member's energy-innovative project.	
		·
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	

1,153,467

4e Total program service expenses ▶

Form 99	0 (2014)		1	Page 3
Part	V 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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	✓	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		12.65	ر د د د د د د
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			ال الله الله
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	✓	
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	✓_
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		√
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			
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-

Part	Checklist of Required Schedules (continued)		1	,
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			 •
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	•	
244	\$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		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		1
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	250		<u> </u>
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		¥.41
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		1
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
	Part I	31		✓_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
33	complete Schedule N, Part II	32		✓
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
20	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	1	
	and the same of th		- 000	<u></u>

Form **990** (2014)

Part 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>		. 🗸
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		* ,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			<u></u>
20	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Ì
.	Statements, filed for the calendar year ending with or within the year covered by this return 2a 62			
b	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 <i>e-file</i> (see instructions)	2b	√	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2-		
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	SD		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ł
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	13		19 19 1 19 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		5	
	(FBAR).		5,78 5,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<i></i>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			. :
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
Ь	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?	_		
d	If 6V/co 7 and only the market of Ferral 2000 filed days at the	7c		# K-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		.14.
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		36	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		. Y %	٠,٠
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~~~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		ŀ	
a	Initiation fees and capital contributions included on Part VIII, line 12		`, '	
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	*:	Ĵ
11_	Section 501(c)(12) organizations. Enter:		. ﴿.	j j
a b	Gross income from members or shareholders		٠.	7
	property are a supersymmetric and the supersy	. !	`	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		<u> 1</u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	12a	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	100		 ,
b	Enter the amount of reserves the organization is required to maintain by the states in which	,	- 1	
	the organization is licensed to issue qualified health plans		, 4	ı
С	Enter the amount of reserves on hand		٦	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	iee ins	struct	ions.
Secti	on 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.	, , , , , , , , , , , , , , , , , , ,	***	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	,	-
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6 7a	Did the organization have members or stockholders? 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	√	
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			<u>\</u>
a	The governing body?	8a 8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	60	•	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-;	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	√	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13 14	Did the organization have a written whistleblower policy?	13 14	1	<u> </u>
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	1	
b	Other officers or key employees of the organization	15b	✓	
16a	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?	10-		
ь	with a taxable entity during the year?	16a		✓
	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		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		
	Jamie Johnson, Dir. of Finance and Accounting, 8377 Glynoaks Drive, Lincoln NE 65816-6304 #402.474.4759			

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

17

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	r, or trustee.
	1	Ī			C)	•			<u> </u>	<u>-</u>
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					than one that the second		Reportable	Reportable	Estimated
	hours per	office				or/trust		compensation	compensation from	amount of
	week (list any hours for	Individual trustee or director	lns	Off	₩ 6	en F	For	from the	related organizations	other compensation
	related	lvid	Institutional trustee	Officer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	or a	ona		D O	8 0		(W-2/1099-MISC)		organization and related
	line)	rust	tru		/ee	l ag				organizations
		e	stee			Highest compensated employee				
	-				<u> </u>	<u> </u>				
(1) Andrew Devine	11									
Director		✓		<u> </u>	_			0	0	0
(2) Chris Anderson	ļ <u>1</u>									
Director		✓						0	0	0
(3) Ron Doggett	11									
Director		✓						0	0	0
(4) Tim Luchsinger	11									
Director		✓			ļ	ļ <u>.</u>		0	0	0
(5) Jim Ostdiek	11									
Director	ļ	✓					_	0	0	0
(6) George Michael	11									
Director	<u> </u>	✓			ļ		ļ	0	0	0
(7) Shelley Sahling-Zart	11									
Director	ļ	✓						0	0	0
(8) Ty Abernethy	1									
Director	ļ	✓						0	0	. 0
(9) Leroy Frana	<u> </u> 1									
Director		✓					_	0	0	0
(10) Jim Hawks	11									
Director		✓						0	0	0
(11) Aaron Lincoln	<u> </u>	,								
Director		✓						0	0	0
(12) Marlene Johnson	<u>1</u>									
Director	<u> </u>	✓						0	0	0
(13) Vacancy as of March 31, 2015	<u> </u> 1							1		
Director	<u> </u>	✓	<u> </u>		<u> </u>		<u> </u>	0	0	0
(14) Mike Beachler	1	_]		
Director, President		✓		✓		L		0	0	0

Part	VII Section A. Officers, Directors, Trus	toes Key F	mplo	VAA9	. 21	nd F	liahe	et C	omnensated F	mniovees (con	tinued	1		
	Gection A. Officers, Directors, Trus	lees, Key L		ycc		C)	iigiic	31 0			T	<u>′</u> -		
	(A)	(B)				-, ition			(D)	(E)			· C	
	Name and title	(B) Average	(do not check more that box, unless person is b						(D) Reportable	Reportable			(F) nated	
	Name and title	hours per					ıs botr or/trust		compensation	compensation from	m		unt of	
		week (list any	 						from	related			her	
		hours for related	₹	Stite	Officer	ey e	를	Former	the organization	organizations (W-2/1099-MISC		compe	ensation n the	חנ
		organizations	ecto	tion	4	ag .	yee	Q	(W-2/1099-MISC)	(organ	nzation	
		below dotted line)	1 2	nal t		Key employee] §						elated zation	
		iiile)	Individual trustee or director	Institutional trustee		ā	l ens					organ	ization	.5
				89			Highest compensated employee							
(15) To	odd Kielkopf	1											-	
Directo	or, Vice President		✓		✓			_	0		0			0
(16) M	arvin Schultes	11			١.									
	or, Secretary/Treasurer		✓		✓				0		0			0
ر (17)	Gary Stauffer	22			١,									
	tive Director			_	✓	-	ļ	<u> </u>	254,331		0		3	36,031
	mie L. Johnson	22	ł		١,									
	or of Finance & Accounting	_ :		-	✓	ļ	ļ		145,312		0			15,167
3	obert Selzer	21	1		/									
	or of Retail Utility Services, Comm & IT		-				 		152,428		0			25 <u>,954</u>
	m Sutherland or of Wholesale Electric Operations	ļ <u>o</u>					1		159,282		0			29,818
	1. Part 1	2	 -				-		139,262					23,010
	aris Diobern al Counsel	† 					1		145,215		0			32,701
	hn Harms	0							1,0,2.10		1			,_,,,,,,,
	or of Risk Management & Compliance	† -	1				1		140,418		o		:	32,021
(23) Brad Hans		0				1								
Assist	ant Dir. of Wholesale Electric Operations]				✓		133,934		0		;	30,387
(24) Da	vid Dietz	0												
Manag	er of Resources & Transmission		ļ		<u> </u>		✓		123,926		0		-	12,395
(25)														
		<u> </u>	ļ	L	L	L	L	<u> </u>						
1b	Sub-total	 Mil Candin			•		•		1,254,846		0		2·	14,474
C	Total from continuation sheets to Part				•		•		0		0			0
d	Total (add lines 1b and 1c) . Total number of individuals (including bu						· ·	· · · · ·	1,254,846	l	0 0			14,474
	reportable compensation from the organ			1056	: 1151	leu	above	=) w	no received in	ore man \$100,0	JUU 01			
	roportable compensation from the sign.	Lation 1	<u> </u>										Yes	No
3	Did the organization list any former of	fficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compensa	ted [N +
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ınd	ividi	ual					3		1
4	For any individual listed on line 1a, is the	sum of re	portal	ble (соп	npei	nsatio	n a	and other comp	ensation from	the			
	organization and related organizations	greater th	an \$1	150,	000)? [f "Ye	s, "	complete Sch	nedule J for si	uch			<u> </u>
	individual			٠	•		•				.	4	✓	
5	Did any person listed on line 1a receive of										lual			
	for services rendered to the organization	7 If "Yes," o	compi	ete	Scr	neau	ile J t	or s	sucn person	· · · ·	•	5		1
Section 1	on B. Independent Contractors Complete this table for your five highest		od in	100		ont	contr		ore that recent	nd more than ¢	100.00	20. of		
,	compensation from the organization Rep												n's t	ax
	year							,	,		5			
-	(A) Name and business add	trons	-	-					(B) Description of s	00,000	Cor	(C)	ation	
	Name and business add	11622							Description of s	ervices	COI	ilpeiis	alion	
				-										
			-											
	Total number of independent contractor	are finaludu	na hi	rt -	O.t	limit	ad to	\ \ +b	nee listed ab	ove) who	-		····	
	received more than \$100,000 of compen							, 11	iose listeu au	OVE) WITO				

Form **990** (2014)

Fall	VIII	Check if Schedule C		a reci	nonse or note t	o any line in thi	s Part VIII			. 🔽
			Contains	a res _i	ourse of mote t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Reven excluded fr under sec 512-5	nue rom tax
nts nts	1a	Federated campaigns	s	1a	0					
Contributions, Gifts, Grants and Other Similar Amounts	b	•		1b	261,354]	÷ .			*
ts, (С	Fundraising events .		1c	0	1	,			
Contributions, Gifts, and Other Similar Ar	d	Related organizations		1d	0		, *	,	l,	
ns,	е	Government grants (cor		1e	16,270			,		
er S	f	All other contributions, g						ž	1	
恒		and similar amounts not inc		1f	0	,				
on t	9	Noncash contributions include		-1f \$	0					
	h	Total. Add lines 1a-1	<u>† .</u>	<u>:</u>	►	277,624				
J.	_				Business Code					
eve	2a	Computer software an			541519	635,211	635,211	0	ļ. <u>.</u>	0
ě	b	Electric distribution se	ervices		541900	477,355	477,355	0		0
Ξ̈́	ر د									
Š	a									
Jran	f	All other program ser	vico rovoni						·	
Program Service Revenue	g	Total. Add lines 2a-2				1 112 566		1		***
	3	Investment income	(including	dıvide	ends, interest.	1,112,566		T ** * * * * * * * * * * * * * * * * *	*6.46	
		and other similar amo	. •			1,256	o	0		1,256
	4	Income from investmen	t of tax-exer	not bo	ond proceeds ▶	0				1,230
	5	.		-		0	0	0		0
		,	(i) Real		(II) Personal	125.	140000	4.3	133	
	6a	Gross rents		0	0					ia :
	b	Less rental expenses		0	0				, , , ,	
	С	Rental income or (loss)		0	0				ž.	
	d	Net rental income or	(loss) .		🕨	0	0	o		0
	7a	Gross amount from sales of	(ı) Securiti	es	(II) Other	\$ \$ \$\div \(\tau \)	SUS	%.(4).	24	Į)
		assets other than inventory		0	0		4 1/3		\$\$\frac{1}{2}\$	
	ь	Less cost or other basis								
	-	and sales expenses		0	0		, .^		100	
	С	Gain or (loss)		0	0			<u> </u>	200	, , , , , , , , , , , , , , , , , , ,
	d	Net gain or (loss)		٠.,	<u> ▶</u>	0	0	0		0
venue	8a	Gross income from fu	mdrawog.	,		** ** * **				
		events (not including \$		0		*		, ·		
ά		of contributions reported See Part IV, line 18.	ed on line 10			/ s s	*4.4.1.	``	~	200
Other Re	١.			· a	0		· "	,	٠,	~ * t
ō	b	Less: direct expenses		. b	0				to the contract of the contrac	
	C	Net income or (loss) f Gross income from ga			events >	0		0		0
	94	See Part IV, line 19 .			_				4	ì
	ь	Less direct expenses			<u>0</u> 0					4
	C	Net income or (loss) f				0				
	_	Gross sales of in	-			<u>_</u>	0	0		
	100	returns and allowance		. a	36,697					
	ь	Less cost of goods s		. b	15,763	1	,			1
	c	Net income or (loss) f				20,934	20,934			
		Miscellaneous R			Business Code	20,334	20,934			
	11a	Reimbursed salary cos	sts		900099	5,411,002	5,411,002	0		0
	b	Misc. administrative se			900099	394	394	0		0
	С					307	554	<u>~</u>		
	d	All other revenue .		.						
1	е	Total. Add lines 11a-	11d	'	▶	5,411,396				
i	12	Total revenue. See in	nstructions.		▶	6,823,776		0		1.256

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	ns must complete col	umn (A)
	Check if Schedule O contains a respon				.
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			٠	
	and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
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	0	0		
5	Compensation of current officers, directors,		<u>_</u>		
•	trustees, and key employees	106,152	83,636	22,516	ſ
6	Compensation not included above, to disqualified	100,132	03,000	22,510	
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	0	0	(
7	Other salaries and wages	537,933	423,829	114,104	(
8	Pension plan accruals and contributions (include		·		
	section 401(k) and 403(b) employer contributions)	50,189	39,543	10,646	(
9	Other employee benefits	100,377	79,085	21,292	(
10	Payroll taxes	41,824	32,952	8,872	
11	Fees for services (non-employees):				
а	Management	0	0	0	(
þ	Legal	5,849	5,803	46	
C	Accounting	14,300	11,643	2,657	
d	Lobbying	0	0	0	(
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	
g	(A) amount, list line 11g expenses on Schedule O.)	22.442	17.000	5 454	,
12	Advertising and promotion	23,443 13,641	17,989 13,039	5,454 602	
13	Office expenses	38,460	31,516	6,944	
14	Information technology	7,280	5,845	1,435	
15	Royalties	312,434	312,434	0	<u>.</u>
16	Occupancy	53,720	43,129	10,591	
17	Travel	35,587	34,635	952	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	0	0	(
19	Conferences, conventions, and meetings .	20,874	9,781	11,093	
20	Interest	0	0	0	C
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	
23	Insurance	10,597	8,608	1,989	
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	Reimbursed salary costs	5,411,002	0	5 411 002	
b		3,411,002	0	5,411,002	
c					
d			** **		
e	All other expenses	0	0	0	(
25	Total functional expenses. Add lines 1 through 24e	6,783,662	1,153,467	5,630,195	
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 (i) If				
	following SOP 98-2 (ASC 958-720)			1	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 1 192,331 635,760 Savings and temporary cash investments 2 175,000 175,000 3 3 0 0 4 351,252 440,945 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 1,398 0 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 nΙ 0 Assets 7 Notes and loans receivable, net . . . ol 7 0 Inventories for sale or use 8 5,062 7,296 Prepaid expenses and deferred charges 368,232 305,327 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 391 10b o 10c Less: accumulated depreciation . b 14,193 0 Investments—publicly traded securities 0 11 11 0 12 Investments-other securities. See Part IV, line 11 0 12 0 0 13 13 Investments-program-related. See Part IV, line 11 0 0 14 14 0 15 Other assets See Part IV, line 11. . . . 15 ol 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . 1,182,968 16 1,474,635 Accounts payable and accrued expenses 17 412,749 17 664,015 0 18 18 Grants payable 0 Deferred revenue 19 690,372 19 690,659 20 20 0 0 Escrow or custodial account liability Complete Part IV of Schedule D . 21 21 0 0 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 0 0 Secured mortgages and notes payable to unrelated third parties . . . 23 23 0 0 24 Unsecured notes and loans payable to unrelated third parties . 24 o 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 O Total liabilities. Add lines 17 through 25 26 26 1,103,121 1,354,674 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . (64,693)(40,849)Temporarily restricted net assets 28 144,540 28 160,810 Fund 29 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ Capital stock or trust principal, or current funds 30 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 79,847 119,961 34 Total liabilities and net assets/fund balances . 34 1,182,968 1,474,635

Page 12	Page	12
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	· · ·			-	J
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,82	3,776
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,78	3,662
3	Revenue less expenses. Subtract line 2 from line 1	3		. 4	0,114
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	9,847
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		11	9,961
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· ·		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		3.73		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	laın ın		Ç.	
	Schedule O.			(FL.)	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:			(4)	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	•	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a		\$.4	The state of
	separate basis, consolidated basis, or both.				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			انگ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain in	1,00	¥	ïNï
	Schedule O		3.0	8¥1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Form	990	(2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

Tax) (s	see separate instructions), t	hen	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III	=	,	
Name	of organization			Employer ider	ntification number
	ska Municipal Power Pool				47-0575470
		e organization is exempt un			organization.
1	·	the organization's direct and indir		•	
2	•				·
3	Volunteer hours		• • •		
Part	-3 Complete if th	e organization is exempt un	der section 501(c)(3)	
1		excise tax incurred by the organiz			· · · · · · · · · · · · · · · · · · ·
2		excise tax incurred by organization			
3		ed a section 4955 tax, did it file Fo			. Yes No
4a	Was a correction made?		•		. Yes No
b	If "Yes," describe in Part	IV.			
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organ	zation for section	527 exempt function	
	activities				
2		filing organization's funds contri	•		
_	•	ivities		· · · · · · · · · · · · · · · · · · ·	
3	•	expenditures. Add lines 1 and		·	
				· ·	
4		n file Form 1120-POL for this yea			. Yes No
5	Enter the names, address	ses and employer identification nu	umber (EIN) of all s	ection 527 political organi	zations to which the filing
		ents. For each organization listed on tributions received that were properties.			
		fund or a political action commit			
			T		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)					
,	· <u>-</u>				
(2)					
(3)		ļ			
(4)		 			
				 	
(5)		<u> </u>			
			-		
(6)		 			

ااماد	160the C (FORM 990 OF 990-EZ) 2014					Page	_
	art II-A Complete if the organization section 501(h)).				•		
A	Check ▶ ☐ If the filing organization be name, address, EIN, expe					oup member's	
В	Check ▶ ☐ If the filing organization cl			trol" provisions a	ipply.		
		bying Expendit			(a) Filing	(b) Affiliated	
	(The term "expenditures" n	neans amounts	paid or incurred.)	organization's totals	group totals	
1	1a Total lobbying expenditures to influence	e public opinion	(grass roots lobby	ring)			
	b Total lobbying expenditures to influence	e a legislative bo	ody (direct lobbying	g)			
	c Total lobbying expenditures (add lines	1a and 1b)					
	d Other exempt purpose expenditures .						
	e Total exempt purpose expenditures (ad	ld lines 1c and 1	d)				
	f Lobbying nontaxable amount Enter columns	the amount for	rom the following	g table in both			
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amoun	t is:	2 %/	*,,, *,	-
	Not over \$500,000		nount on line 1e		*		ζ.
	Over \$500,000 but not over \$1,000,000		15% of the excess	over \$500.000			şJ;
	Over \$1,000,000 but not over \$1,500,000		10% of the excess	· ·			Ŷ
	Over \$1,500,000 but not over \$17,000,000		5% of the excess o				3
	Over \$17,000,000	\$1,000,000					
	g Grassroots nontaxable amount (enter 2	5% of line 1f)					_
	h Subtract line 1g from line 1a. If zero or	less, enter -0-					
	i Subtract line 1f from line 1c If zero or le	ess, enter -0-					
	j If there is an amount other than zero	on either line	1h or line 1i, did	I the organization	file Form 4720		
	reporting section 4911 tax for this year	?				Yes No)
	(Some organizations that made a see	ection 501(h) ele e separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.	_
	Lobbyin	g Expenditures	During 4-Year Av	veraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total	
2	2a Lobbying nontaxable amount						
	b Lobbying ceiling amount (150% of line 2a, column (e))			· V			
	c Total lobbying expenditures						
	d Grassroots nontaxable amount						
	e Grassroots ceiling amount (150% of line 2d, column (e))		, , ,				
	f Grassroots lobbying expenditures						_

Schedu	e C (Form 990 or 990-EZ) 2014					Page 3
Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).			1 576		
	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed into of the lobbying activity.	Yes	a) No		(b) Amoun	
	puon or the lobbying activity.	162	NO		unoun	11
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b c	Volunteers?					
d e	Mailings to members, legislators, or the public?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i	339	COL			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		d the Books	3 -33	Marie	******
b	If "Yes," enter the amount of any tax incurred under section 4912	(F/9)23	-(%,y)		***************************************	fi 4444. t. i
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					-
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1.72 17.01.	S STATE OF THE STA	**************************************	<u> </u>	\$*** \$!
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c))(5),	or se	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	✓	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		✓
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	R (b)	Parl	: III-A	, line	3, is
1	Dues, assessments and similar amounts from members		1	ļ		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues a		3	L		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated gro	oup lis	t); Pa	t II-A,	lines 1	1 and
2 (see	instructions), and Part II-B, line 1. Also, complete this part for any additional information					

	n 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service Name of the organization

le <u>bra</u> s	ska Municipal Power Pool		47-0575470
Par	- 9 - · · · · · · · · · · · · · · · · ·		nds or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal contr	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	•	for any other purpose
	conferring impermissible private benefit?	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	of a historically important land area
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contributi	
	easement on the last day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easement	ts	. 2b
C	Number of conservation easements on a certified	` ,	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register		· 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	rspecting, and enforcing conservation	easements during the year
_			and the state of t
7	Amount of expenses incurred in monitoring, inspect ►\$	curig, and enforcing conservation eas	ements during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170/b\/4\/P\/\)
0	and section $170(h)(4)(B)(u)^2$		
_			· · · · · · · · L Yes L No
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	-	ialiciai statements that describes the
Parl			Other Similar Assets
r eu	Complete if the organization answered		Other Silling Assets.
1a	If the organization elected, as permitted under SF		rovenue statement and balance sheet
10	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
U	works of art, historical treasures, or other similar	• • •	
	public service, provide the following amounts relat	·	addation, or rootation in factionarioe of
		_	*
	(i) Revenue included in Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		
2	(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	historical trescures or other similar	r assets for financial dain provide the
~	following amounts required to be reported under S	SFAS 116 (ASC 958) relating to these	i assets for illiancial gaill, provide the
_	•		
a	Revenue included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		- 5

Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures, oi	Other Similar A	ssets (continued)		
3	Using the organization's acquisition, a collection items (check all that apply).	accession, and oth	ner records, chec	k any of the fo	ollowing that are a	significant use of its		
а	☐ Public exhibition		d 🗌 Loan	or exchange p	orograms			
b	☐ Scholarly research		e 🗌 Othei	r				
С	☐ Preservation for future generations	3						
4	Provide a description of the organizat XIII.	tion's collections a	nd explain how t	hey further the	organization's exe	mpt purpose in Part		
5	During the year, did the organization	solicit or receive of	donations of art,	historical treas	sures, or other simil	ar		
	assets to be sold to raise funds rather	than to be mainta	ined as part of the	e organization'	s collection?	☐ Yes ☐ No		
Part	IV Escrow and Custodial Arra	angements.						
	Complete if the organization 990, Part X, line 21.				·			
1a	Is the organization an agent, trustee,				s or other assets n	ot		
	•					🗌 Yes 🗌 No		
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the following to	able	, , , , , , , , , , , , , , , , , , , ,			
					F	Amount		
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year .			:	1e			
f	3				1f			
2a	Did the organization include an amour				· · · · · · · · · · · · · · · · · · ·			
	If "Yes," explain the arrangement in Pa	art XIII. Check here	of the explanation	n has been pro	vided in Part XIII .	<u>, , , D</u>		
Pari								
	Complete if the organization				_			
•	ļ	(a) Current year	(b) Prior year	(c) Two years ba	ck (d) Three years bac	k (e) Four years back		
1a	Beginning of year balance	144,540	138,127	129,	190 114,13	106,468		
b	Contributions	16,270	11,413	17,	637 15,05	7 15,165		
С	Net investment earnings, gains, and							
	losses	0	0		0	0 0		
d	Grants or scholarships	0	(5,000)	(8,7	700)	0 (7,500)		
е	Other expenditures for facilities and							
	programs	0	0		_ o	0 0		
f	Administrative expenses	0			0	0 0		
9	End of year balance	160,810	144,540			0 114,133		
2	Provide the estimated percentage of t		d balance (line 1g	ı, column (a)) h	eld as [.]			
а	Board designated or quasi-endowmer	nt ▶(0%					
b	Permanent endowment	0%						
¢	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2c should equal 100%.							
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and	d administered for the			
	organization by.					Yes No		
	(i) unrelated organizations					3a(i) ✓		
	(ii) related organizations					3a(ii) ✓		
ь	If "Yes" to 3a(II), are the related organi					3b		
4	Describe in Part XIII the intended uses		n's endowment for	unds				
Part								
	Complete if the organization					Part X, line 10.		
	Description of property	(a) Cost or oth		or other basis ther)	(c) Accumulated depreciation	(d) Book value		
1a	Land		0	0		0		
b	Buildings		0	0	0	0		
c	Leasehold improvements .		0	0	0	0		
d	Equipment		0	14,193	14,193	0		
e	Other	·	0	o	0	0		
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 99	00, Part X, columr	(B), line 10c.)	▶	0		

(1) Financial	Complete if the organization answered " (a) Description of security or category (including name of security)		Book value	(c) Method of v	
(1) Financial		(-)	000 1000	(0)	
1) Financial				Cost or end-of-year	
	derivatives				
2) Closely-h	neld equity interests				
2) Other	· · · · · · · · · · · · · · · · · · ·				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					·
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.				
	Complete if the organization answered "	Yes" to Form 990,	Part IV, line	11c. See Form 990, I	Part X, line 13.
	(a) Description of investment	(b)	Book value	(c) Method of v Cost or end-of-year	
(1)					
(2)					
(3)					
(4)			-		
(5)					
(6)					
(7)					
(8)					··-·
(9) Total (Column ((b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX	Other Assets.				
Tartix	Complete if the organization answered "	Yes" to Form 990	Part IV line 1	Id See Form 990 I	Part X line 15
	(a) Description				(b) Book value
(1)	<u></u>	·			
(2)					
(3)					
(4)					
(5)					
(6)					•
(7)					
(8)			-		
(9)					
	ımn (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X	Other Liabilities.			•	
_	Complete if the organization answered "	Yes" to Form 990,	Part IV, line	l 1e or 11f. See Form	990, Part X,
	line 25.				
1.	(a) Description of liability (I	b) Book value			
(1) Federal ır	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ue per	Return.	
1	Total revenue, gains, and other support per audited financial statements		1	1,428,537
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		전해	1,420,037
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
c	Recoveries of prior year grants		N. 16	
ď	Other (Describe in Part XIII.)	15,763	2.25 2.25	
e	Add lines 2a through 2d	13,703	2e	15,763
3	Subtract line 2e from line 1	•	3	1,412,774
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,412,774
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b		411 002		
C	Add lines 4a and 4b	,411,002	4c	5 444 000
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	5	5,411,002
Part			, - ,	6,823,776
r ai i	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ises pe	r neturn.	
1	Total expenses and losses per audited financial statements		1	1,388,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		7:\$3	1,000,420
а	Donated services and use of facilities		\$ in 1	
b	Prior year adjustments			
c	Other losses			
ď	Other (Describe in Part XIII.)	15,763	-\$45°	
e	Add lines 2a through 2d	13,703	2e	15,763
3	Subtract line 2e from line 1		3	1,372,660
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•		1,372,000
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		. ,	
b		,411,002	ur j	
C	Add lines 4a and 4b		4c	5 411 002
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	5,411,002
	XIII Supplemental Information.	·		6,783,662
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b	and 2h	Part V line	4 Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			3 4, 1 art 70, iii 0
	· · · · · · · · · · · · · · · · · · ·			EDDE)
Part v	, line 4: The temporarily restricted endowment funds held by NMPP are to be used for energy resea	irch & de	velopment (ERDF) projects.
	er communities may submit a request for a grant for a project that has the potential to reduce energencies. The ERDF committee reviews all requests and makes the decision to approve or refuse the			energy
Part X	I & XII, line 2d: Other consists of cost of goods sold of \$15,763 which is reported as program/proje	ct expen	se in the aud	lit.
Part X	I & XII, Line 4b: Other consists of \$5,411,002 in payroll & benefit costs incurred by NMPP for emplo	yees ass	igned to the	performance of
manag	gement & administrative services for three other entities. The reimbursement of these costs is refle	cted in t	he lines note	ed
See So	chedule L, Part IV and Schedule O for further explanation.			

Page :	rm 990) 2014	Schedule D (Fori Part XIII
ed)	Supplemental Information (continued)	Part XIII
		**

SCHEDULE J (Form 990)

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

Employer identification number

	ska Municipal Power Pool 47-05754	70		
Part	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 ☐ Housing allowance or residence for personal use		`~ -	ľ
	☐ Travel for companions ☐ Payments for business use of personal residence	′ ;	,	
	☐ Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		·	
	explain	4.		
	explain.	1b		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line	Sar Na rkistr onumoni		
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee ✓ Written employment contract		,	
	☐ Independent compensation consultant ☐ Compensation survey or study	/	>	~
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee)	3 1/2 1/2	-
	☐ Form 990 of other organizations		3.3	
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:		, "	
-	Receive a severance payment or change-of-control payment?	4a		
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		√
	Participate in, or receive payment from, an equity-based compensation arrangement?			✓
С		4c		V
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		,	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	A		
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.	,	* • 1	,
а	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.		:	
		4	;	'
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:	, ,	v. 1	
а	The organization?	6a	✓	
b	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.		ŧ	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	<u> </u>		
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	1	
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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	l	

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)—(ii) 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.

Note. The sum of columns (b)(y)-(iii) for each listed Individual must	or eac	n listed individual mu (B) Breakdown o	ed Individual must equal the total amount of Form 39 (B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	equal the total amount of Form 990, ir an VII, Section A, line 1a, applicable column (b) and (c) amounts for that individual.	a, applicable coluin	(U) and (E) amound	s ior triat individual.
					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Deneirts	(a)\()(a)	as deferred in prior Form 990
J. Gary Stauffer, Executive	E E	254,331	0	254,331	22,079	13,952	290,362	0
Jamie L. Johnson, Director of	≘ ≘	145,312	0	145,312	13,129	2,038	160,479	0
Robert Selzer, Director of Retail	€ €	152,428	0	152,428	12,782	13,172	178,382	0
Tim Sutherland, Director of A Wholesele Flortric Operations	3 3	159,282	0	159,282	14,318	15,500	189,100	0
TWINGSAIG LICCUIT OPERATORS	Ξ	145,215	0	145,215	13,728	18,973	177,916	0
5 Chris Dibbern, General Counsel	€							
John Harms, Director of RISK 6 Management & Comphance	E E	140,418	0	140,418	13,124	18,897	172,439	Ō
Brad Hans, Assistant Dir of	8	133,934	0	133,934	11,590	18,797	164,321	0
7 Wholesale Electric Operations	Œ							
	8		1			1		
8	(E)							
	(1)							
6	<u>(ii)</u>							
	8							
10	(3)							
	3							
11	(ii)							
	(6)							
12	(E)							
	(1)							
13	(ii)							
	(1)							
14	<u>(i)</u>							
	(1)							
15	E							
	€							
16	€							
							Sch	Schedule J (Form 990) 2014

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Supplemental Information	
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Part III Sup	-
THE P	-
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nation	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	tion.
Information	explanation, or desc	ation.
Supplemental Inform	e the information, e	for any additional information.
Part III	Provid	for any

Part I Line 3:
The compensation for the Executive Director is reviewed and established annually by the officers of NMPP and the officers of the other three coalition entities. Position comparability data
supplied to them by the Director of Human Resources and Administration is reviewed. The data is taken from independent national compensation and industry surveys.
Part I Line Ga:
NMPP has a profit sharing program which covers all full-time and regular part-time employees, except the Executive Director. Any profit sharing contribution is based on the audited net
revenues (te. net income) of the combined net revenues of the NMPP coalition of companies in excess of budgeted net revenues, as approved by the individual Boards of Directors of the
respective companies for the fiscal year. Any bonus paid to the Executive Director is determined annually by officers of NMPP and the officers of the other three coalition entities, for which
the NMPP Executive Director also serves as Executive Director. No payments or accruals were made under the terms of the profit sharing program for the year reported.
Part Line 7:
NMPP's annual payroll budget includes discretionary recognition pay which managers may award to employees based on performance, subject to approval by the Executive Director.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Total

Name	of the organization	inormation about							mployer			ion nu	nber		
Nebra	ska Municipal Power	Pool									47-0	05754	70		
Par	Excess Bene Complete if the	fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s s" on F	section orm 99	501(c)(4), ai 0, Part IV, li	nd 501(ine 25a	(c)(29) org or 25b, o	anızatı r Form	ons 99(only) D-EZ,	Part '	V, lıne	40b.	
1	(a) Name of disqualified	(b) Relationship between disqualified person and organization (c) E			(c) Desc	Description of transaction					(d) Corrected Yes No				
(1)			· · · · · · · · · · · · · · · · · · ·											165	140
(2)															
(3)															
(4)															
(5)			-	•	-										
(6)	· · · · · · · · · · · · · · · · · · ·														
2	Enter the amount	of tax incurred	by the organ	nization	manag	gers or disc	qualified	d person:	s durin	g th	ne ye	ar			
	under section 4958	3									1	▶ \$	J		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimbu	irsed by	the organi	zatıon				l	▶ \$,		
	•	-			_	_									
Pari	Complete if the	I/or From Interne organization reported an amo	answered "Ye	s" on F				38a or For	m 990,	, Pa	rt IV,	line 2	6; or 1	f the	
(a) N	ame of interested person	(b) Relationship with organization			(e) Origin principal am		by		by bo			Written reement?			
				То	From	1			T	/es	No	Yes	No	Yes	No
(1)					1										
(2)						<u> </u>									
(3)															
(4)															
(5)															
(6)															
(7)					ĺ				-						
(8)															
(9)															
(10)													í		

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

\$

(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
			*****		Yes	No
	officer employees & highest	Perform	5,411,002	Reimbursement of		✓
	pensated employees on Form 990,	management,		payroll and		
	VII & other employees of NMPP	administration &		employee	_	<u> </u>
	orm services for 3 other entities	operational		benefits		
	pay NMPP as common paying agent	services				ļ
	heir services.					<u> </u>
(7)		 				ļ
(8)		-				-
(9)						
(10) Part V	Supplemental Information	1		<u> </u>		
	part of NMPP's benefit package for or software not to exceed \$2,500 nor					<u></u>
repaid thr	ough payroll deductions over a spec	fied time period not to exce	ed 36 months Upon	termination of employment the r	emaining	1
amount in	nmediately becomes due and payable	e in full All loan agreements	must be approved	by NMPP's Executive Director		
Part IV. T	he business transactions are reporte	d as revenues on Form 990 I	Part VIII Line 11a and	expenses are reported on Form	990	
Part IX Lir	ne 24a				·	

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		••••••••••••	•			
	·			•••••		*

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Nebraska Municipal Power Pool	47-0575470
F, Name & Address of Principal Officer	
Robert Poehling joined Nebraska Municipal Power Pool as Executive Director in April, 2015 after con	mpletion of the fiscal year being reported.
Part I, Line 5; Part V, Line 2a and Part VII, Line 2	
The Nebraska Municipal Power Pool (NMPP) provides personnel to a coalition of entities referred to	by the trade name of NMPP Energy.
This coalition consists of NMPP, Municipal Energy Agency of Nebraska (MEAN), National Public Gas	s Agency (NPGA), and Public Alliance for
Community Energy (ACE). This coalition of entities provides electric and natural gas services to me	ember and nonmember participants while
sharing facilities and personnel. The allocation of staff compensation is based on estimated time in	curred by each staff member in the
support of the activities of each entity. This allocation is reviewed and approved annually by Board	representatives from each of the entities.
NMPP is reimbursed from the other coalition members as payroll expense is incurred. None of the f	full-time employees of NMPP have 100%
of their time allocated to NMPP operations.	
Part V, Line 3a	
NMPP did not engage in any activity that would be identified as an unrelated trade or business as de	efined by IRS Pub. 598 Any product sold
by NMPP is in support of the activities described in Part III, Statement of Program Services and furth	ner described in Part III, Lines 4a and 4b.
Part V, Lines 6a and 6b	
NMPP has annual gross receipts that are normally greater than \$100,000. NMPP does not solicit cor	ntributions from public sources to support
its activities. Member communities pay annual membership fees. Members pay for those services j	provided by NMPP as described in Part III
Members may make voluntary contributions to the Energy Research and Development Fund, as sho	own on Schedule D, Part V
Contributions received are from tax-exempt communities.	
Part VI, Line 6	
Each member organization of NMPP has the right to participate in the governance of the organization	on through the Member's Council and to
receive a distribution of any assets in the event of dissolution of the organization. The members ele	ect representatives to serve on the NMPP
Roard of Directors	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Nebraska Municipal Power Pool	47-0575470
Part VI, Line 7a	
The members elect 16 representatives to serve on the Board of Directors Members ar	e divided by population class for voting purposes as
follows:	
communities with populations of 5,000 or less elect eight (8) directors,	
communities with populations of 5,001 to 20,000 elect four (4) directors, and	
communities with popu lations with 20,001 and above elect four (4) directors.	
Each director has the same voting rights regardless of the population class they repre	sent.
Part VI, Line 11a and 11b	
The Form 990 is completed internally with assistance related to specific sections prov	ided by tax specialists from the accounting firm that
performs the organization's independent audit when needed The draft Form 990 and	required schedules are sent to and reviewed by the
NMPP Officers prior to finalizing and filing of the Form 990 and required schedules. The	ne finalized document is sent to and reviewed with the
NMPP Board of Directors at the next scheduled Board meeting after completion and fil	ing of the Form 990 and required schedules.
Part VI, Line 12c	
Annually, each officer and director is required to complete a questionnaire as to any d	irect or indirect business relationship
or potential conflict of interest that should be brought to the attention of the Board of I	Directors for review and resolution Should an issue
arise, the director would be required to abstain on any vote relating to the issue of pot	ential Comito
Part VI, Line 15a	
The compensation of the Executive Director is reviewed and established annually by t	ne officers of NMPP and the officers of the other three
coalition entities. Position comparability data supplied to them by the Director of Hum	an Resources and Administration is reviewed. The
data is taken from independent national compensation and industry surveys.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number				
Nebraska Municipal Power Pool	47-0575470				
Part VI, Line 15b					
The Executive Director is responsible for setting the compensation for NMPP employees. The Executive	ve Director reviews position				
comparabilty data supplied by the Director of Human Resources and Administration. The data is taken	from national compensation and				
industry surveys as well as various employee search firm reports.					
Part VI, Line 19					
The organization's governing documents, conflict of interest policy and financial statements are availa-	ble to the public upon request.				
NMPP's annual report and the annual audited financial statements are posted on NMPP's website.					
Part VII, Section A, Column (B) - Average hours per week					
Directors and Director Officers - estimated time to review meeting materials and attend scheduled mee	tings				
Employee Officers and Employees - estimated time per annual "hours worked" surveys completed by	each employee. The "hours worked"				
surveys list the employees key job responsibilities and the percent of time the employee performs tho	se responsibilities for each of the				
four NMPP Energy coalition entities as previously identified					
Part VIII. Section A. Columns (D) (E) and (E)					
Part VII, Section A, Columns (D), (E), and (F)					
Directors do not receive compensation from NMPP and thus, no W-2's are issued.					
All employees are paid by NMPP, with all reportable compensation reported on NMPP's W-2's. The em	ployees do not receive compensation				
from any other coalition entity. As previously stated, NMPP provides staff that performs administrative	and operational services for the				
other three NMPP Energy coalition entities These entities reimburse NMPP for the allocated cost of the	e employees providing services to				
them based on the "hours worked" surveys previously described					
The following are "officers" as per Form 990 instructions. The compensation reported in Part VII, Section 1.	on A, Item D is the amount reported on				
NMPP's W-2's A portion of these salaries were allocated, as previously described, to the other three N	IMPP Energy coalition entities				
J. Gary Stauffer served as Executive Director during the fiscal year ended March 31, 2015.					
J. Our J. June 10 36 ven as Executive Director during the fiscal year clude march 31, 2013.					

Schedule O (Form 990 or 990-EZ) (2014)					Page 2
Name of the organization					Employer identification number
Nebraska Municipal Power Pool					47-0575470
Part VII, Section A, Columns (D), (E), an	ıd (F), contır	nued			

- Municipal Energy Agency of Nebraska	(MEAN), a	political sub	division of t	he State of Nebraska, FED ID	#47-0641284
- National Public Gas Agency (NGPA), f	ormed unde	er the Interio	cal Coopera	tion Act of Nebraska. FED ID	#47-0751794
- Public Alliance for Community Energy	(ACE), forr	ned under th	e Interlocal	Cooperation Act of Nebraska,	FED ID #47-0810044
Robert Selzer served as the Director of	Retail Utility	y Services fo	or NMPP, as	well as Communications and	IT for NMPP and each of the entities
noted above for the fiscal year ended N	larch 31, 20°	15			
Time Allocations:	NMPP	MEAN	NPGA	ACE	
Stauffer	5.0%	67 0%	18.0%	10.0%	
Johnson	5.0%	63.0%	19.0%	13 0%	
Selzer	51 25%	35.0%	2.75%	11 0%	
Of the five employees listed as "Highly	Compensat	ed Employe	es", only the	following employee had time	allocated to NMPP:
Dibbern, General Counsel	5 0%	71 0%	14 0%	10 0%	
Part VIII, Lines 2a and 2b - Business Co	de				
Although no changes occurred in the p	rograms of	NMPP, the b	usiness cod	le selected has been updated	to more accurately reflect
the related program Both programs w	ere reported	on previous	s Form 990 f	ilings as business code 90009	9 Other Activity.
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